

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	01/10/2021 13:11 (SGT)
Date of Accident	30/09/2021 17:10 (SGT)
Exact Location of Accident	Bartley Rd, Singapore
Additional Location Information	TWDS PAYA LEBAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU2874S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YANG XUE
NRIC No	S8775835D
Email Address	summer198782@gmail.com
Mobile Phone No	(Phone) +65-90689685
Alternative Phone No	+65-90689685

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	2000

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA548228
Cover Note Number	-

DRIVER

Name of Driver	YANG XUE
NRIC No	S8775835D

Date Of Birth	02/08/1987
Occupation	Indoor
Date Of Driving Pass	04/11/2020
Driving experience	10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90689685
Alt. Phone Number	+65-90689685
Email Address	summer198782@gmail.com
Address	BLK 288C PUNGGOL PLACE #16-827
Address complement	-
Postcode	823288
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON 30/09/2021 AT ABOUT 17:10HRS ALONG BARTLEY ROAD TOWARDS PAYA LEBAR. WHILE I WAS TRAVELLING ON THE LANE 1, MY FRONT VEHICLE SLOWED DOWN AND STOP. HENCE, I FOLLOWED SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND THE IMPACT FORCED MY VEHICLE A TO MOVE FORWARD TO HIT ONTO THE VEHICLE C (FBQ7637D). WHEN I ALIGHTED, I REALISED IT WAS VEHICLE B WHO HIT THE REAR PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY FRONT AND REAR PORTION OF MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. AFTER THE ACCIDENT, I FELT DISCOMFORT ALL MY BODY AND NAUSEA.

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	SGQ2628D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM YONG FOOK
NRIC No	S9913974I
Contact Number	(Phone) +65-88834045
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBQ7637D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MOHAMED SHAH BIN ISMAIL
Contact Number	(Phone) +65-97876949
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YANG XUE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMU2874S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop: Alpha Car Services Pte Ltd via email: (alphacarservices@hotmail.com)

Signature: _____ X

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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 inquiries 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.

X



Policyholder's Signature
Date & Time: _____

X

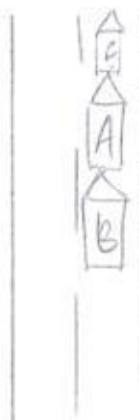


Driver's Signature
(If driver is not the policyholder)
Date & Time: _____

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

SKETCH PLAN #2

SKETCH PLAN



Vehicle A = SMU 8874S

Vehicle B = SHQ 7637D

Vehicle C = FBQ 7637D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the interview

DECLARATION

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

X 
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No:

On the 30/09/2021 at about 17:10 hrs along Bartley Road twds
Paya lebar.

While I was travelling on the lane 1, my front vehicle slow down and
stop hence I follow suit. Suddenly, I heard a loud bang from behind
and the impact forced my vehicle (A) to move forward to hit onto the
vehicle (C) FBQ 7637D .

When I alighted I realized it was vehicle (B) who hit my rear portion
of my vehicle (A) causing damages to my front & rear portion of my
vehicle. It was a chain collision of total 3 vehicle involved.

After the incident, I felt discomfort all my body and nausea .

Vehicle A : SMU 2874S

Vehicle B : SGQ 2628D

Vehicle C : FBQ 7637D



LETTER OF UNDERTAKING

I/We, YANG XUE
(NRIC No. S8775835D) the owner of vehicle no. SMU JF74S.

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14 (fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop,
ALPHA CAR SERVICES PTE LTD (UEN : 201717633Z)
Address : Blk C, Kaki Bukit Ave 6
#01-59 Kaki Bukit Autobay, Singapore 417883

Signed and Acknowledge by :

YANG XUE
NRIC no. & signature of policyholder

Company stamp

01/10/2021
Date