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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/02/2020 17:01
Date Of Accident	05/02/2020 09:00
Exact Location Of Accident	BRADDELL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKU5729H
Insured/Policyholder	
Name Of Registered Owner	IVY WEE HUOY FEN
NRIC No	S0033445F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94789986
Alternative Phone No	OTHERS-94789986
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
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	NO
Policy Number	VA1/GA054532
Cover Note Number	
Dulivan	

Driver

Name of Driver IVY WEE HUOY FEN

 NRIC No
 S0033445F

 Date Of Birth
 17/11/1949

 Occupation
 INDOOR

 Date Of Driving Pass
 04/09/1970

Driving Experience 49 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-94789986

Fax Number

Contact Number OTHERS-94789986

EMail Address NOEMAIL

213 LORONG 8 TOA PAYOH #11-61 SPORE 310213 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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 XD8406E

Vehicle Make/Model/Colour IVECO TRAKKER 13L AUTO TURBO ABS

Details Of Properties

GOODS VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

SKETCH PLAN

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 the report being made available if it resaid.
- 8. Consent under the Personal Data Frotection 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 prisonal 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 injurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers' lawyers/iaw firms, the Monetary 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.
 - (li) investigating the accident and/or my claims,
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices 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 packages), 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 accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, in restigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed.
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders

Policyholder Segnature Date & Time

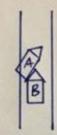
Oriver's Signature (If driver is not the policyholder) 'Date & Time Reporting Centre Personnel's Signature

NEICIFIN NO B SELLOST HI

SKETCH PLAN

1

READPELL POAC



A - SKU 5729 H B - XD 8406 E

DESCRIBE CIRCUMSTANCES OF 1 1E ACCIDENT

ON 5/2/20 @ ABOUT 0900 HR, I WAS TRAVELLING

ALONG BRADDELL PDAD, IN MY VEHICLE SKU 5729H.

I WAS PREPARING TO SWITCH TO RIGHT LANE. I

CHECKED MY PEAR VIEW & RIGHT SIDE MIRRORS, ENSURED

CLEARANCE & SUITCHED TO THE RIGHT. MY VEHICLE

WAS ABOUT SO! INTO THE RIGHT LANE & COMPLETING

THE SMITCH WHEN SUDDENLY I FECT AN IMPACT &

REALIZED VEHICLE XD 8406E COLUDED ONTO MY VEHICLE'S

PH PEAR DOOR PORTION. NO INJURIES. NO PASSENGERS.

