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 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.

- 4. The issue and acceptance of this is form by instrained 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 29/04/2021 12:47 (SGT) Date of Accident 28/04/2021 10:45 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information ALONG CTE BEFORE BRADELL EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Porsche

Vehicle Registration Number SI W8008M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HO LAY TIN FRANCES NRIC No. S1403093Z Email Address FRANCES.SNG@GMAIL.COM Mobile Phone No (Phone) +65-90277799 Alternative Phone No +65-90277799

VEHICLE PARTICULARS

Manufacturer

Model 718 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? No - Reporting only Vehicle Category Private car Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA337977/1 Cover Note Number

DRIVER

Name of Driver HO LAY TIN FRANCES NRIC No. S1403093Z

Date Of Birth 22/08/1960 Occupation Indoor Date Of Driving Pass 23/02/1980 Driving experience 41 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-90277799 Alt. Phone Number +65-90277799 Email Address FRANCES.SNG@GMAIL.COM Address 254 OCEAN DRIVE Address complement Postcode 098304 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN 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
 GBC9927C

 Vehicle Manufacturer
 Nissan

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Goods vehicle

 Name of Driver
 ONG KWONG KIEN

 Passport No/FIN
 \$1736845A

 Contact Number

 Address

Address complement	
Postcode	
nsurance Company Name	-
Nature Of Damage	
Details of property damaged in acc	ident
No. Of Passenger (Including Driver	

SKETCH PLAN

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 Policyhalder and/or the Authorised Univer
- Information provided must be as truthful and accurate as nossible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to remediate policy liability.
- 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 fake reporting may be referred to the Police for investigation.
- 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.
- 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, diaclose end/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 :
 - 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:
 - 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:

Driver's Signature

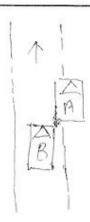
(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The region of th	
On 28/04/2021 at around 1045	hrs, I was driving along
CIE and I signalled way in adu	vane as I wanted to
exit to Braddell. I checked on	all my blind spots
and everyming was clear. Then I	started to lane change
When my vehicle was half in a	4 1 60 46-1 1-1
venice o came at a tast so	seed without slowing
down at all. As a 1854 It, his	right front portion
collided onto the left rear po	ortion of my vehicle.
Nobody was injured.	
0	
A CONTRACTOR OF THE CONTRACTOR	
	Λ

DECLARATION

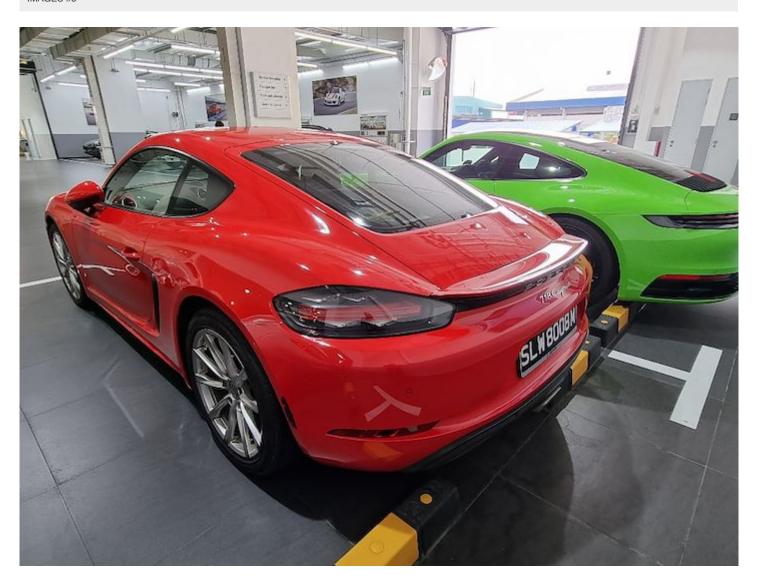
I/We declare the foregoing particulars are true in every respect.

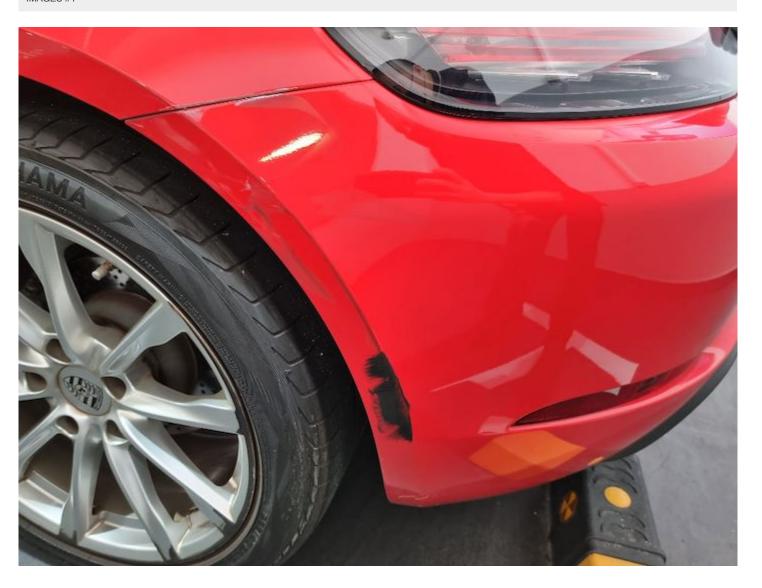
Oriver's Signature (if driver is not the policyholder) Date & Time:

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



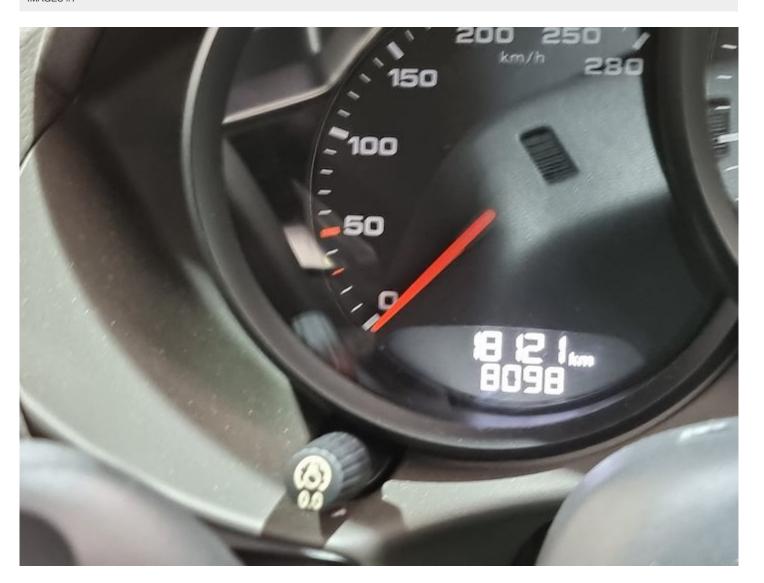
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5665500206 / 651 Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: _____Vehicle Registration No: SLW8008M Original Report No : ___ Name(as shown in NRIC): HO LAY TIN FRANCES NRIC/FIN/Passport No : SXXXX093Z (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore(Mobile No.: 90277799 Contact (Tel) Email Address : 28/04/2021 Time of Accident: 10:45 Date of Accident Place of Accident : ALONG CTE BEFORE BRADELL EXIT Insurance Company: AXA Insurance Pte Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: ATTACHED GBC9927C ACCIDENT SCENE PHOTO Policyholder / Driver's Signature Reporting Centre Personnell's Signature Date: Name: NRIC/FINNo.:

Date:

Transact Addressment to V