SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be $\underline{\text{completed by the Policyholder and/or the Authorised Driver}}$
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability
- 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 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 Report	10/10/2016 11:37
Date Of Accident	09/10/2016 11:15
Exact Location Of Accident	MARINA BAY SAND -BASEMENT 4 C/P SECTION 20H SOUTH
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH5330D
Insured/Policyholder	
Name Of Registered Owner	CHRIS CHAN KEHNG PONG
NRIC No	S1408426F
Email Address	chris@therightmix.com.sg
Mobile Phone No	(LOCAL) +65-98277226
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	TUCSON 2.0
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA118812
Cover Note Number	
Driver	

Name of Driver CHRIS CHAN KEHNG PONG

NRIC No S1408426F
Date Of Birth 28/03/1960
Occupation Indoor
Date Of Driving Pass 30/06/2003

Driving Experience 13 Years And 3 Months

Gender Male

Mobile Number (Local) +65-98277226

Fax Number

Contact Number Office-NOPHONE

EMail Address chris@therightmix.com.sg

Address APT BLK 9 BOON KENG RD, #31-156

Postcode 330009

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Owner

Vehicle Registration Number of Driver's Own Vehicle

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident Unknown - REFER TO SKETCH PLAN

No

No

Yes

Weather Conditions BASEMENT CARPARK

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 5

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFP2286Z

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver YAP ZHENGLIN NELSON

NRIC/Passport Number S8223232Z Contact Number 90021924

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

Most Vehicle: - SJH & 330D

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 forw arded 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, acknow ledge, 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")

Policyholder's Signature / Date &

(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 (inc∭ding their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

South

Witnessed by Reporting Centre
Personnel

Sketch Plan

Sketch Plan

South

Manha Bay Sands B4 Car Park Section 204

Describe Circumstances of the Accident	
On Sunday Ath October at 11:15 am I have Arrived At the Cru prock of Marina Bay Sards. South B4 to other d church Service.	
on my left & fight that all is clear before voversing into the desired can part space. Slow I.	
When I dear my Rear & was many into position, Suddenly the driver of which Stp 20 862 furn right without first stopping at the stop line and lut the of Front light perhanding car causing the accorded:	
Jam sulmitting this report to claim yates the me insurance company of the Defeter of owner of SFP 22862.	
() Claim OD/TP at Ah Lim Motor () Claim ØØ/TP at other workshop () Reporting Only	
Remarks: Please forward a copy of my efile accident report to: My workshop: How fors email address: Lines of the right wix Lands & myself: email address:	
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.	

Declaration

We declare the foregoing particulars are true in every respect. SJH 533010

Witnessed by Reporting Centre Personnel

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

Policy Holder Particulars & Briefings Pg.1



AXA Insurance Singapore Pte Ltd 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ⊠ customer.care@axa.com.sg

www.axa.com.sg

Renewal

date 10/08/2016

your servicing distributor CHENG DENNIS FA-CHIA / 11661

your servicing distributor contact (65) 6222 1889

CHAN KHENG PONG CHRIS BLK 9 #31-156 BOON KENG ROAD SINGAPORE 330009

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name Cover

CHAN KHENG PONG CHRIS

Policy number

VA1 / GA118812 S1408426F

Period of Insurance

Comprehensive FIN / NRIC from 13/08/2016 to 12/08/2017 (both dates inclusive)

Premium breakdown

Gross Premium after 20% NCD

SGD 1,230.61

7% GST **Final Premium**

SGD 86.14 SGD 1,316.75

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Repair with no Excess
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Vehicle details

Make & Model of Vehicle Vehicle registration number

Body type

Seating capacity (excl driver) Off-Peak car

HYUNDAITUCSON 2.0 SJH5330D

AMBUL 5 Νo

Year of manufacture

Type of Use Engine capacity (c.c.) Engine number Chassis number

2008 Private use 1975

G4GC8224322 KMHJN81BR8U930582

Insured's Estimated Market Value

Limitation to use Finance Loan Company Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance

DBS BANK LTD

Excess applicable (refer to Policy Wording for other applicable Excesses)

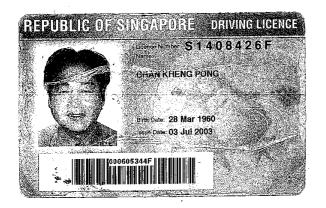
Basic Own Damage Excess Windscreen Excess

