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

	ACCIDENT STATEMENT
Date Of Report	29/08/2020 11:16
Date Of Accident	28/08/2020 16:50
Exact Location Of Accident	ALONG PIE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK5238Z
Insured/Policyholder	
Name Of Registered Owner	CHAN KOK MENG
NRIC No	S1704689F
Email Address	MENGCHAN@YMAIL.COM
Mobile Phone No	(LOCAL) +65-96584770
Alternative Phone No	OTHERS-92715401
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA-1.5 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA525080
Cover Note Number	
Driver	
Name of Driver	CHAN KOK MENG
NRIC No	S1704689F

Name of Driver CHAN KOK MENO
NRIC No S1704689F
Date Of Birth 07/04/1965

Occupation OUTDOOR
Date Of Driving Pass 24/01/1994

Driving Experience 26 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96584770

Fax Number

Contact Number OTHERS-92715401

EMail Address MENGCHAN@YMAIL.COM

Address BLK 128 MARSILING RISE #05-266

Postcode 730128

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

YES

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : HAMIDON

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS WEST N.P.C

Police Station Address ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200828/2110

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME9136C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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)

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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

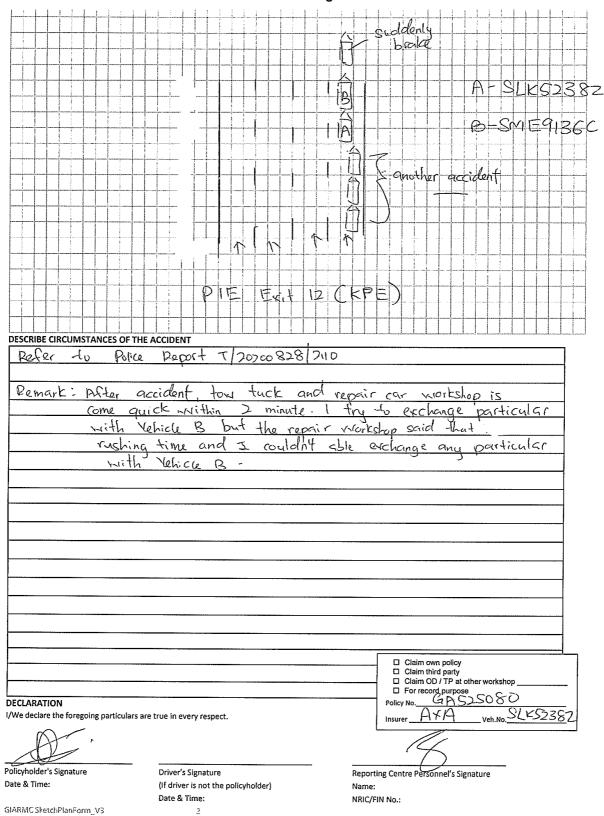
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Sketch Plan Pg. 2



POLICE REPORT Pg. 1





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 1 of 3 Report No. T/20200828/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2020 19:45		ide:	Vide Report No.:		Station Diary No.: 331	
Informant	s Particul	ars				
Name of In	formant:	Address:			_	
CHAN KOK MENG			APT BLK 128 MARSILING RISE #05-266 SINGAPORE			
			730128			
ID Type / ID No.:			Contact No.:			
NRIC NO / S1704689F			Home/Office:	Mobile: 96584770		
Nationality:			Email:			
SINGAPORE CITIZEN		N				
Sex: Age: Date of Birth:		Date of Birth:	Type of Informant:			
Male	55	07/04/1965	Driver			
Race:			Language:	Institution / S	School Name:	
Chinese			English	ļ		
Occupation:			Driving Licence Information:		******	
ELECTRICAL SUPREMETENANT			Class: 2B,2A,3,4,5	Date of Expi	гу:	

	Mon Injune	Drink	Data/Time of		Tunn of Landing
Type of	Non-Injury	Drink	Date/Time of		Type of Location:
Accident:	Others	Drive:	Accident:		Flyover
7 toolaciit.		No	28/08/2020 16:5	50	
Location:					
PAN-ISLAND	EXPRESSWAY				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Weather:		Road Surface:		Road	d Speed Limit:
		Road Surface: Dry		Road	d Speed Limit:
Clear			100-00-		d Speed Limit:
Clear Traffic Flow:		Dry			ic Volume:
Clear Traffic Flow: One Way		Dry Traffic Control:		Traff Mode	ic Volume:
Weather: Clear Traffic Flow: One Way Type of Collision		Dry Traffic Control: Not Controlled		Traff Mode Anyo	ic Volume: erate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLK5238Z	Car	TOYOTA	SIENTA 1.5G CVT	Red	Seriously Damaged	1
SME9136C	Car	AUDI	A3 SEDAN 1.4 TFSI COD S TRONIC	White	Slightly Damaged	1

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No	Effective Expiry Date

POLICE REPORT Pg. 2





Police Station Of Origin: Woodlands West N.P.C.

Report No. T/20200828/2110

2 of 3

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

Details of Ve	ehicle Insurance			10.7
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK5238Z	AXA INSURANCE SINGAPORE PTE	GA525080	19/01/2020	18/01/2021
	LTD			

Brief Details.

On the mentioned date, time and location, I was driving along PIE expressway before exit 12 at lane 1. I was involved in an accident with vehicle bearing SME9136C. I alighted my vehicle and asked the driver bearing SME9136C. No one were injured at the point of time. I took photos as evidence thus I suspect the accident cause by a vehicle in front of SME9136C. The driver bearing SME9136C mentioned that she the vehicle jam break and causes her to panic. She could not remember(observed) the front car plate number as it happened too quick. After the accident, the tow truck bearing WA6906U came at scene immediately to organize and take all the involved car for repair. I making this report for insurance purpose and I suspect is a traffic scam and wish traffic police can investigate on the matter.

POLICE REPORT Pg. 3

CONTINUATION OF REPORT





Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

3 of 3 Report No. T/20200828/2110

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 MUHAMMAD KHAIRIL BIN MOHAMBD RAIS	
Signature Of Interpreter:	Date/Time:
Not applicable	28/08/2020 19:45
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp	













