

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	11/01/2018 11:27
Date Of Accident	10/01/2018 21:30
Exact Location Of Accident	FINLAYSON GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX208L
Insured/Policyholder	
Name Of Registered Owner	LOH ANDREW
NRIC No	S8725414C
Email Address	ME@ANDREWLOH.ME
Mobile Phone No	(LOCAL) +65-97603113
Alternative Phone No	OFFICE-97603113

Vehicle Particulars

Manufacturer	BMW
Model	318I SEDAN LED NAV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	P1684166
Cover Note Number	

Driver

Name of Driver	LOH ANDREW
NRIC No	S8725414C
Date Of Birth	20/08/1987
Occupation	INDOOR
Date Of Driving Pass	18/09/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97603113
Fax Number	
Contact Number	OFFICE-97603113
EEmail Address	ME@ANDREWLOH.ME

Address	32 JALAN MERAH SAGA
Postcode	278109
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	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?	
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 STATEMENT

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	NIL
Vehicle Make/Model/Colour	
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	SHC5494P
Vehicle Make/Model/Colour	

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)

Accident Sketch Plan


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.

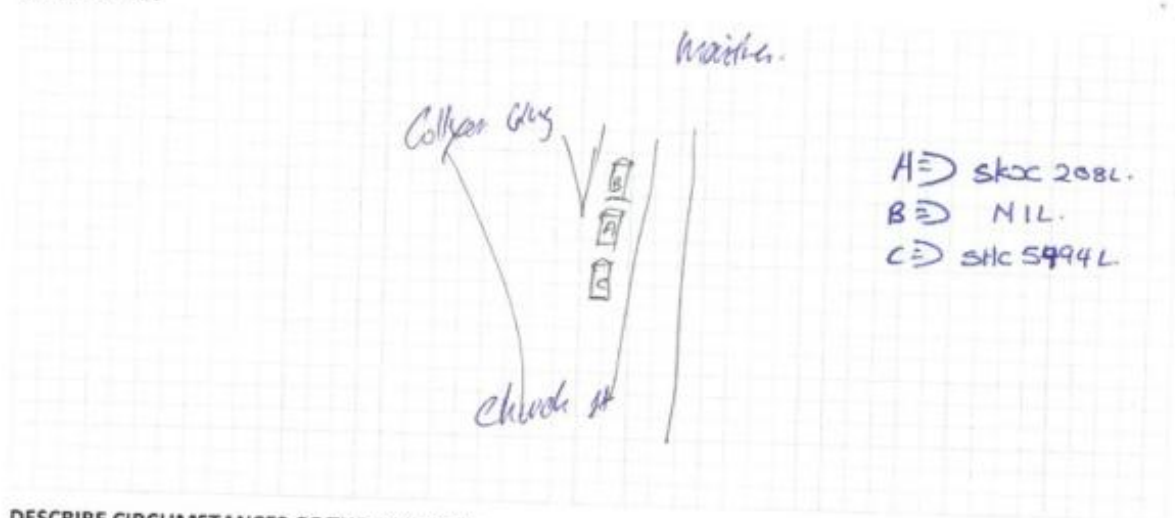

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the way, driving at night, roads were wet.

I was driving along church st moving toward Collier Guy when a grey Honda just braked instead of my car. I applied my brakes and my car came to a complete stop. However, the car behind could not and crashed into my rear, causing me to run forward into the Honda.

All drivers were ok and I am reporting this incident.

