

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	16/11/2017 14:21
Date Of Accident	15/11/2017 21:20
Exact Location Of Accident	HAVELOCK ROAD (FAMILY JUSTIC COURT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM70H
Insured/Policyholder	
Name Of Registered Owner	PHOON CHEE KEONG
NRIC No	S1739913F
Email Address	JAMESPHOON@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-97471668
Alternative Phone No	OFFICE-97471668

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
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	VA1/GA101148
Cover Note Number	

Driver

Name of Driver	PHOON CHEE KEONG
NRIC No	S1739913F
Date Of Birth	24/09/1966
Occupation	INDOOR
Date Of Driving Pass	30/04/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97471668
Fax Number	
Contact Number	OFFICE-97471668
Email Address	JAMESPHOON@OUTLOOK.COM

Address	BLK 856E TAMPINES ST 82 #04-202
Postcode	525856
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 - CHANGE/CROSS LANE
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)	3

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

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	SLT3324Z
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Name of Driver	ONG KIM HOCK
NRIC/Passport Number	S6847711E
Contact Number	96168876
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

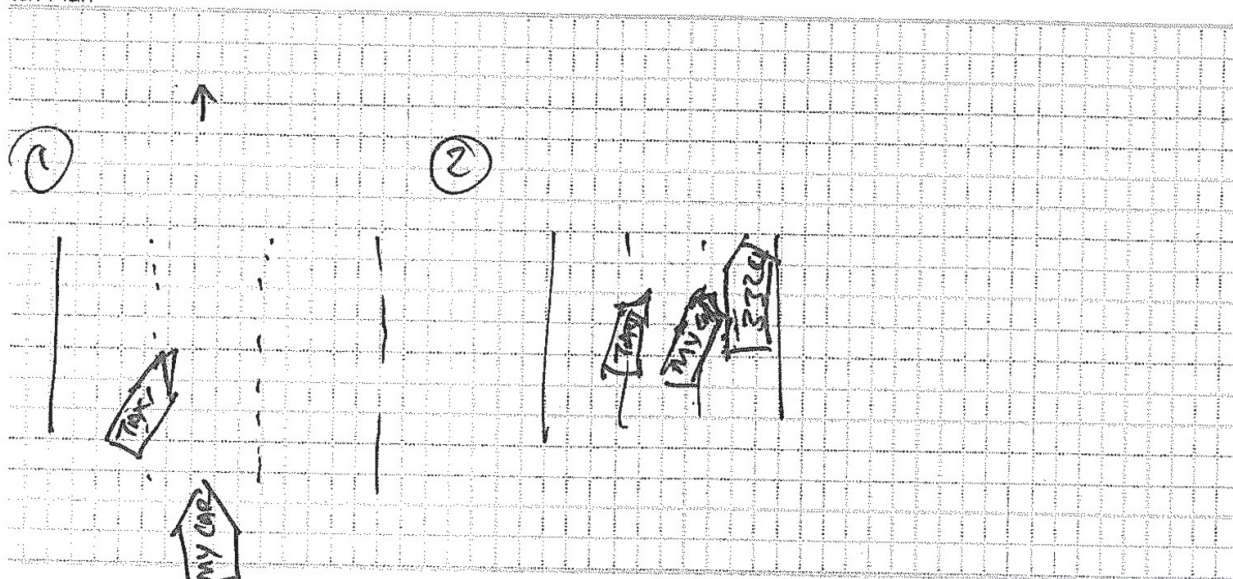
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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)
understand, acknowledge, agree and consent that :
 (i) 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 :
 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 well 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")
 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
 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



Describe Circumstance of the Accident

AROUND 9.20PM 15/11/2017, I WAS TRAVELLING ALONG
 HAVELOCK ROAD TOWARD CITY, A RED TAXI CUTS INTO MY
 LANE. ~~FORCING ME TO AVOID HITTING RED TAXI~~
~~CHARGE~~

TO AVOID COLLIDING THE RED TAXI, I WAS FORCED
 TO STEER MY CAR TO THE RIGHT AND COLLIDED INTO
 ANOTHER VEHICLE (SLT 33242).

CAN'T RECORD THE DETAIL OF THE RED TAXI
 AT THAT TIME AS THE TAXI DROVE OFF WITHOUT
 STOPPING.

IMPORTANT NOTE

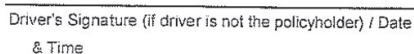
Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence
 discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

I 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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1739913F**

Name: **PHOON CHEE KEONG (PAN ZHIQIANG)**

Birth Date: **24 Sep 1966**

Issue Date: **27 Dec 2016**

002642023C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1739913F**

Name: **PHOON CHEE KEONG (PAN ZHIQIANG)**

潘 治 强

Race: **CHINESE**

Date of birth: **24-09-1966**

Sex: **M**

Country/Place of birth: **SINGAPORE**

S1739913F





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

Class	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	EFFECTIVE DATE
Class 3		30 Apr 1990

NP 428A

Licence No: **S1739913F**





5484193

NRIC No: **S1739913F**

Date of issue: **23-10-2015**

Address: **APT BLK 856E TAMPINES STREET 82 #04-202 SINGAPORE 525856**



redefining / insurance

PHOON CHEE KEONG (PAN ZHIQIANG)
BLK 856E TAMPINES STREET S2
#04-202
SINGAPORE 525856

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

SmartDrive Comprehensive Peace
Original

date
09/06/2017

policy number
VA1 / GA101148

your servicing distributor
KHC HOLDINGS PTE LTD / 03180

your servicing distributor contact
62538288 /

Renewal Notice

Dear PHOON CHEE KEONG (PAN ZHIQIANG)

Thank you for insuring with AXA. Your **SmartDrive Comprehensive Peace** policy covering your car **SFM70H** is expiring on **29/06/2017**. We invite you to renew your insurance cover, which is detailed as per below.

