

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	14/12/2017 14:42
Date Of Accident	14/12/2017 09:00
Exact Location Of Accident	SLIP RD FRM ONE NORTH CRESCENT TO STAR AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2788S
Insured/Policyholder	
Name Of Registered Owner	LEONG MEI TENG
NRIC No	S7974684C
Email Address	ETHANWONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90607317
Alternative Phone No	OFFICE-96862223

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	VPA/P1990210
Cover Note Number	

Driver

Name of Driver	WONG KOK HON
NRIC No	S7880480G
Date Of Birth	23/10/1978
Occupation	INDOOR
Date Of Driving Pass	01/08/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	ETHANWONG@HOTMAIL.COM

Address	BLK 244 LORONG CHUAN #06-06
Postcode	556745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - OTHER
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 REAR
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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG6379M
Vehicle Make/Model/Colour	TOYOTA AXIO
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	96624346
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident:

Driving on small road and going out to major road.
Didn't notice the front car still at the same position and
hit the car.

Declaration

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
Personnel

Accident Sketch Plan

(S7974684C)
I, Leong Mei Teng, car owner of SCL 2788S
understand my husband Wong Kok Hon (S7880480G) was
driving the vehicle and met an accident on 14/12/2017
at about 9.00 am. Here, I authorized Wong Kok Hon
to sign the insurance policy on behalf for me.

Regards
J. Ching
14/12/2017

Accident Sketch Plan

AXA INSURANCE PTE LTD
Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65) 63387288 Fax: (65) 63382522
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
NEW BUSINESS
Original

POLICY INFORMATION		Policy No. : VPA/P1990210
Source	: (01) 14888 INCH-AXA RN(EP)	
Insured	: LEONG MEI TENG	
Address	: 244 LORONG CHUAN #06-06 SINGAPORE 556745	
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 27/11/2017 To 26/11/2018 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 50.00%	: SGD 748.46	
NCD		
GST 7.00%	: SGD 52.38	
Annual Premium	: SGD 800.84	
Total Payable	: SGD 800.84	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SLL27888	
Type Of Use	: Private Car	
Make/Model	: TOYOTA COROLLA ALTIS 1.6	
Year of Manufacture	: 2015	Seating Capacity (excl. Driver) : 05
Body Type	: SALOON	Engine C.C. : 1598
Engine No.	: 1ZRY243873	Chassis No. : MR053REH104543669
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance		
<u>Extra Coverage(Premium Breakdown)</u>	<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector		
Basic Own Damage Excess		: SGD 500.00
<u>Named Drivers</u>		
1 LEONG MEI TENG		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
BTS NCDP		
BTS - The supplementary clauses forms parts of the Schedule :		

Nric

5252357



NRIC No. S7974684C



Date of issue

31-12-2013

Address

244 LORONG CHUAN
#06-06
SINGAPORE 556745

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7974684C



Name

LEONG MEI TENG

梁 嫩 婷

Race

CHINESE

Date of birth

24-09-1979

Sex

F

Country/Place of birth

MALAYSIA

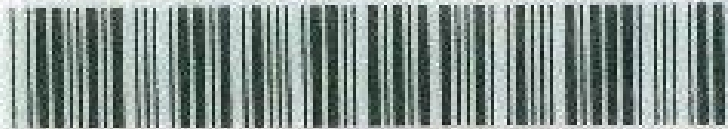


Nric And Driving Licence

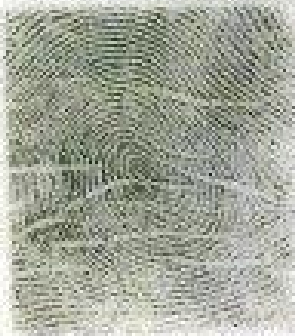


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