

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	04/12/2017 11:34
Date Of Accident	02/12/2017 09:45
Exact Location Of Accident	PIONEER RD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8323H
Insured/Policyholder	
Name Of Registered Owner	CHEW YIN KAM
NRIC No	S7787684G
Email Address	YKCHEW77@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81287937
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (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
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA128591
Cover Note Number	

Driver

Name of Driver	CHEW YIN KAM
NRIC No	S7787684G
Date Of Birth	19/11/1977
Occupation	INDOOR
Date Of Driving Pass	03/06/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81287937
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	YKCHEW77@YAHOO.COM

Address	BLK 786C WOODLANDS DR 60 #03-67
Postcode	733786
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)	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

REFER TO ATTACHED

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	SLG9550R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LEONG DICK LONG IVAN
NRIC/Passport Number	S8820151E
Contact Number	96950104
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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7. By the lodgment 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' 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")
- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

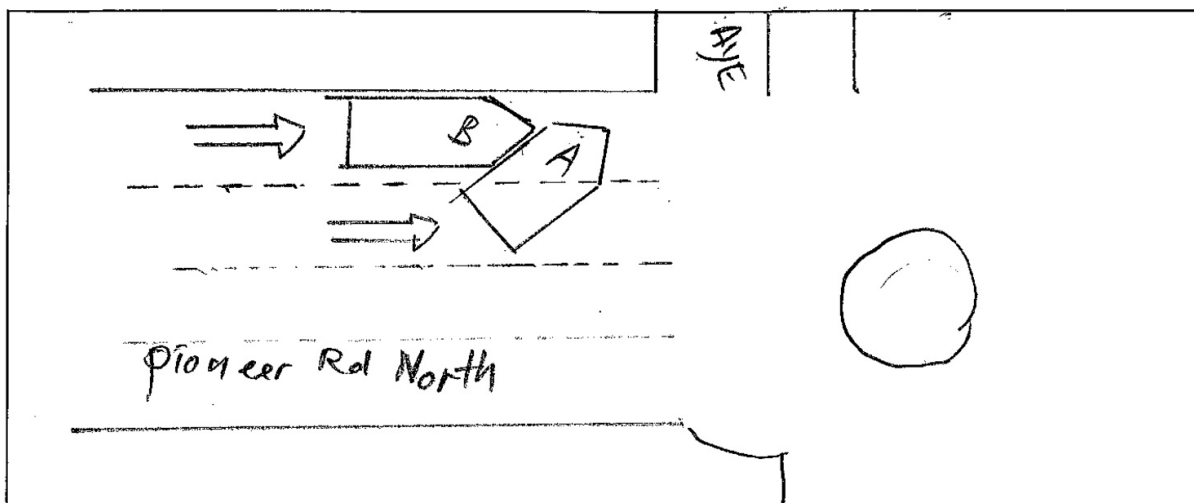


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Date: 2/12/2017 Time: 9:45 am Location: Pioneer Rd North
 My Vehicle A: SLC8323H Vehicle B: SLG9550R Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling from Pioneer Rd North signaling turning to left lane, car B hit my car on my left portion.

☒ Claim OD / TP at Ah Lim Motor () Claim OD / TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop :

Email Address :

& Myself :

Email Address : jkclw77@yahoo.com

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Cyf 2/12/2017
 Policyholder's Signature
 Date & Time: 12:00 PM

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



Witnessed by Reporting Centre
 Personnel



redefining / insurance

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

CHEW YIN KAM
 BLK 786C WOODLANDS DRIVE 60
 #03-67
 SINGAPORE 733786

New business

date
 29/09/2016

your servicing distributor
 LQ INSURANCE AGENCY PTE LTD /
 02960

your servicing distributor contact

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	CHEW YIN KAM	Policy number	VA1 / GA128591
Cover	Comprehensive	FIN / NRIC	S7787684G
Period of Insurance	from 30/09/2016 to 29/09/2017 (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD 1,275.34
7% GST	SGD 89.27
Final Premium	SGD 1,364.61

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 Repair with no Excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Vehicle details

Make & Model of Vehicle	TOYOTA VIOS 1.5 E A	Year of manufacture	2006
Vehicle registration number	SLC8323H	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1497
Seating capacity (excl driver)	4	Engine number	1NZX379019
Off-Peak car	No	Chassis number	MR053HY4204175242

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	HONG LEONG FINANCE LIMITED

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

Basic Own Damage Excess	SGD 500.00
Windscreen Excess	SGD 100.00

Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	CHEW YIN KAM	19/11/1977	3 year(s)

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

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S7787684G**

Name: **CHEW YIN KAM**

Birth Date: **19 Nov 1977**

Issue Date: **03 Jun 2014**

002311369E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7787684G**

Name: **CHEW YIN KAM**

周燕琴


Race: **CHINESE**

Date of birth: **19-11-1977**

Sex: **F**

Country of birth: **MALAYSIA**

87787684G



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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 03 Jun 2014

Licence No: S7787684G

NP 428A


9161308

NRIC No. **S7787684G**

Nationality: **MALAYSIAN**

Date of Issue: **16-04-2012**

Address: **APT BLK 786C WOODLANDS DRIVE 60 #03-67 SINGAPORE. 733786**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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