Effective Period of Renewed Cover : 30/06/2017 to 29/06/2018 (both dates inclusive)

SmartDrive Comprehensive Peace

KEY 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
- ✓ Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- ✓ Loss of Personal Effects in Singapore up to \$3,000
- ✓ Delivery of repaired car to your preferred location
- ✓ Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Usual Price

✓ **5.00% DISCOUNT (SafeDriverDiscount)**

\$938.07

\$891.16

Add-ons

- ✓ **Personal Accident for Driver** **\$13.73**
Personal accident benefit of up to \$50,000.00 for you and your named drivers
- ✓ **NCD Protector** **\$76.49**
No Claim Discount Protector

Total: \$981.38
Total Own Damage Excess: \$400.00
Windscreen Excess: \$100.00

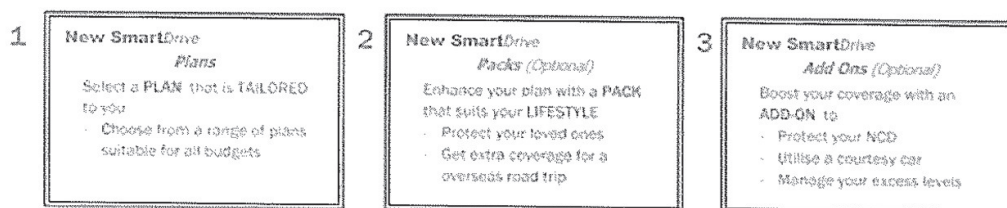
(incl. GST)

Take control of your insurance - Pick your benefits now

At AXA, we give you the opportunity to design your own insurance according to your needs. It's as easy as 1 - 2 - 3

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

1 of 3

**What you should do**

- Discover more benefits available to you by contacting your servicing distributor before your existing policy expires.
- You can customise your plan upon renewal with our new range of Motor products.
- Accept renewal of your policy by paying your renewal premium due using one of the options listed on the next page

We reserve the right to revise the premium or decline renewal if, on/after the issuance of this letter or on/before the expiry of your existing policy, there are (1) any claims occurring or reported, and/or (2) any incidents which give rise or may give rise to claims, and/or (3) any changes to the risk information you first provided to us on your existing policy. This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg)

Your policy details**Car details**

Make & Model BMW 523 I
Vehicle registration number SFM70H

Driver details

Name Main Driver
PHOON CHEE
KEONG (PAN
ZHIQIANG)
NCD 50

Policyholder details

Name PHOON CHEE KEONG (PAN ZHIQIANG)

Renewal payment options for policy GA101148Offer number: AXA-MTR-SG-
REN-2017-33302

If you wish to renew your existing cover with no changes, please make payment using this form and post it to your intermediary or to the AXA address stated on the first page

Online:

DBS iBanking, www.dbs.com.sg

Cheque:

Crossed and made payable to AXA Insurance Pte Ltd

Bank name:

Make bill payment using your consumer reference no. GA101148

Your renewal will be processed within 5 working days from the payment date

Cheque No.:

Credit Card: SGD 981 38

Credit Card number

Cardholder's Name

Credit Card Expiry Date (mm/yyyy)

CVV code*

One Time Payment using:☐ VISA☐ Mastercard☐ AMEX**0% Interest Free Instalment Plan using: ^**☐ VISA☐ MastercardInstalment Period ☐ 6 months ☐ 12 months

Selected bank with Instalment Plan

☐ DBS☐ POSB☐ UOB**Cardholder's Signature**

Date

*Minimum Premium Required: Only for participating Banks and subject to Card Agreement Terms & Conditions. Minimum premium of S\$500 required for DBS/POSB/UOB.
^CVV/CVV2: Last 3 digits printed above the signature panel in reverse italics on back of the card. For AMEX, it is the 4-digit number printed on the front above the card number.

Your contact details [Mandatory]

From now on we will be sending out **all communication & policy documents electronically**. Simply write down your email address and mobile number in the fields below and send it to us together with your renewal payment. Failure to provide a valid email and mobile number now may result in a delay in the renewal of your policy.

Your email id available with AXA: JAMESPHOON@OUTLOOK.COM

Update your Email ID with

Your mobile number available with AXA: 97471668

Update your Mobile number with

For further information, please contact customer care at: 1800-8804888

By renewing this policy, I understand and give my consent for AXA Insurance Pte Ltd ("AXA") and its representatives or agents to:

- Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at www.axa.com.sg ("Purposes")
- Collect, use, store, transfer and/or disclose personal data about me and those whose personal data I have provided from sources other than myself for the Purposes.
- Contact me to share with me information about products and services from AXA that may be of interest to me by post and e-mail.

