

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 15:37 (SGT)
Date of Accident 01/10/2021 12:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information AT THE JK BUILDING (JALAN JURONG KECHIL) LEAVING THE CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB7740A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GENEVIEVE CHIN SHU WUN MRS GENEVIEVE ZHANG
NRIC No SXXXX908G
Email Address genchin@gmail.com
Mobile Phone No (Phone) +65-87785475
Alternative Phone No (Home) +65-87785475

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Touran
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 1395

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P2451649
Cover Note Number -

DRIVER

Name of Driver GENEVIEVE CHIN SHU WUN MRS GENEVIEVE ZHANG

NRIC No	SXXXX908G
Date Of Birth	07/08/1985
Occupation	Indoor
Date Of Driving Pass	16/04/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87785475
Alt. Phone Number	(Home) +65-87785475
Email Address	genchin@gmail.com
Address	954 DUNEARN ROAD #08-13
Address complement	-
Postcode	589483
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CALEB ZHANG CHENGXIN
Gender	Male

PASSENGER 2

Name	CALVIN ZHANG TONGXIN
Gender	Male

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 TO SKETCH PLAN & VIDEO

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	GBD8719M
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ANG CHEOW CHUAN
NRIC No	SXXXX816E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
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

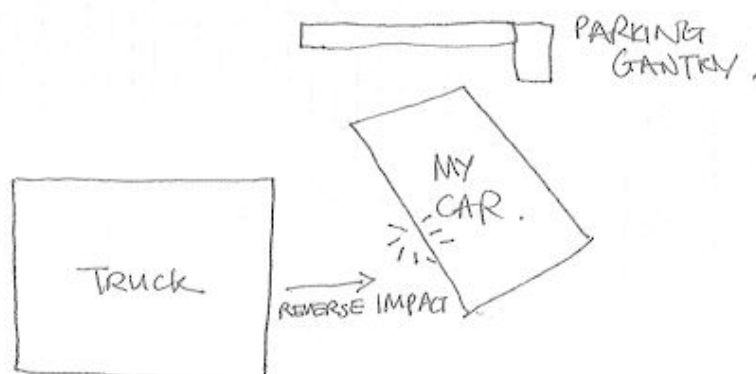
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 1/10/21
Policyholder's Signature / Date & Time
2:15 PM

[Signature] 1/10/21 2:15 PM
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At 12:45pm on 1/10/21, I was at the JK Building (Jalan Jurong Keelil) leaving the car park. While I was at the parking gantry leaving the car park (car was stationary), the truck from BOSCH/ Kong Tai Electrical Pte Ltd license plate GBD 8719M reversed without looking straight into my car and caused impact denting the left rear door of my car.

The truck driver took responsibility for his actions and asked us to claim insurance.

His details are:

NAME: ANG CHEOW CHUAN
 NRIC NO: S6831816E
 DOB: 26 AUG 1968
 SEX: MALE
 NATIONALITY: SINGAPORE CITIZEN
 DATE OF ISSUE: 10 APRIL 1994
 ADDRESS: 504 JURONG WEST STREET S1
 # 03-239
 SINGAPORE 640504.

Declaration

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

Ang Cheow Chuan 1/10/21 2:25pm Ang Cheow Chuan 1/10/21 2:25pm
 Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time

my
 Witnessed by Reporting Centre Personnel





