

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	11/12/2017 17:04
Date Of Accident	09/12/2017 13:50
Exact Location Of Accident	KIM SENG RD TO RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4281D
Insured/Policyholder	
Name Of Registered Owner	NG GUAN SOON
NRIC No	S0165879D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94241673
Alternative Phone No	OFFICE-94241673

Vehicle Particulars

Manufacturer	BMW
Model	X3
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA065910
Cover Note Number	

Driver

Name of Driver	RACHEL CLARA NG LI LIN
NRIC No	S9051180G
Date Of Birth	27/09/1990
Occupation	INDOOR
Date Of Driving Pass	03/09/2009
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97345972
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	72B TREVOSE CRESCENT
Postcode	297745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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

MY VEHICLE WAS STATIONARY AT THE FILTER LANE. SUDDENLY, VEHICLE B FROM MY REAR CAME AND HIT OTNO MY REAR PORTION.

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	SHD6582G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	MR ONG
NRIC/Passport Number	
Contact Number	97552434
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:

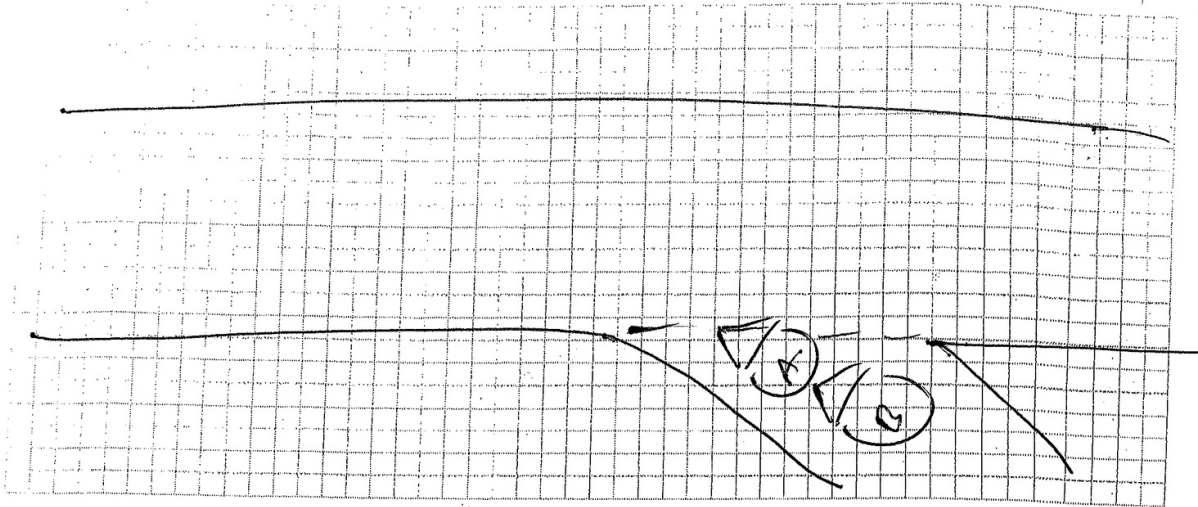
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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

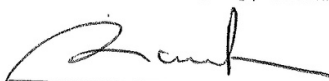


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

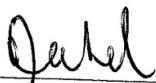
My vehicle was stationary at the filter lane,
suddenly vehicle B from my rear came
and hit onto my rear portion

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



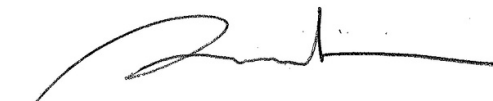
LETTER OF UNDERTAKING

I/We, NG GUAN SOON, the owner of vehicle no. 8JY 4281 U

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, SMA MOTOR
PTE LTD.


Signed and Acknowledge by:


.....
Name and signature of policyholder

.....
Company Stamp

11/12/2017
.....
Date

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0165879D



Name
NG GUAN SOON


Race
CHINESE

Date of birth
29-05-1950

Country of birth
SINGAPORE

Sex
M

S0165879D




↓
OHMAN

4839769



NRIC No. S0165879D



Date of issue
28-02-2012

Address
72B TREVOSE CRESCENT
SINGAPORE 297745



**SINGAPORE
POLICE FORCE**

Class 3 - 03 Sep 2008



**TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg**

Private & Confidential

RACHEL CLARA NG LI LIN

72B TREVOSE CRESCENT
SINGAPORE 297745

S9051180G
(3)

C001312195

\$25/-
(Please do not detach)

**YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD**

Please turn overleaf for important notes.

**You can drive while awaiting the delivery
of your photocard driving licence**

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9051180G



Name
RACHEL CLARA NG LI LIN
黄俐琳

Race
CHINESE

Date of birth
27-09-1990


Sex
F

Country of birth
CHINA




S9051180G

3806639



NRIC No. S9051180G



Date of issue
06-12-2005

72B TREVOSE CRESCENT
SINGAPORE 297745

NRIC No: S9051180G Date: 05/09/2008 No: 5929727



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

NG GUAN SOON
 72 B
 TREVOSE CRESENT
 SINGAPORE 297745

Renewal

date
 10/04/2017

your servicing distributor
 SWEE HIOK CHUA / 01279

your servicing distributor contact
 82220222

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	NG GUAN SOON	Policy number	VA1 / GA065910
Cover	Comprehensive	FIN / NRIC	S0165879D
Period of Insurance	from 29/04/2017 to 28/04/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,637.18
Total Discounts	- SGD 163.72
7% GST	SGD 103.14
Final Premium	SGD 1,576.60

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 Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward 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)

Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	BMW X3 2.5 I	Year of manufacture	2005
Vehicle registration number	SJY4281D	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	2494
Seating capacity (excl driver)	4	Engine number	20026100256S5
Off-Peak car	No	Chassis number	WBAPA72050WD50142

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	Nil

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

Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 100.00

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

