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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 30/08/2022 11:07 (SGT) Reported by Date of Accident 29/08/2022 10:32 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TWDS CITY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number SLJ4861K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HO THIAN FIE** NRIC No S0249477I Email Address CRED23@SINGNET.COM.SG Mobile Phone No (Phone) +65-96378398 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Murano Variant Exact purpose for which vehicle was being used at time of Private use

accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Private car Transmission Auto CC 2500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number GA156839

DRIVER

Name of Driver HO THIAN FIE NRIC No S0249477I Date Of Birth 22/08/1943 Occupation Indoor

Date Of Driving Pass 11/06/1962 Driving experience 60 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96378398 Alt. Phone Number Email Address CRED23@SINGNET.COM.SG Address 513 YIO CHU KANG ROAD #01-26 Address complement Postcode 787067 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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT THE ACCIDENT HAPPENED ON THE 29/08/2022 AT AROUND 1032HRS ALONG CTE TWDS CITY. I WAS TRAVELLING ON THE 4TH LANE WHEN VEHICLE B TRIED TO CUT INTO MY LANE FROM MY LEFT AND FAILED TO GIVE WAY CAUSING A COLLISION. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI W82007 Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	-
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

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 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 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' 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.

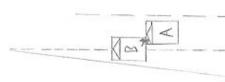


Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLJ 4861K B:SLW 8200Z



		ot hap														
CTE	to	City.	I u	٠٠٠	travell	ing 01	1 140	4th	lane	when	veh	ß	tried	+1	cut	into
7 100	e from	м му	10+4	and	faile	l to	give	way	Consing	~ (0	/lisien					
			-													
						1111000	X ZANEX									
											776					
																-
								G-								
																- 3
							10-10-									
									-							
eclara	tion															
Ve deck	are the fo	regoing p	articulars	are tr	ue in eve	ery resp	ect.									

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

Policyholder's Signature / Date &

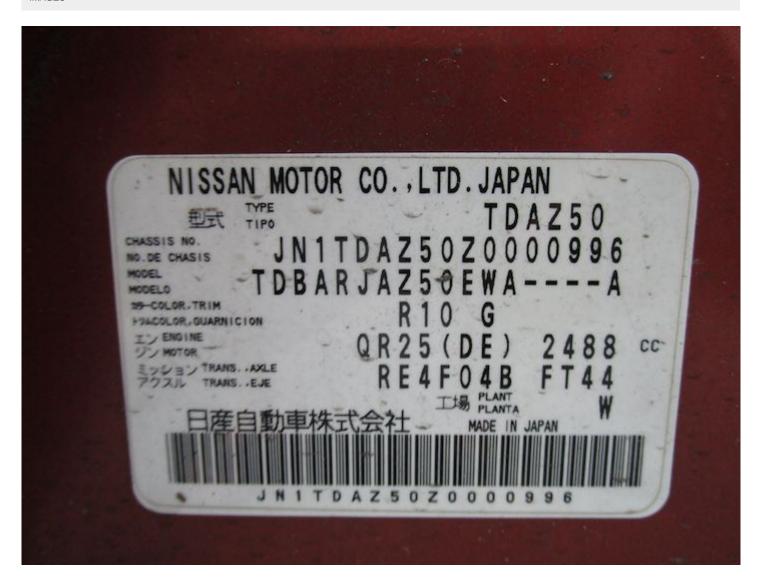
& Time

Witnessed by Reporting Centre

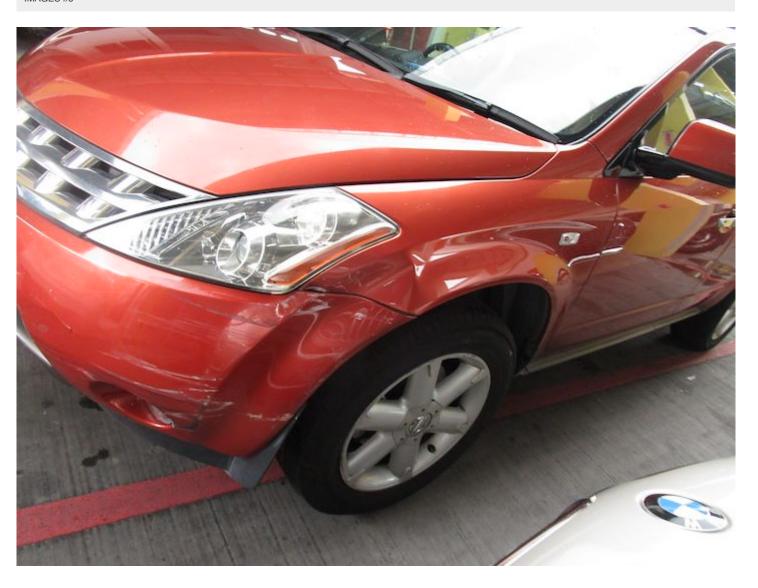
Personnel

LETTER OF UNDERTAKING

I/We, Ho Thian File	, the owner of ve	hicle no. SL 34861k
My/Our Insurance is under M/s AXA In claim under my/our Policy or against the such a claim to M/s AXA Insurance Pte within 14(fourteen) days of occurrence	I the with all relevant C	former shall submit
My/Our Third Party claim is handle by	my/our preferred works	shop, KT Garage PIECTD
Signed and Acknowledge by:		
Nric no. & signature of policyholder	Company stamp	29/9/207 2 Date

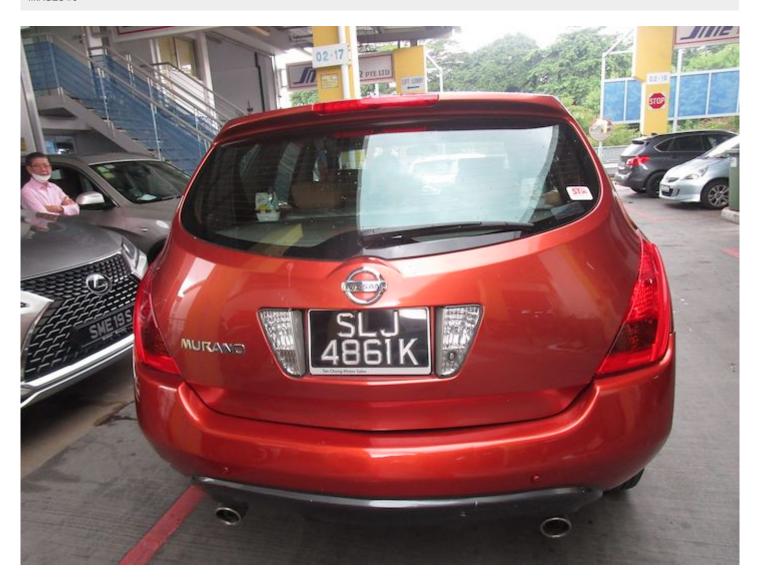












29/08/2022, 14:19

WhatsApp Image 2022-08-29 at 2.19.10 PM.jpeg (1080×1920)



file:///C:/Users/PF2FTBSG/Downloads/WhatsApp Image 2022-08-29 at 2.19.10 PM.jpeg