DECLARATION

t/We declare fire foregoing particulars a le true in every respect

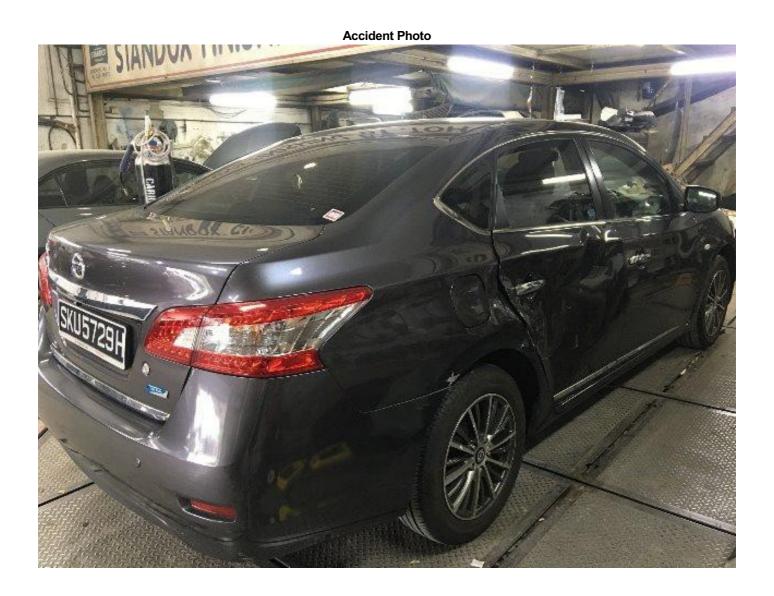
Policyholde - Signature Date & Juny-

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of the conception of the

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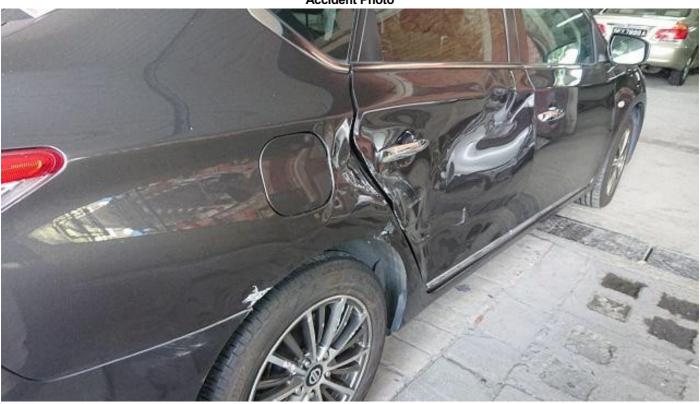














INsurancepolicy



Policy Schedule

Your SmartDrive Comprehensive Essential

AXA Insurance Pto Lbt 2 1800 880 4888 (Within Singapure) (65) 6880 4888 (International) (65) 6880 4740 S customer.com@ma.com.ng WWW.asa.com.sg

Renewal

ctate 20/06/2019

your servicing distributor KIM GEOK CHIA / 01280

your servicing distributor contact

Your policy snapshot

Premium breakdown

Policyholder name Period of Insurance WEE HUOY FEN THY Comprehensive

Policy number FIN / NRIC from 01/08/2019 to 31/07/2020 (both dates inclusive)

VA1 / GA054532 S0033445F

- SGD 59 91 SGD 74.45 SGD 1,138.09

Your benefits highlights

(refer to Policy Wording for full lerms and conditions)

SmartDive Comprehensive Essential Benefits

Vehicle details

Make & Model of Vehicle

Vehicle registration number

NISSAN SYLPHY 1.6 PREMIUM

EURO4 SKU5729H SALDON

Year of manufacture

2015

Private use 1598 HR169703038 MNTBBAB1720024120

Market Value at the time of Loss (including accessories and spare parts) As per Certificate of Insurance

Excess applicable (refer to Policy Wording the other applicable Excesses)

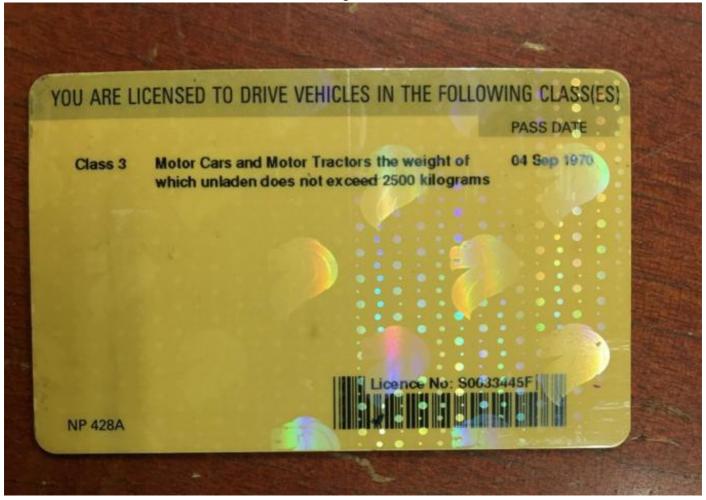
SGD 400.00 SGD 100.00

Drivers details

AXA Insurance Pts Ltd (1999G3512M) 8 Shenton Way, #34-01, AXA Tower. Singapore 068811 Customer Centre, #81-01

1012

Driving License



Driving License

