

## 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 withholding 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.

### ACCIDENT STATEMENT

Date Of Report	21/05/2020 10:10
Date Of Accident	20/05/2020 11:00
Exact Location Of Accident	BEDOK RESERVOIR ROAD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2921R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENG ZI QI
NRIC No	S9022496D
Email Address	PAPER_FLAG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97600952
Alternative Phone No	OFFICE-97600952

### Vehicle Particulars

Manufacturer	MAZDA
Model	MX-5
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	GA442925
Cover Note Number	

### Driver

Name of Driver	ENG ZI QI
NRIC No	S9022496D
Date Of Birth	25/06/1990
Occupation	INDOOR
Date Of Driving Pass	15/02/2013
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97600952
Fax Number	
Contact Number	OFFICE-97600952
Email Address	PAPER_FLAG@HOTMAIL.COM

Address	BLK 232 PASIR RIS DRIVE 4 #09-516
Postcode	510232
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	RAINING
Road Surface	WET

#### 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

VEHICLE B IN FRONT SUDDENLY BRAKE. I DID NOT NOTICE AND END UP HIT ONTO VEHICLE B REAR PORTION.

#### 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	SMT3229D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


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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)**

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 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 "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, 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 Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B instant suddenly brake, I did not notice  
and end up hit onto vehicle B rear portion

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## LETTER OF UNDERTAKING

I/We, ENG ZI QI, the owner of vehicle no. SLD2921R

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_  
\_\_\_\_\_.

Signed and Acknowledge by:

.....  
Nric no. & signature of policyholder

.....  
Company stamp

21/05/20  
.....  
Date

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence Number: **S9022496D**  
Name: **ENG ZI QI**  
Birth Date: **25 Jun 1990**  
Issue Date: **15 Feb 2013**

Barcode: 00215 1104E

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9022496D**

Portrait of a man

Name: **ENG ZI QI**  
翁子棋  
Race: **CHINESE**  
Date of birth: **25-06-1990** Sex: **M**  
Country of birth: **SINGAPORE**

Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: SLD 2921R  
Date of Accident: 20/05/20

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg

EFFECTIVE DATE: 15 Feb 2013

NP 428A

Licence No: S9022496D

Barcode

NRIC No. **S9022496D**

Portrait of a man

Date of Issue: **01-07-2005**

Address: **APT BLK 232 PASIR RIS DRIVE 4  
#09-516  
SINGAPORE 510232**

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