SGD 500.00 SGD 100.00

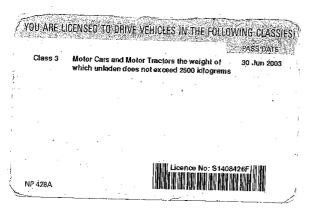
Drivers details

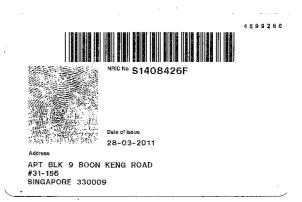
AXA Insurance Singapore Pte Ltd (M2-0009922-2) 8 Shenton Way, #27-01, AXA Tower, Singapore 068811 Customer Care Department, #B1-01

1 of 2









Policy Holder Particulars & Briefings Pg.3

Ah Lim Motor Company 176, Sin Ming Drive, #05-12 Sin Ming AutoCare Singapore 575721 2016 To: Owner of Vehicle Number: The following has been advised to you via AXA Authorised workshop, Ah Lim Motor Company through their staff, Jane / Meili / Mui Hong . Please tick the applicable box if you had been advice on the content as seen below: You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. You had been advised by the workshop on the liability and merits of the case accordingly. You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident. There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas. The Estimation waiting time for the spare parts to arrive is _____ _. The estimated arrival time does not include the repair period. You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy. () For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle. For vehicles above Three (3) years old, your insurance company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts. You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident. TAs you have opted to repair your car and claim via your own workshop, please check with your own workshop on the claim procedures, liability & merits of the case. If you opt to claim third party at AXA authorised workshop instead, AXA will grant you up to 30 days to revert to (own damage claim should your TP claim be not successful. Others: Signed and acknowledge by: Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp



