

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 13/01/2022 15:22 (SGT)
Date of Accident 08/01/2022 12:35 (SGT)
Exact Location of Accident Ang Mo Kio Street 42, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ7000J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Chew Khiok Liang Tommy
NRIC No S0232712J
Email Address averonsvs@gmail.com
Mobile Phone No (Phone) +65-97777000
Alternative Phone No (Home) +65-97777000

VEHICLE PARTICULARS

Manufacturer Jaguar
Model Xjl
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 3500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number GA574822/1
Cover Note Number -

DRIVER

Name of Driver Chew Khiok Liang Tommy
NRIC No S0232712J

Date Of Birth	06/02/1949
Occupation	Indoor
Date Of Driving Pass	10/07/1974
Driving experience	47 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97777000
Alt. Phone Number	(Home) +65-97777000
Email Address	averonsvs@gmail.com
Address	Blk402 Ang Mo kio Ave 10 #22-613
Address complement	-
Postcode	560402
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	Side Swipe
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)	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH1818K
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Edmond
Contact Number	(Phone) +65-91822221
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

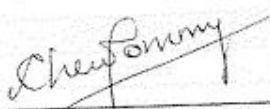
SKETCH PLAN

IMPORTANT NOTICE

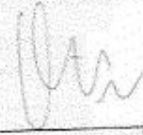
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

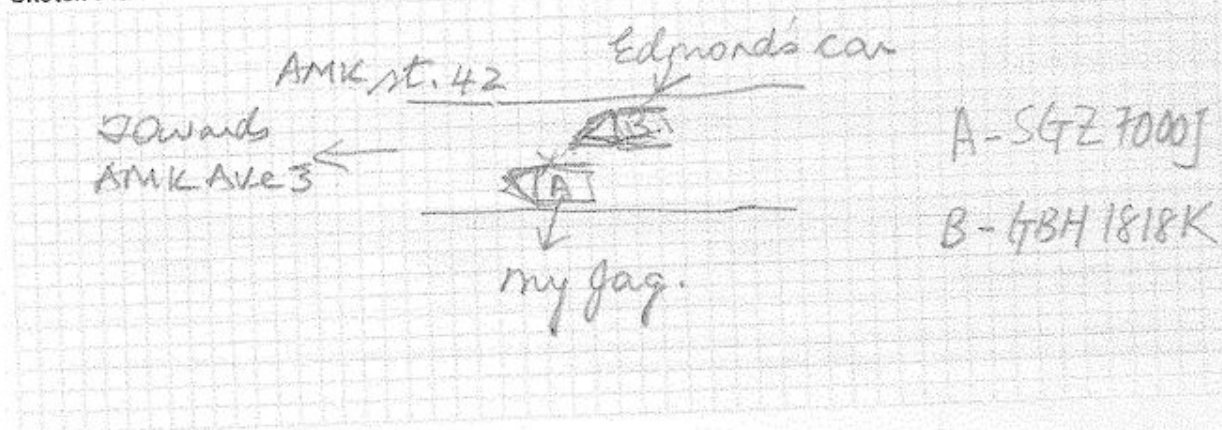
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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
13/1/22


Witnessed by Reporting Centre Personnel

Sketch Plan

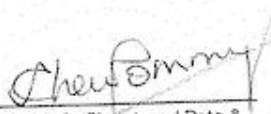


Describe Circumstances of the Accident


As per attached

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 13/1/22


Witnessed by Reporting Centre
Personnel

11 January 2022

To: Whom it may concern,

Re: Report on Incidence
 - Jaguar XFL / White Nissan

On Sat. 08 Jan abt. ^{12.35 pm} ~~11.45 am~~...
 whilst driving along AMK St. 41,
 near 2nd gate of Deyi Secondary
 School; filtering from the Left
 Lane towards AMK Ave 3.

The white Nissan came from the
 rear, and attempted to overtake
 me. In the process it swerved
 and 'bushed' against my front
 right fender.

As both vehicles have no apparent/
 significant damages; we, both parties
 agreed to pte settlement.

However, Nissan Driver, Edmond changed
 his mind, & lodged a claims report on
 Sunday 09 January 2022.

In view thereof, I am submitting herewith
 my 3rd party claim report.

