#### 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	31/03/2020 12:18
Date Of Accident	30/03/2020 12:10
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX4137G
Insured/Policyholder	
Name Of Registered Owner	CHIN WAI SENG
NRIC No	S2675568I
Email Address	WSTANIZAR@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-96249624
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	BMW
Model	216D-1.5 D GRAN TOURER (A)
Exact Purpose for which vehicle was being used at time of accident	<sup>t</sup> PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

P1698127

WSTANIZAR@ICLOUD.COM

# Driver

Policy Number

**EMail Address** 

Cover Note Number

Name of Driver **CHIN WAI SENG** NRIC No S2675568I Date Of Birth 16/08/1960 Occupation **INDOOR Date Of Driving Pass** 21/04/1998 **Driving Experience** 21 YEARS AND 11 MONTHS Gender **FEMALE** Mobile Number (LOCAL) +65-96249624 Fax Number **Contact Number** OFFICE-NOPHONE

1 CHATSWORTH ROAD #20-25 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 **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

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

#### **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**

## REFER TO SKETCH PLAN

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

**COLLECT FROM WORKSHOP** 

NO Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMM4743R Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver NRIC/Passport Number **EWE AH LAR** 

Contact Number

S7078959J 9635 6911

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

VEHICLE NO: JKX 413 7 67 ACCIDENT DATE: 30 03 1700 011710

- 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.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 lodgment 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) 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
- (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) 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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time: 30/3/2000

Time: 4:24

Driver's Signature

(If driver is not the policyholder)

CHARN'S CUSTOMERAFT

Reporting Centre Personnel's Sig

Name:

NRIC/FIN No.:

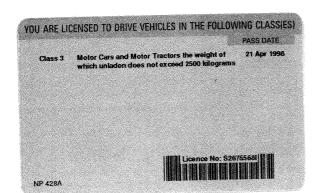
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	<b>DECLARATION</b> I/We declare the foregoing particul.	ars are true in every respect.	
			S CUSTOR
	Children sing.	D: LC	CHARN'S CUSTOMCRART
	Policyholder's Signature  Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	30/3/2070	Date & Time:	NRIC/FIN No.:

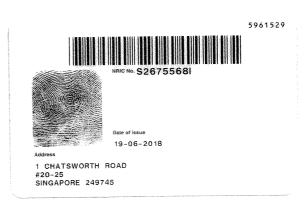
Time: 4:24

## Identification Card Pg. 1











# POLICYHOLDER ACKNOWLEDGEMENT FORM

		POLICYHOLDER ACKNOWLEDGEMENT FORM				
Da	te:	30 03 1000				
	_	ner of Vehicle Number: CKX 413 f C				
Th	The following has been advised to you via your workshop, Chan's Customard through their staff,					
Ple	ease	tick the applicable box if you had been advised on any of the following:				
سك	T	You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.				
(	)	You had been advised by the workshop on the liability and merits of the case accordingly.				
(	)	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.				
(	)	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.				
(	)	There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.				
(	)	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.				
(	)	You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.				
(	)	For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.				
		For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be replaced and any part that needs to be replaced will be replaced using <b>any combination</b> of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.				
(	)	You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.				
(	)	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.				
(	)	Others				
Signed and acknowledged by:						
Chillacung (CHIN WA) SENT).						
Name and signature of policyholder/ authorized driver* and company stamp (where applicable)						
*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.						
-	Name and signature of workshop personnel including company stamp					
N	Name and signature or workshop personner including company samp					



