

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 11/02/2022 16:22 (SGT)
Date of Accident 10/02/2022 16:55 (SGT)
Exact Location of Accident Lor 7 Toa Payoh, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP3608P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ALVIN CHENG FOOK LOY @ ALVIN CHENG FEI LONG
NRIC No S1687818I
Email Address junwensvcs@gmail.com
Mobile Phone No (Phone) +65-96156021
Alternative Phone No +65-96156021

VEHICLE PARTICULARS

Manufacturer Lexus
Model Es250
Variant LEXUS ES250 LUXURY A/T S/R
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 2500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA552028/1
Cover Note Number -

DRIVER

Name of Driver ALVIN CHENG FOOK LOY @ ALVIN CHENG FEI LONG
NRIC No S1687818I

Date Of Birth	30/05/1965
Occupation	Indoor
Date Of Driving Pass	19/09/1985
Driving experience	36 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96156021
Alt. Phone Number	+65-96156021
Email Address	junwensvcs@gmail.com
Address	BLK 168 HOUGANG AVE 1 #09-1409
Address complement	-
Postcode	530168
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	LIGHT RAINS
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PATRICIA WU YU FEI (96156021)
Gender	Female

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 STATEMENT AND SKETCH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL PROVIDE TO WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ8788A
Vehicle Manufacturer	Mercedes
Vehicle Model	E250
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LIM YUN LENG
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**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 willful 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. The 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.
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.

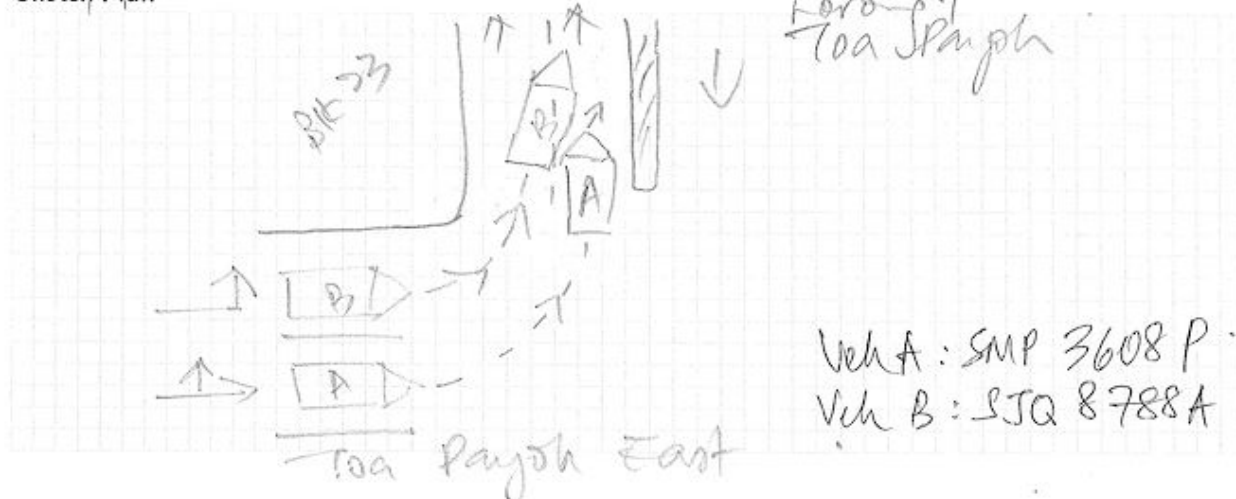
Policyholder's Signature / Date & Time

11/2/2022

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

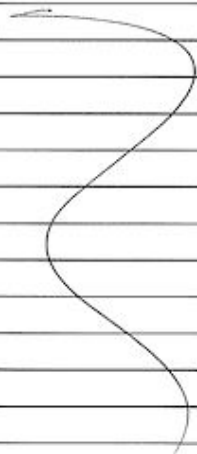
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 10/02/2022 @ 1655hrs, I was driving along
 Teo Pangoh East to Lorong 7 Teo Pangoh on the 2nd lane.
 After turning into Lorong 7 keeping to the right.
 Suddenly, a car (B: SJO 8788A) travelling
 on the left swerved to my lane. I tried to
 swerve to my right but to no avail. The
 said vehicle had hit against my car (A: SMP3608P)
 left front portion.
 That's all!



Declaration

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

Policyholder's Signature / Date &
 Time

11/2/2022

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

Witnessed by Reporting Centre
 Personnel

VEHICLE NO:	SMP 3608P		MAKE & MODEL:	Lexus ES50		AUTO / MANUAL
DATE OF ACCIDENT	10/02/2022		*C.C.			
TIME OF ACCIDENT	1655 AM / PM					
LOCATION OF ACCIDENT	Lorong 7 Tox Payoh					
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT		PRIVATE USE		PRIVATE HIRE	
NAME OF OWNER	Alvin Cheng Fook Loy @ Alvin Cheng Fei Long					
EMAIL	junwensvcs@gmail.com		Office	MOBILE 9641 6021		
NRIC	S1687818 I					
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY					
FLEET POLICY	YES / NO <u>3</u>					
INSURANCE CO.	AXA Insurance					
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft					
POLICY NO.	GA 552028					
NAME OF DRIVER	AS ABOVE / IF NO. As above					
NRIC						
DATE OF BIRTH	20/05/1965					
ANY PASSENGER	<u>YES</u> / NO:					
NAME OF PASSENGER	Ms Patricia Wu Yu Fei					
GENDER OF PASSENGER	MALE / <u>FEMALE</u>					
OCCUPATION	Outdoor / <u>Indoor</u> sole proprietor					
DATE OF DRIVING PASS	19/09/1985					
GENDER	<u>Male</u> / Female					
CONTACT NO.	Mobile 9615 6021		Office	Home		
EMAIL						
ADDRESS	SMP 3608P					
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.		SKA 1181T		INSURER	
RELATIONSHIP	Employee / If No. Insured					
WEATHER CONDITION	Clear / Raining / Other. <u>Drizzling</u>					
ROAD SURFACE	Dry / <u>Wet</u> / Other					
ANY INJURIES	No / If yes, Who?					
CONVEYED BY AMBULANCE	No / If yes, Who?					
POLICE REPORT	No / If yes, Where?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B NO.	S100788A		Any Passenger		No	
NAME	1 male - Mr Lim Yun Long					
CONTACT NO.						
VEHICLE C NO.	Any Passenger					
VEHICLE D NO.	Any Passenger					
VEHICLE E NO.	Any Passenger					
VEHICLE F NO.	Any Passenger					
ANY WITNESS						
WITNESS CONTACT NO.	Ms Patricia					
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO					
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / NO					
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO					
**WORKSHOP:	TLM					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>					