

SINGAPORE ACCIDENT STATEMENT

IMPURIANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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 insurance report and the policy service of the accident to speed up the claims process.

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 Submission Date of Accident Exact Location of Accident Additional Location Information	14/12/2020 16:51 (SGT) 12/12/2020 16:17 (SGT) Near 1 Coleman St, Singapore 179803 ENTRANCE TO ADELPHI (SUPREME COURT LANE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

SMK9428D

INSURED/POLICYHOLDER		
Is company?	No	
Name Of Registered Owner	MATHEW SOON WEE KEAT	
Hallo of Hogiotorou o Mile.		

NRIC No SXXXX981Z MATHEW.SOON@GMAIL.COM Email Address Mobile Phone No (Phone) +65-98269616 +65-98269616 Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Alfa Romeo Model **STELVIO** Variant Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Axa Type of Coverage Comprehensive Fleet Policy Policy Number GA467186/1 Cover Note Number

DRIVER

Name of Driver MATHEW SOON WEE KEAT NRIC No. SXXXX981Z Date Of Birth 24/10/1973 Indoor

Date Of Driving Pass 29/11/1995 Driving experience 25 YEARS AND 1 MONTH Gender (Phone) +65-98269616 Mobile Number +65-98269616 Alt. Phone Number MATHEW.SOON@GMAIL.COM Email Address 50 WEST COAST ROAD Address Address complement #02-53 127363 Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident DRIZZI ING Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I APPROACHED CARPARK ENTRANCE OF ADELPHI. A MERCEDES BENZ E250 (SKJ 7734 L) STOPPED AT THE ENTRANCE WITH BACK LEFT WHEEL SLIGHTLY ON THE CURB. I STOPPED A DISTANCE BACK TO ALLOW THE CAR TO MANOEUVRE INTO THE CARPARK. SUDDENLY, SKJ 7734 L REVERSE DIRECTLY INTO MY CAR. COLLISION CAN BE FELT. I STOPPED THE CAR AND ATTEMPT TO GO OUT HOWEVER I NOTICED THE CAR SKJ 7734 L DECIDED TO DRIVE OFF. I PROCEEDED TO FOLLOW THE CAR INTO THE PARKING LOT. HOWEVER THE CAR DID NOT STOP UNTIL I HONK AT THEM. AFTER FINALLY STOPPED AT B4, THE PASSENGER (NOT THE DRIVER) CAME AND SPOKE TO ME. TOOK PICTURES. I NOTICED THE DRIVER IS A YOUNG BOY AND A P-PLATE IS SHOWN ON THE CAR. AS THE PASSENGER DOES NOT WANT TO PROVIDE ANY CONTACTS, I TOOK THE CAR PLATE NUMBER AS EVIDENCE. VIDEO OF WHOLE EVENT IS AVAILABLE. 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 Vehicle Manufacturer	SKJ7734L Mercedes
Vehicle Model	E250
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



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)	

SKETCH PLAN

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

 Lunderstand, acknowledges, agree and consent that:

 (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GAY") may/are permitted to collect, use, disclose and/or process my personal data/personal information set cut in this (form) and any other personal information provided by my insurer (collective) my insurer for any or processed by my insurer for any or property of the proposal personal information as all insurer(s) who have insured the still provided in this societies (all insurer(s) who have insured in this societies (all insurer), the isotrarer is swyten/law from, the isotratery Authority of Singapore and any relevant povernment agency/authority (such as the police), for the purpose(s) of .
 - 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 extensal cover of envelopes/mail packages); and/of packages and/of.
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- "Purposes"

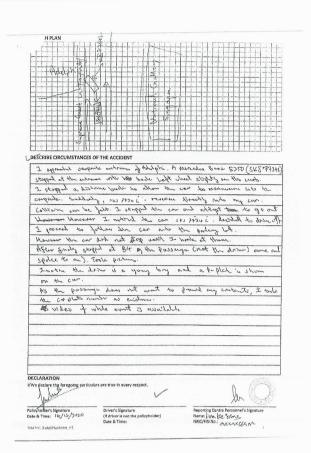
 (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lowyers/haw firms, may/are permitted to celecte, use, disclose anylor process my resonal information for one or more of the above Purposes; and continued to the celecter of the above Purposes; and continued to the celecter of the insurers and/or (also to that their party service providers or appetitionally fine bett between films (may, which may be site docustated of sligance), for one or more of the above Purposes. Personal information will also be collected and used to compile claims kittory for the purpose of fraud detection, investigation, and management in present and all inture called called.

 (e) the information so collected under (d) above may be shared, disclosed:

 (i) to all insurers and/or any other third parties that tasks in the resultants, investigating, controlling or managing fraud, regulators, how enforcement and government agreeded as reasonably required for the purposes stated, or (ii) for complying with requirements under any regulations, laws or court orders.

July

MO Reporting Centre Personnel's Signa Name: Lym DRL Song NRIC/FIN No.: GRXXX 564M





















INSURER ENOUIRY Find insurer

Vehicle reg. no.

SKJ7734L

Date of Accident

12/12/2020

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Period of Insurance _______13/05/2020 - 12/05/2021 Requested Date ______14/12/2020 16:23

Payment details

Request Amount: \$\$1.87 GST Amount: \$\$0.13

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: M400017735