Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/01/2020 13:14

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	21/01/2020 12:04
Date Of Accident	19/01/2020 15:20
Exact Location Of Accident	HAVELOCK SQUARE IN FRONT FURAMA HOTEL
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICL	E
Vehicle Registration Number	SMA9399G	

Insured/Policyholder

Name Of Registered Owner

HAGEM BRIGITTE ROSA

NRIC No

SXXXX060B

Email Address NOEMAIL

Mobile Phone No Alternative Phone No.

(LOCAL) +65-96316834

OFFICE-96316834

Vehicle Particulars

Manufacturer

MERCEDES-BENZ

Model

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

C180

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

YES

Policy Number

GA347713/1

Cover Note Number

Driver

Name of Driver FREDERICK WONG CHEE KIONG

NRIC No SXXXX059I Date Of Birth 22/07/1951 Occupation **OUTDOOR** Date Of Driving Pass 01/11/1985

Driving Experience 34 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97363066

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

62 FARRER RD #02-04 S(268847)

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver) Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBJ816L

Vehicle Make/Model/Colour

MERCEDES BENZ/GREEN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHUA EE CHIEN

NRIC/Passport Number

SXXXX954G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
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- Information provided must be as truthful and accurate as possible. Any wilful misrepretentation or withholding of material facts may allow insurance companies to repudiate policy is bility.
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- By the ladgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Adonetory Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) investigating the accident and/or my clinins;
 - (Hill carrying out and/or dealing with my instructions or responding to any empiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or potices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail package/r, and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this attribut and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal into mation for one or more of the above Purposes; and
- (c) sey Personal information may/can be discioned by any of the trip and/or tile to their third party service providers or agentisms hading their lawyers/law firms), which may be steed existing of Simpopore, for one or more of the above Purposes.
- (d) my Presansi Information will also be collected and or of to compile i large timbery for the purpose of fraud detection, overstigates and management in present and all for recitables.
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LEE KUAN HWA MOTOR SERVICE

39, Westwood Avenue, Singapore 967,79 TEL: 6209 +192 FAX: 6269 2239 N/P 9621 1712

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Sketch Plan #2

SKET	CH	PL.	AN

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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LEE KUAN HWA MOTOR SERVICE

39. Westwood Avenue, Singapore \$48719 TEL: 6269 3152 FAX: 6269 2239 HIP 9831 17

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