SP0U219R0003 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 27/09/2021 17:03 (SGT) SUBMITTED BY: Goh Su Leng VERSION: 1 (27/09/2021 17:03 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctiv</u> 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.

 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 27/09/2021 17:03 (SGT) Date of Accident 26/09/2021 15:45 (SGT) Exact Location of Accident Ang Mo Kio, Singapore Additional Location Information ANG MO KIO TOWARDS CTE Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SKS5128C INSURED/POLICYHOLDER Name Of Registered Owner LUONG AH KHONG(LIANG YAGUANG) @LUONG A KEN NRIC No S2207874G Email Address akluong2003@gmail.com Mobile Phone No (Phone) +65-91997769 Alternative Phone No +65-91997769 VEHICLE PARTICULARS Manufacturer Honda Mobilio 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 Transmission Auto INSURANCE COMPANY Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number VPA/P1744483 Cover Note Number

S2207874G

Accident report SP0U219R0003

NRIC No

LUONG AH KHONG(LIANG YAGUANG) @LUONG A KEN

Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was any foreign vehicle involved in the accident 2 Was any liptured to the Accident? No Was any liptured conveyed to hospital by ambulance? - Was any liptured conveyed to hospital by ambulance? - Was any liptured to the Accident? No Name of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name MRS LUONG Gender Female CATHERINE CHING Female CATHERINE CHING Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? - CIRCUMSTANCES OF ACCIDENT REFER TO REPORT ATTACHED-SULENG PROGRESSIVE CAR CARE PTE LTD- 6741-5336 ATTACHMENT(s) Are accident photos available for attachment? No Was there any sudio recorded? No No DETAILS OF POLICE PROPERTY 1	Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	26/04/1973 Indoor 07/06/1995 26 YEARS AND 3 MONTHS Male (Phone) +65-91997769 +65-91997769 akluong2003@gmail.com 75 PASIR RIS GROVE #12-31 - 518207 Yes - No
Type of Accident Conditions Clear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No No Number of vehicles involved in the accident 2 Was any subject conveyed to hospital by ambulance? No		-
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Are accident photos available for attachment?		
Was there any video captured by Car Camera? No Was there any audio recorded? No	ATTACHMENT(S)	
DETAILS OF OTHER VEHICLE PROPERTY 1	Was there any video captured by Car Camera?	No
	DETAILS OF OTHER	VEHICLE PROPERTY 1

SHF678T

Accident report SP0U219R0003

Vehicle Registration Number

Verlicle Matidiacture	
Vehicle Model	_
Vehicle Variant	
Vehicle Colour	_
Vehicle Category	Taxi
Name of Driver	
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	_

Describe Circumstances of the Accident

Dear Str	
I Was Viving Vehicle No. SKS 51280	. With My Wife
Bar Safa-Intow in My Vehicle	will have wife
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Declaration	
We dealare the foregoing particulars are true in every respect.	
If you wish to claim against your own policy, please be advised that your insurer may have a fou must be made within the slipulated timoframe from the day of occurrence. Kindly check with you	rteen (14) days clause whereby the cloim I insurer for more details.
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Policyhoxier's Signature / Date & Oxiver's Signature (¥ driver is not the policyhoxier) / Date	Witnessed by Reporting Contre
Time & Time	Fersonn's l
27/0/21	
27/a/21 2.26pm.	
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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3, Information provided must be as truthful and accurate as possible. Any wiful 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 tabeity on the part of the insurance correanies.
- 5. Any false reporting may be referred to the Police for investigation,
- 5. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GA) 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 aforeseld.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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 offier 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' law yers/law firm, 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
- (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, invokes, 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

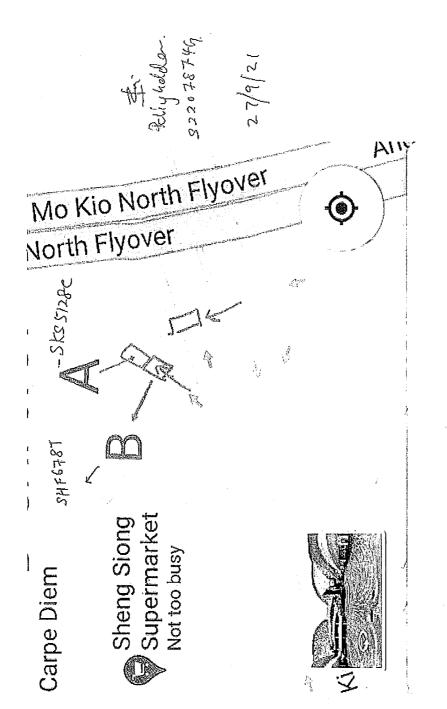
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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