MKKH20042535 / K Kim Hin Auto Pte Ltd - HQ ENTRY DATE & TIME: 17/04/2020 15:37 SUBMITTED BY: Sandra Khong Yee Teng

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

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	ACCIDENT STATEMENT	
Date Of Report	17/04/2020 15:37	
Date Of Accident	15/04/2020 15:45	
Exact Location Of Accident	BLK 215 LORONG 8 TOA PAYOH OPEN CARPARK	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKE9898K	
Insured/Policyholder		
Name Of Registered Owner	ANG BOON HOCK	
NRIC No	SXXXX709D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96618677	
Alternative Phone No	OFFICE-96618677	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	SL350-3.5 (A)	
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?	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

Policy Number GA385315/1

Cover Note Number

Driver

Name of Driver

ANG BOON HOCK

NRIC No

SXXXX709D

Date Of Birth

Occupation

INDOOR

Date Of Driving Pass

31/12/1981

Driving Experience 38 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96618677

Fax Number

Contact Number OFFICE-96618677

EMail Address NOEMAIL

BLK 215 LORONG 8 TOA PAYOH #07-721 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 FIRE, EXPLOSION OR LIGHTNING

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

1

NO 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) 0

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

PLEASE REFER TO SKETCH PLAN. DRIVING PASS DATE ESTIMATED 31 DEC 1981 (PER CLIENT).

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

Sketch Plan Pg. 1

SKETCH PLAN

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

- All 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) of
 - (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 "Purnoses")
- (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, 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.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personners Signature
Name:

6452 701

NRIC/FIN No.:

MY VEHICLE CUBS PARKED AT MY HOUSE OPEN CARPARK. MY DAUGHTER WENT DONN HND CANTED TO UNLOCK TO TOKE SOME THINKS ON IS. 9. 2020 AND WILLD NOT UNLOCK. SHE SAW SMOKE FROM INSIDE THE CAR AND SHE SCOP. MY VEHICLE CHAR TOWED TO MY DWN ' WORSHOPT HOOK SHOP TRENDY AND MITTIVE ON THE SOME DATE. I MWHITING FOR MERCEDES MEENT TO PEPLY ME BERNE I DECIPE TO DO DWN DAWNER OR MHERE TO PEPAIR. ECARATION WE declare the foregoing particulars are true in every respect. I HIPZO A MEDICAL SIGNATURE (If driver's signature)		
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