Chen Fongmy

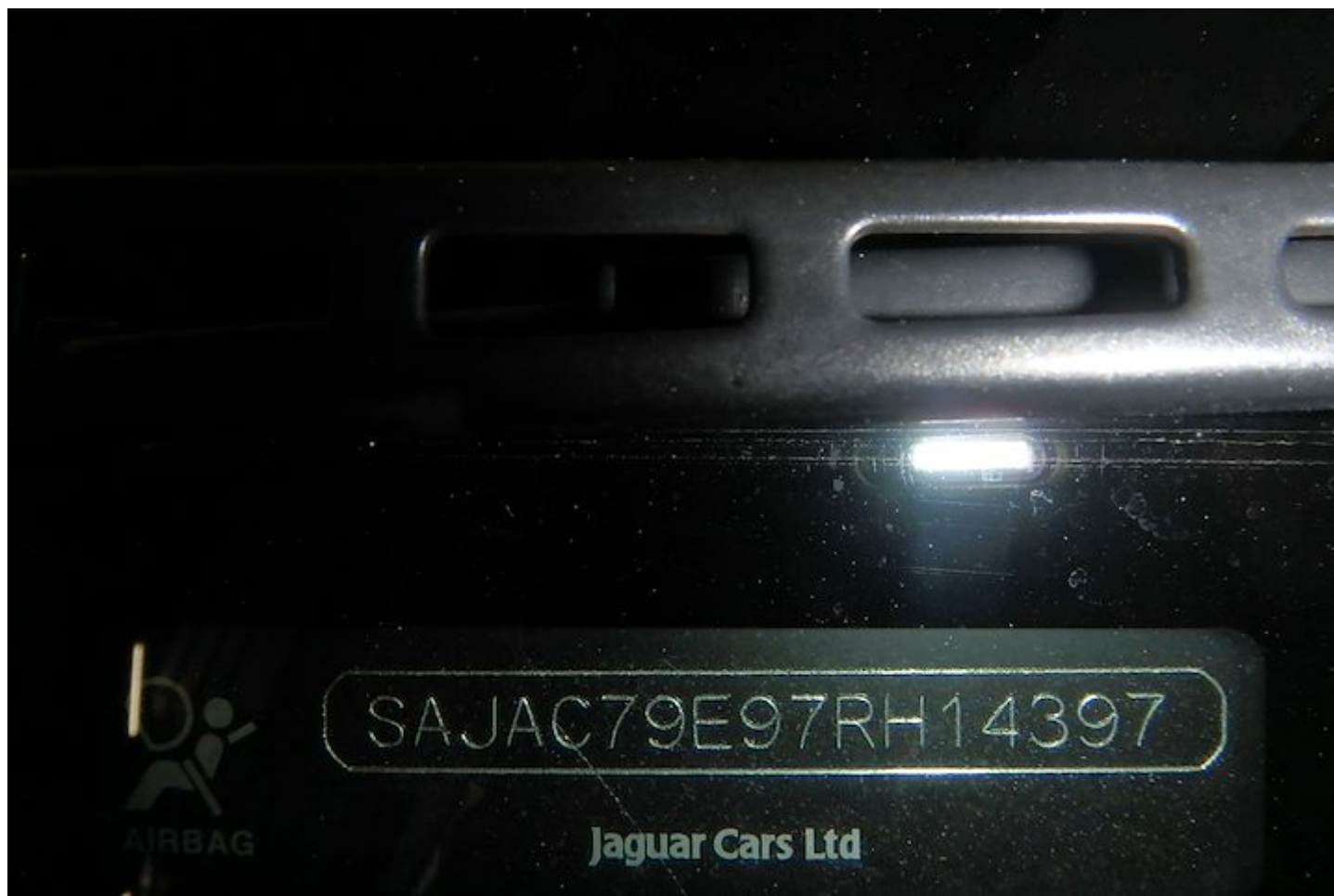














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS02221D0003 Vehicle Registration No: S42 7000J
 Name (as shown in NRIC): Chew Khiok Liang Tommy NRIC/FIN/Passport No: S0232712J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 402 Ang Mo Kio Ave 10 # 22-613 Singapore 560492
 Contact (Tel): _____ Mobile No.: 9777 7000
 Email Address: averonscs@gmail.com
 Date of Accident: 08/01/2022 Time of Accident: 12.35
 Place of Accident: Ang Mo Kio Street 42
 Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- 1). Name of owner: Chew Khiok Liang Tommy
- 2). Email address: averonscs@gmail.com
- 3). Name of TP driver: Edmond

 Policyholder / Driver's Signature
 Date: _____

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