

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 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	22/05/2017 13:03
Date Of Accident	20/05/2017 01:30
Exact Location Of Accident	WOODLANDS AVE 4 & AVE 7 CROSS JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN4935K
Insured/Policyholder	
Name Of Registered Owner	WEE WEI WEN BENJAMIN WILLIAM
NRIC No	S8605056J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97566731
Alternative Phone No	OFFICE-97566731
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA194893
Cover Note Number	
Driver	
Name of Driver	WEE WEI WEN BENJAMIN WILLIAM
NRIC No	S8605056J
Date Of Birth	04/03/1986
Occupation	INDOOR
Date Of Driving Pass	17/05/2008
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97566731
Fax Number	
Contact Number	OFFICE-97566731
Email Address	NOEMAIL

Address	BLK 856D TAMPINES ST 82 #12-210
Postcode	526856
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION- HEAD TO SIDE
Weather Conditions	CLEAR
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING ALONG WOODLANDS AVE 4. OUT OF SUDDEN, VEHICLE B HIT ONTO MY VEHICLE RIGHT SIDE.

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	SHC8482D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
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

1. Please report **correctly** the details of the accident to speed up the claim 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 police 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 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 and 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 insurer's 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 investigation relating to the claims;

investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

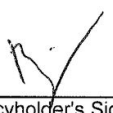
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

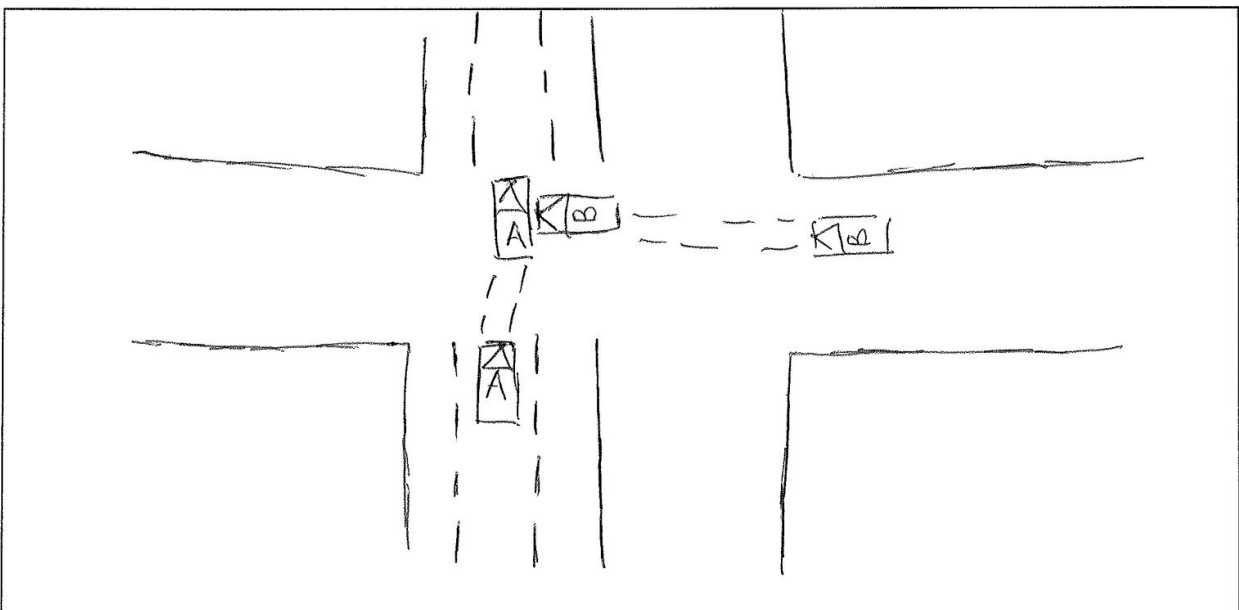
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personal

Sketch Plan




Describe Circumstances of the Accident

WAS DRIVING ALONG WOODLAND AVE 4, OUT OF SUDDEN. VEHICLE
B HIT ONTO MY VEHICLE RIGHT SIDE.

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
Personal

Insurance Co. AAA

Vehicle No. SLN498BF Date of accident 20/05/2017

☐ Reporting Only

☒ Own Damage Claim SME

☐ Third Party Claim



redefining / insurance

Date: 08/05/2017

To: Owner of Vehicle Number: SLN 4935R

The following has been advised to you via your workshop, SME MOTOR PT LTD through their staff, _____.

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 case 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.
 - ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
 - ☒ The estimated waiting time for the spare parts to arrive is 4-8 WEEKS. 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.
 - ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
 - ☐ Others _____

Signed and acknowledge by:

x Ry

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Sketch Plan #4 Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man with glasses.

Licence Number: **S8605056J**

Name: **WEE WEI WEN BENJAMIN WILLIAM (HUANG WEIWEN)**

Birth Date: **04 Mar 1986**
Issue Date: **17 May 2008**

Barcode: **001604178E**

REPUBLIC OF SINGAPORE

Identity Card No. **S8605056J**

Portrait photo of a man.

Name: **WEE WEI WEN BENJAMIN WILLIAM (HUANG WEIWEN)**
黄伟文

Race: **CHINESE**

Date of birth: **04-03-1986**

Sex: **M**

Country/Place of birth: **SINGAPORE**

5686549

Barcode: **S8605056J**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE: **17 May 2008**

NP 428A

Barcode: **Licence No: S8605056J**

Portrait photo of a man.

Barcode: **NRIC No. S8605056J**

Date of issue: **07-01-2017**

Address: **APT BLK 856F TAMPINES STREET 82 #12-210 SINGAPORE 526856**



redefining / insurance

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

WEE WEI WEN BENJAMIN WILLIAM
 BLK 856F
 TAMPINES ST 82
 #12-20
 SINGAPORE 526856

New business

date
 05/05/2017

your servicing distributor
 INSUREPAC ASSOCIATES PTE LTD /
 04140

your servicing distributor contact
 62222180

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	WEE WEI WEN BENJAMIN WILLIAM	Policy number	VA1 / GA194893
Cover	Comprehensive	FIN / NRIC	S8605056J
Period of Insurance	from 05/05/2017 to 04/05/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 30% NCD	SGD 1,138.55
Total Discounts	- SGD 110.36
7% GST	SGD 71.97
Final Premium	SGD 1,100.16

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	HONDA SHUTTLE 1.5	Year of manufacture	2015
Vehicle registration number	SLN4935K	Type of Use	Private use
Body type	MPV	Engine capacity (c.c.)	1496
Seating capacity (excl driver)	4	Engine number	L15B3534954
Off-Peak car	No	Chassis number	GK81004196

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	HUP LONG AUTOMOBILE PTE LTD

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

Basic Own Damage Excess	SGD 500.00
Windscreen Excess	SGD 100.00

Drivers details

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

