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 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 | 16/06/2020 10:57 |
| Date Of Accident | 15/06/2020 07:15 |
| Exact Location Of Accident | ALONG BISHAN RD OUTSIDE RAFFLES INSTITUTION |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |

| • | | |
|-----------------------------|------------------------|--|
| | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLZ3061A | |
| Insured/Policyholder | | |
| Name Of Registered Owner | CHOW WEN KWAN | |
| NRIC No | S7340418E | |
| Email Address | CHOWWENKWAN@GMAIL.COM | |
| Mobile Phone No | (LOCAL) +65-91269967 | |
| Alternative Phone No | OFFICE-NOPHONE | |
| Vehicle Particulars | | |

| Veh | iicle | Parti | Cul | ars |
|-------|-------|--------|----------|-----|
| A C I | | ı aıtı | u | ars |

PORSCHE Manufacturer Model **MACAN**

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?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA351184/1

Cover Note Number

Driver

Name of Driver **CHOW WEN KWAN**

NRIC No S7340418E Date Of Birth 31/10/1973 Occupation INDOOR **Date Of Driving Pass** 22/04/1994

Driving Experience 26 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91269967

Fax Number

Contact Number **OFFICE-NOPHONE**

EMail Address CHOWWENKWAN@GMAIL.COM Address 2 JALAN KEMBANGAN

Postcode 419099

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 - CHANGE/CROSS LANE

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?

Was any other material or property damaged? NO

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? YES

If Yes, Please state which Police Station

Police Station Name KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 112 LENGKONG TIGA #01-215, POSTCODE: 410112,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7489999 - FAX NO: 67454676

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBF1504B

Vehicle Make/Model/Colour YAMAHA FZ 16 / RED

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver JURAIMI BIN KARIN

NRIC/Passport Number S7346793D Contact Number 96852215

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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 (all insurer(s) who have insured wehicle(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) admitnistering 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:
 - (l) 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 Contri-Name: NRIC/FIN No.:

intre Personnel's Signature

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SKETCH PLAN

As per attachment

DECLARATION

If we declare the foregoing particulars are true in every respect.

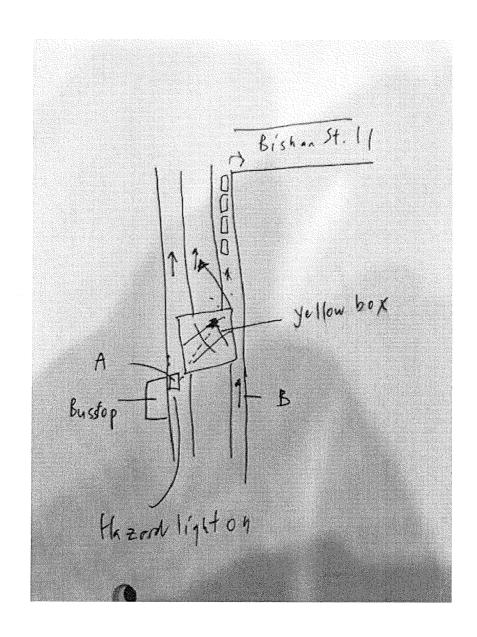
Declaration

Folicyholder's Signature

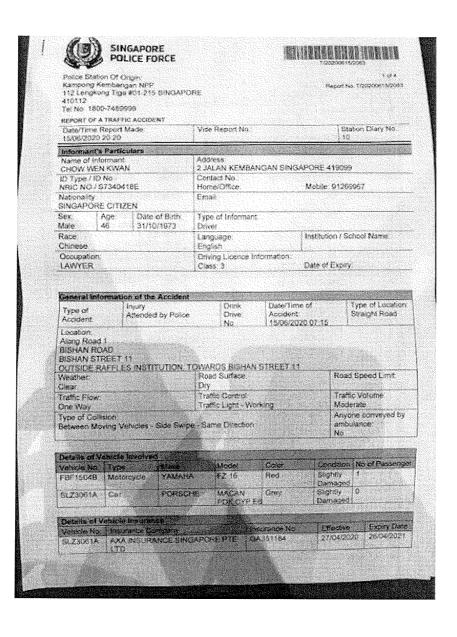
Outce's Signature

Noutce Signature

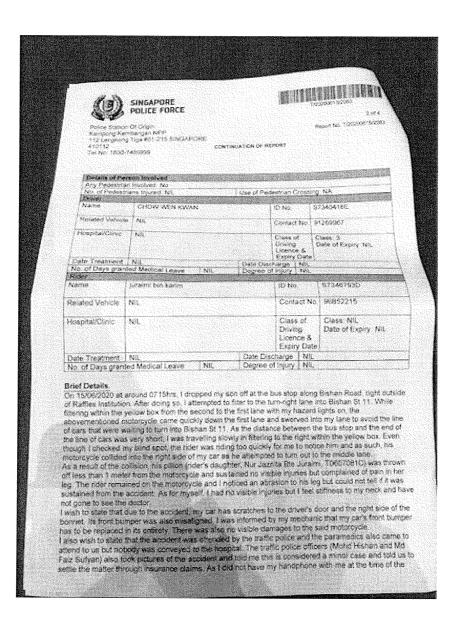
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Sketch Plan Pg. 4



Sketch Plan Pg. 5



Sketch Plan Pg. 6