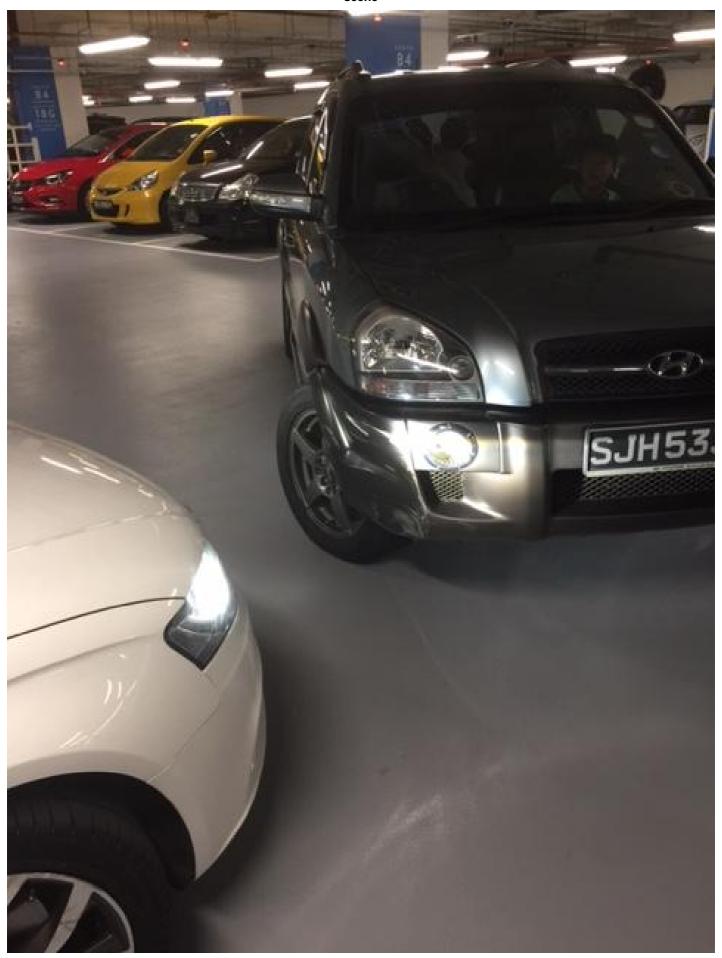


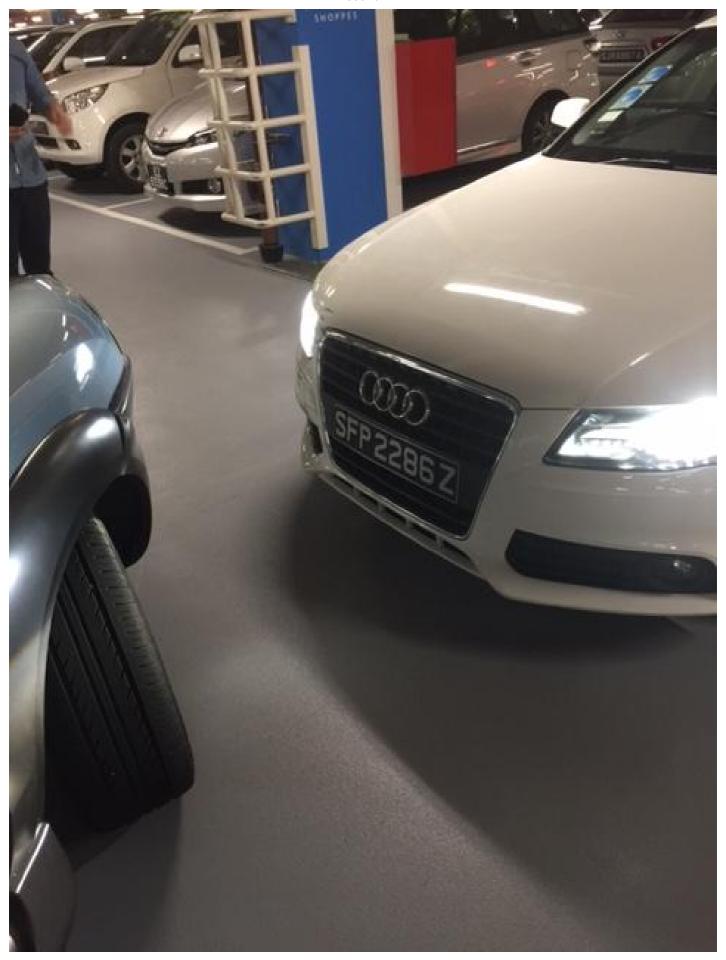




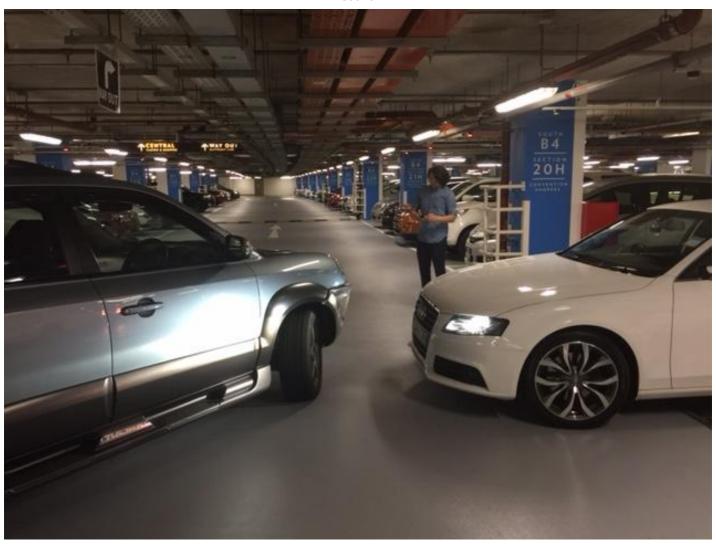


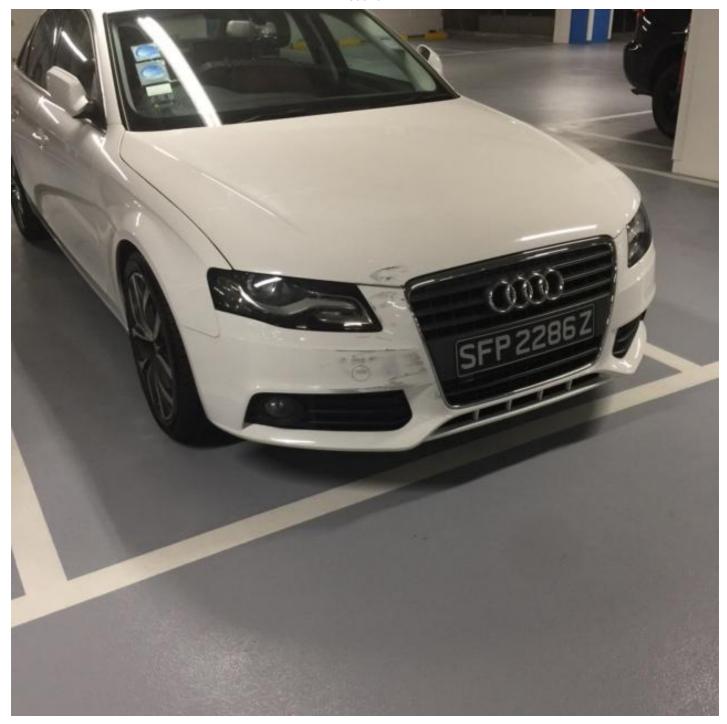






scene





scene

