

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 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. 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	28/01/2021 12:22 (SGT)
Date of Accident	27/01/2021 14:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INSIDE MACTECH BUILDING CARPARK ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1316R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AW HOCK KENG
NRIC No	SXXXX486D
Email Address	wilsonaw2001@yahoo.com
Mobile Phone No	(Phone) +65-91001870
Alternative Phone No	+65-91001870

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2285645
Cover Note Number	-

DRIVER

Name of Driver	AW HOCK KENG
NRIC No	SXXXX486D
Date Of Birth	26/04/1944
Occupation	Indoor

Date Of Driving Pass	05/02/1967
Driving experience	53 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91001870
Alt. Phone Number	+65-91001870
Email Address	wilsonaw2001@yahoo.com
Address	67 COMPASSVALE BOW #07-32
Address complement	-
Postcode	544992
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

Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ZHOU SHANGLI
Gender	Female

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

ON 27/01/2021 AT 1455HRS, I WAS DRIVING MY VEHICLE (SML1316R) INTO MACTECH BUILDING CARPARK. AS I WAS GOING UP THE SLOPE. SUDDENLY, (SDD121R) CAME INTO MY LANE AND KNOCKED ONTO MY VEHICLE. MY VEHICLE FRONT RIGHT WAS BADLY DAMAGED AFTER THE INCIDENT. AFTER THE INCIDENT, I WENT TO MY WORKSHOP FOR INSURANCE CLAIM.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDD121R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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

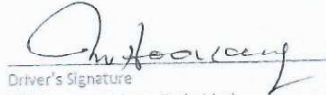
I understand, acknowledge, agree and consent that:

- (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.


Policyholder's Signature

Date & Time:

27/1/21 1700hrs


Driver's Signature
(If driver is not the policyholder)

Date & Time:

27/1/21 1700hrs


Reporting Centre Personnel's Signature

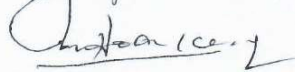
Name:

NRIC/FIN No.:

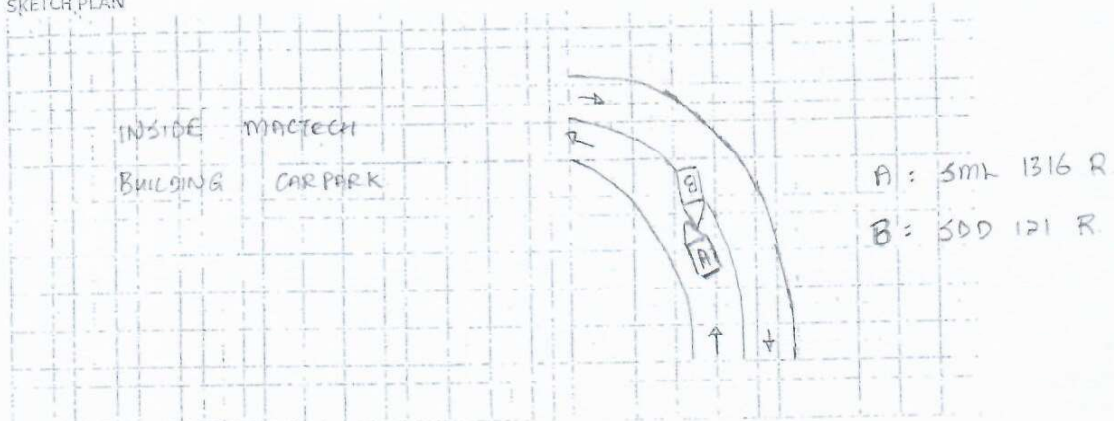
28/1/21 1025hrs

27/1/21 1730hrs

I hereby authorize SNE Motor P/L
send my accident report to nicole@casgarage.sg



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/1/21, at 1455 hrs, I was driving my vehicle, SML 1316 R, into Mactech Building, carpark. As I was going up the slope, suddenly, SDD 121 R, came into my lane and knock onto my vehicle.

My vehicle front right was badly damaged. after the incident.

After the incident, I went to my workshop for insurance claim.

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time:
27/1/21 1700hrs.

[Signature]
Driver's Signature
(If driver is not the policyholder)

Date & Time: 27/1/21 1700 hrs.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: