

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	02/01/2018 13:56
Date Of Accident	31/12/2017 23:45
Exact Location Of Accident	PIE TWDS CHANGI(BEFORE PAYA LEBAR FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ9766D
Insured/Policyholder	
Name Of Registered Owner	LIM SEN TECK
NRIC No	S1055111J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96693393
Alternative Phone No	OTHERS-96693393

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA235136/1
Cover Note Number	

Driver

Name of Driver	BRANDON TAN QI XUAN
NRIC No	S9717133E
Date Of Birth	27/05/1997
Occupation	INDOOR
Date Of Driving Pass	12/08/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83335779
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	41 BEDOK RIA CRESCENT
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : JOSEPHINE GOH SHEE MIN
	GENDER: : FEMALE

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 SKETCH PLAN

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	SLL8258R
Vehicle Make/Model/Colour	HONDA GRACE 1.5 DX HYBRID CVT ABS D/AIRBAG 2WD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGH2855L
Vehicle Make/Model/Colour	TOYOTA COROLLA 1.6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJT9732M
Vehicle Make/Model/Colour	CHEVROLET AVEO 1.4AT 5DR T255
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
- (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.

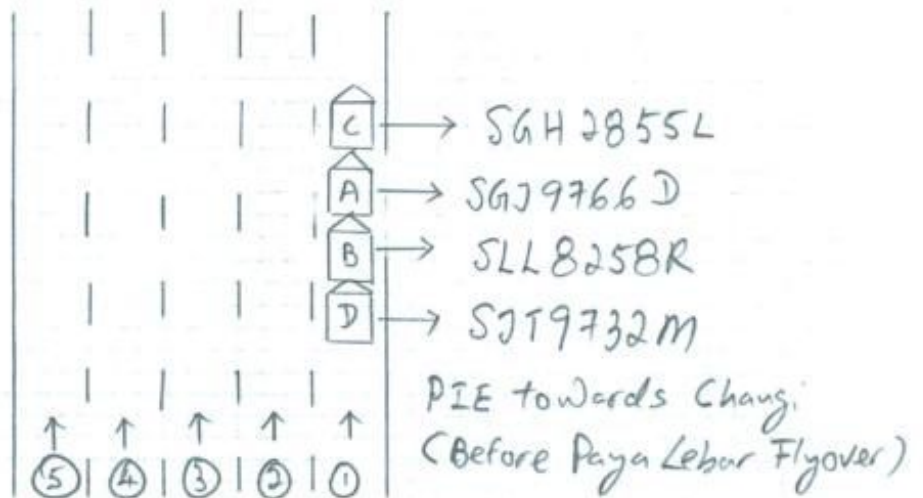
Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: S. S. S. S.
NRIC/FIN No.: S9040371A

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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: *S. L. M.*
NRIC/FIN No.: *S8040377A*

Sketch Plan #3

On 31.12.2017 at about 23:45 hours along PIE towards Changi (Before Paya Lebar Flyover). I was travelling straight on lane 1, when my front vehicle (C) slowed down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realised it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle. It was a chain collision of total 4 vehicles involved and I have 1 passenger inside my vehicle (A).

Vehicle (A): SGJ 9766D

Vehicle (B): SLL 8258R

Vehicle (C): SGH 2855L

Vehicle (D): SJT 9732M



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



SGJ9766D
driver



Insurance policy



redefining / insurance

AXA Insurance Pte Ltd

1800 880 4588 (Within Singapore)
(65) 6880 4588 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

\$130.51
Comprehensive
-protected

Certificate of Insurance

Document number

05163

This is a copy of the Certificate of Insurance for the Motor Vehicle Third Party Risk and Compensation Policy (Policy No. 05163) issued to the policyholder on 28-07-2017.

Policy details

Policyholder name	LIM SENG TECK	Certificate number	GA235136 / 1
Cover	Comprehensive	Vehicle number	SG19766D
Plan name	Essential	Engine number	SG19766D
NCD applicable	50%		
Vehicle registration number	SG19766D		
Period of Insurance	28-07-2017 to 27-07-2018		
Finance loan company			

Persons or classes of persons entitled to drive*

As the Policyholder

1. Any person who is licensed to drive the Motor Vehicle.

* The Motor Vehicle is not to be used for hire or reward, or for any other purpose for which it is not designed, or for any other purpose for which it is not licensed to be used.

Limitation as to use*

Use only for private, domestic or business purposes and for the Policyholder's business.

This policy does not cover use of the Motor Vehicle for racing, speed testing, or any other purpose for which it is not designed, or for any other purpose for which it is not licensed to be used.

* Limitations rendered inoperative by Section 5 of the Motor Vehicle Third Party Risk and Compensation Act (Chapter 169) and Section 56 of the Road Traffic Act (Chapter 169) are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 500.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. \$500 for unnamed and licensed Driver
2. \$1500 for named young and inexperienced Driver
3. \$500 for unnamed young and inexperienced Driver. The additional excess is reduced to \$250 if you have a Green AXA Premium Notation.

Additional clauses & endorsements to your policy

We hereby declare that the Motor Vehicle Third Party Risk and Compensation Policy (Policy No. 05163) is issued to the policyholder on 28-07-2017.

AXA Insurance Pte Ltd

Authorised Signatory

Important note

This policy is subject to the conditions of the Motor Vehicle Third Party Risk and Compensation Policy (Policy No. 05163) and the Motor Vehicle Third Party Risk and Compensation Policy (Policy No. 05163).

* The Motor Vehicle is not to be used for hire or reward, or for any other purpose for which it is not designed, or for any other purpose for which it is not licensed to be used.

AXA Insurance Pte Ltd (2009010010M)

8 Shenton Way #04-01 AXA Tower

Singapore 068811

Customer Centre #E1-01

1 of 2