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 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	23/05/2022 15:24 (SGT)
Date of Accident	22/05/2022 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE EXIT STEVEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7196E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DE-LIFESTYLE MANAGEMENT PTE LTD
Company Reg No	202027614D
Email Address	jack.du@de-lifestyle.com
Mobile Phone No	(Phone) +65-93206851
Alternative Phone No	+65-93206851

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc90
Variant	2.5T
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	2521

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA597824
Cover Note Number	-

DRIVER

Name of Driver	DU PING
NRIC No	S8182208E

Date Of Birth	13/08/1981
Occupation	Indoor
Date Of Driving Pass	20/08/2010
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93206851
Alt. Phone Number	-
Email Address	jack.du@de-lifestyle.com
Address	BLK 175 LOMPANG ROAD #23-53
Address complement	-
Postcode	670175
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Collision - Head to Rear
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 TO SKETCH PLAN

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	SLH7448L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Passport No/FIN	G0965707Q
Contact Number	-
Address	-

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for efiling.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT	
Date and Time of Accident	Date: 22/05/2022 Time: 1100.
Exact Location of Accident	PIE EXIT STEVEN.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGZ 7196E.
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner *(See Insurance Cert.)*	DE-LIFESTYLE MANAGEMENT PTE LTD
Personal Identification - NRIC (Singaporean/PR)	30302761HD.
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer VW Model XC90.
Type of Vehicle*	✓ Saloon ✓ MPV ○ CRV ○ Van ○ Lorry ○ Bus ○ M/cycle ○ Others.
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	○ Yes ✓ No (If No, Pls select: ✓ Third Party ○ Reporting)
Vehicle Category*	✓ Private ○ Commercial ○ Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AXA INSURANCE
Type of Policy	✓ Comphensive ○ Third Party Fire & Theft ○ TP Only
Fleet Policy	○ Yes ✓ No
Policy Number	GAS97824.
Motor CI	
DRIVER	○ Same as Insured above
Name of Driver	DU PENTA
Personal Identification - NRIC (Singaporean/PR)	S8822208E.
- FIN/Passport Number	
Date of Birth	13 dd/ 08 mm/1982 /yy
Driving Date Pass	20 dd/ 08 mm/20(X) /yy
Year of Driving Experience	Year(s) Month(s)
Occupation	✓ Indoor ○ Outdoor
Gender	✓ Male ○ Female
Contact Number / Mobile Phone / Fax No.	93206851.

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Address of Driver	BLK 175 LOMPANG ROAD #03-55 Postcode (670175.)
Email Address	jack.du@de-lifestyle.com
Was driver an employee of the Insured's Company?	○ Yes ✓ No
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own	○ Yes ○ No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collison, Head-On collision,Side Swipe, Front to Rear)	HEAD - REAR
Weather Conditions	✓ Clear ○ Raining ○ Others,_____
Road Surface	✓ Dry ○ Wet ○ Others,_____

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	○ Yes ✓ No
Was any body injured in the accident?	○ Yes ✓ No
Was any other vehicle or property damaged?	✓ Yes ○ No
Was there any video captured by Car Camera?	○ Yes ✓ No
Number of Passengers (Including Driver)	01

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	○ Yes ○ No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	○ Yes ○ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SLH 7448L.
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	KALAICHEL REDDIAR VIGNESH
Personal Identification - NRIC (Singaporean/PR)	G0965707Q
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles.)

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Describe Circumstance of the Accident

On 22/05/2022. about 1/AM. When I drived my car volvo XC 90 2.5 T. (CAR PLATE SLZ7196Z) on the PIE Exit Steven, In my Front was traffice jam. I wasstoped my car then behind one of car. MAZDA (CAR PLATE SLH7448L) hit the back of my Car.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel

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SKETCH PLAN

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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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan