

SS02219E0005 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 14/09/2021 17:41 (SGT)
SUBMITTED BY: Wong Kee Nyuk
VERSION: 1 (14/09/2021 17:41 (SGT))

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	14/09/2021 17:41 (SGT)
Date of Accident	14/09/2021 14:07 (SGT)
Exact Location of Accident	Bukit Panjang, Singapore
Additional Location Information	infront of Bukit Panjang MRT Station bus stop
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA7888K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Koh Chik Hao Jason
NRIC No	SXXXX473E
Email Address	jasonkoh7888@gmail.com
Mobile Phone No	(Phone) +65-91687888
Alternative Phone No	(Home) +65-91687888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	CROWN ATHLETE 2.5 A
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
Transmission	Auto
CC	2499

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA086603/1
Cover Note Number	-

DRIVER

Name of Driver	Liu Caiping
NRIC No	SXXXX989H

Date Of Birth	23/11/1984
Occupation	Indoor
Date Of Driving Pass	22/11/2011
Driving experience	9 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84588870
Alt. Phone Number	-
Email Address	jasonkoh7888@gmail.com
Address	26 Choa Chu Kang Grove #12-62
Address complement	-
Postcode	688215
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain 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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached report.

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	SLA1100R
Vehicle Manufacturer	Mercedes
Vehicle Model	Gla180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Mustaffa Kamal
NRIC No	SXXXX875A
Contact Number	(Phone) +65-97344187
Address	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKF4663Z
Vehicle Manufacturer	Volkswagen
Vehicle Model	Touran
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Lee Lui Shiong
NRIC No	SXXXX021J
Contact Number	(Phone) +65-97556126
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
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;

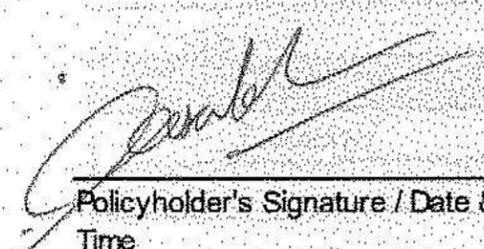
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

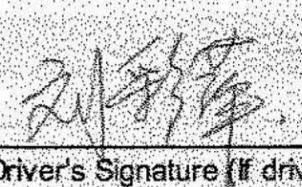
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.


Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



A - SJAT888K

B - SLA1100R

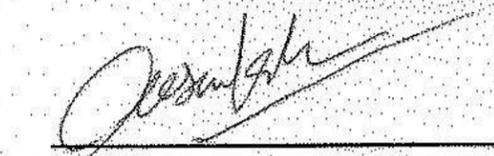
C - SKF4663Z

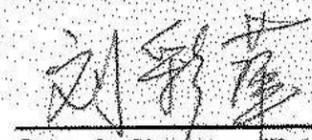
Describe Circumstances of the Accident

WAS DRIVING ALONG THE ROAD BELOW BUKIT PANJANG FEYVER
OPPOSITE HILLION MALL IN FRONT OF BUKIT PANJANG MRT STATION
BUS STOP. THE CAR IN FRONT OF MY CAR SLOWED DOWN AND I
SLOWED DOWN ACCORDINGLY. SUDDENLY I FELT AN IMPACT FROM
MY REAR AND I STOPPED MY CAR TO REALIZED THAT I HAD BEEN
HIT BY THE VEHICLE BEHIND (SLA1100R) AND THERE'S ANOTHER CAR
BEHIND SLA1100R WHICH IS SFF 4663Z ALSO INVOLVED IN THE
ACCIDENT.

Declaration

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


Policyholder's Signature / Date &
Time


Driver's Signature (if driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel