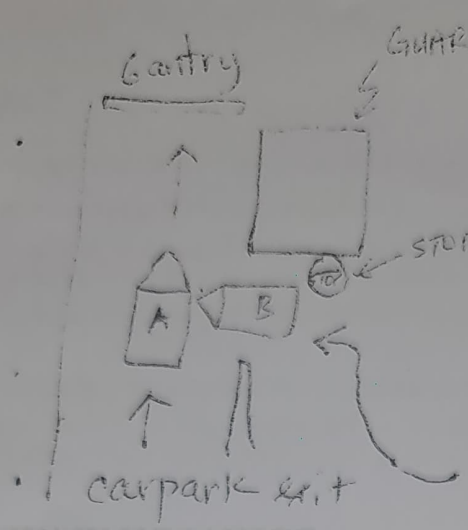
Singapore Accident Statement

Accident Date & Time: 22 DEC 2020	
Accident Location: Coco palms condo near exit gantry	
Vehicle Number: SKX2269Y	Make/Model: MAZDA 6
Policyholder Name:	
NRIC: S1613053B	Mobile: 96715893
Email: chuawan8@yahoo.com.sg	
Insurance Company : AXA / ~~BUDGET DIRECT~~ / (FWD) / SOMPO	
Policy Number: [illegible]	Policy Period: 30/5/20 to 29/5/21
Policy Coverage: Comprehensive (✓) Third Party ( ) Third Party Fire & Theft ( )	
State Action Taken: Claim Own Policy ( ) Claim Third Party (✓) Reporting Only ( )	
Driver Name: CHUA [illegible]	Email: chuawan8@yahoo.com.sg
NRIC: S1613053B	Mobile: 96715893
Date Of Birth: 25 NOV 1963	Driving Pass Date: 22 MAY 2004
Gender: Male (✓) Female ( )	Occupation: Indoor (✓) Outdoor ( )
Address: BLK 538 #06-36 PASIR RIS ST 51 S(510538)	
Is driver an employee of the Insured's Company: Yes ( ) No (✓)	
If No, Relationship of the Driver with the Insured: Owner(✓) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Parent ( )	
Weather Conditions: Clear (✓) Raining ( ) Others( ) -	
Road Surface: Dry (✓) Wet ( ) Others( ) -	
Was any foreign vehicle involved in this accident? Yes ( ) No (✓)	
Was anybody injured in the Accident? Yes ( ) No (✓)	
Was the accident reported to the police? Yes ( ) No (✓) *Attach Police Report, if any*	
Was there any video captured by Car Camera? Yes (✓) No ( ) — VIDEO WITH OWNER	
Number of Passengers (Including Driver): 0 (1) 2 3 4 5 6 Others :-	
Passenger Name (Gender) 1. 2. 3. NA 4. 5.	
3rd Party Name : SANTHIRAMOCAN S/O N SINNAYAH	
Vehicle Number : SHA 9725H	Make & Model: HUNDAI IONIQ
NRIC: S1238771I	Mobile: 83044338
Witness Details (if any): NA	

SKETCH PLAN



CAR A - SKX226Y

CAR B - SHA9725H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting from car park heading straight to gantry. Taxi turned right and hit my front driver side front wheel ~~and~~, front bumper and front right panel. ~~[illegible]~~

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance.

	Reporting Only
	Claim OD
	Claim TP
✓	Claim OD / TP at other workshop

DECLARATION

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

[illegible] 1030 Hrs
23/12/20

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

IMPORTANT NOTICE

1. [illegible] 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 omission of material facts may entitle insurance companies to repudiate policy liability.

4. The receipt 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 to [illegible] authorised 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 the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

[illegible] 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 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) [illegible] 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

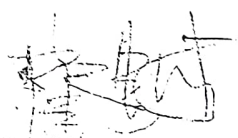
(c) [illegible] my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(d) [illegible] 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) [illegible] 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 insurers, 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.: