SV0N20CS0002 / Volkswagen Group Singapore Pte Ltd ENTRY DATE & TIME: 28/12/2020 10:41 (SGT) SUBMITTED BY: Steven Chee VERSION: 1 (28/12/2020 10:41 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 Submission 28/12/2020 10:41 (SGT) Date of Accident 26/12/2020 17:05 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information UPPER SERANGOON RD TWDS CITY AREA Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKS866M

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHEN CHING ZHEN NRIC No S8112975D Email Address cws8686@hotmail.com Mobile Phone No (Phone) +65-97932886 Alternative Phone No (Home) +65-97932886

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen Model ..... Sharan Variant ..... 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? Vehicle Category .....

Private use

No - Claiming third party

Private car

### INSURANCE COMPANY

Name of Insurance Company Axa

Type of Coverage Comprehensive

Fleet Policy

Policy Number VA1/GA292233

Cover Note Number

### DRIVER

Name of Driver CHEN CHING ZHEN NRIC No S8112975D Date Of Birth 07/05/1981

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/05/2001 19 YEARS AND 7 MONTHS Female (Phone) +65-97932886 (Home) +65-97932886 cws8686@hotmail.com 40 KOVAN RISE #08-22 - 544728 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 4 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Hougang Neighbourhood Police Centre (Phone) +65-18004890999 (Fax) +65-63128989 60 Hougang Ave 9 Singapore 538775 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN & POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Registration Number GBB1595J Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Commercial vehicle

Name of Driver

Contact Number

Address	-
Address complement	-
Postcode	=
Insurance Company Name	AIG
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP3237B
Vehicle Manufacturer	( <del>3</del> 8)
Vehicle Model	•
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	1,00
Address	-
Address complement	-
Postcode	-
Insurance Company Name	( <del>=</del> :
Nature Of Damage	o <b>=</b> 0
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 3

### **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person Address	CHEN CHING ZHEN 40 KOVAN RISE #08-22
Address Complement	-
Post Code	544728
Approximate Age Years Old	-
Injuries Sustained	NECK & LOWER BACK PAIN
Injured person in which vehicle?	SKS866M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

### **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Orger -		Insurance Advisor el: 6305 7299 Ext: 511 HP: 8511 2203 Fax: 6285 8620
PolicyHolder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
		A: SKJ 866M B: GBR 1595J
		し: SMP3237B D: Skg 1133B
*		* 4

Steven Chee

Refer	-60	police	the Accident	
/		1		
- Maria - Maria		2192		
The state of the				
			One testiniksii o	
	30-101 (Sec. ) (Sec. )			2.44 mass = 12.1 (A. 140 mass)
			ALIGN AND AND AND AND AND AND AND AND AND AN	
700-010 MIN (1-210)				
			A CAMPANIAN CONTRACTOR OF THE	
			***************************************	
	************	Amata.	***************************************	
_	1419			7700M500p-01-1
			n ann airtean	
			W. 60 M. 75 - 100 W. 75 - 1	New York Control of the Control of t
	****			
				una de la companya del companya de la companya del companya de la
				CONTRACTOR OF THE CONTRACTOR O
	IIII-I		2 2017-000	
/////				
	iji i		an west and the same and the same and	
and the second second second			www.companies	
		n vi nojem ne min		
	- V V			
		And the Secretary of the Commission of the Commi		
				The Market Market Control of the Con

### Declaration

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

Steven Chee
Insurance Advisor
Tel: 6305 7299 Ext: 511
HP: 8511 2203
Fax: 6285 8620

July



