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.:

Common Statement

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 10/01/2013 Time: 2130 Hrs Location of Accident: FINLAYSEN GREEN

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SKX 208L
Name of Policyholder: LOH ANDREW
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S8725414C
Address: 32 JALAN MERAH SAKU
Contact Number: Tel: Hp: 97603113
Occupation: INDOOR

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: BMW 318 I
Type of Vehicle: Saloon MPV, CRV, Van, Lorry, Bus M/cycle, Others
Exact Purpose for which vehicle was being used at the time of accident: PRIVATE USE
Are you claiming under your own insurance policy?
Vehicle category: ☒ Yes ☒ No Remarks: 3rd party
☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AIA
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: VDA / P1684166

DRIVER

Name of Driver: H
NRIC/ FIN/ Passport: H
Date of Birth: 20/08/1987
Occupation: INDOOR
Driving Pass Date: 18/09/2006
Gender: ☒ Male ☐ Female
Contact Number: Tel: Hp: 97603113
Address: A
Email Address: andrew@me@andrewloh.me
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured: ☐ Yes ☒ No

Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): 1 party - Chain collision
Weather Conditions: ☐ Clear ☒ Raining ☐ Others
Road Surface: ☒ Wet ☐ Dry ☐ Others
Damage Area:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any camera video footage (in car)? ☐ No ☒ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

Common Statement

OWN VEHICLE REGISTRATION NUMBER

SKX 208L

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

NIL.

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

SHC 544P

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

INSURANCE

AXA INSURANCE PTE LTD
 1 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 65 63387288 Fax: 65 63389522
 Website: www.axa.com.sg
 GST Registration Number: 196801512M
 customer.scr@axa.com.sg



Private Cars COMP
 TAX INVOICE
 RENEWAL
 Original

Tax Invoice No : P1684166-00004

POLICY INFORMATION		Policy No. : VPA/P1684166	
Source	: (01) 11615 SE CONTEGO BMW 1 YR		
Insured	: LOH ANDREW		
Address	: C/O FVM DIL ASSOCIATES PTE LTD SINGAPORE		
Period of Insurance	: From 30/10/2017 To 29/10/2018 (both Dates Inclusive)		
Transaction No.	: 00004		
Billing Currency	: SGD	Exchange Rate	: 1.0000
Gross Premium Less Discount SGD	Charges SGD	Total Payable SGD	
1,797.75	GST 7.00% 125.84	1,923.59	

Premium Details (SGD)

Gross Premium : 1,797.75
 Total Discount : 0.00
 Gross Premium less Discount : 1,797.75

Note: Discount is only applicable to limited products.

AXA INSURANCE PTE LTD

Authorized Signature

IMPORTANT NOTICE :

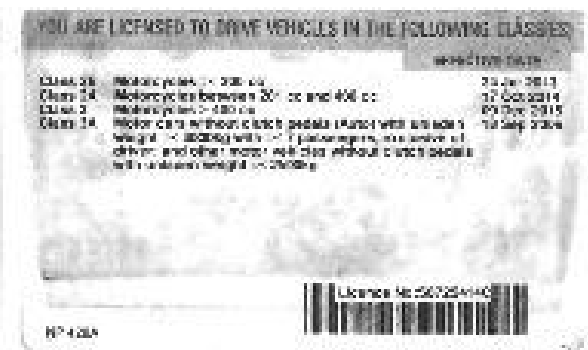
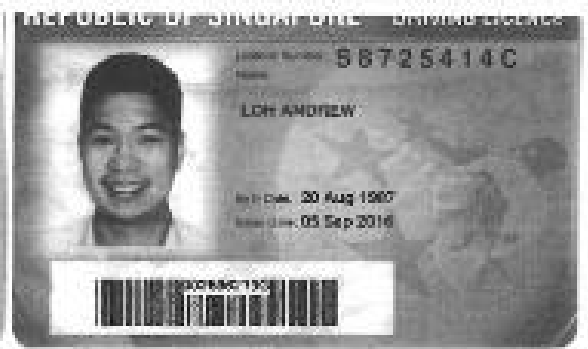
For Individual Policyholders : Premium due must be paid in full before the inception date of the risk otherwise no benefits whatsoever shall be payable by the Company. Please refer to the Payment before Cover Warranty in the Policy for further details.

For all other Policyholders : Premium due must be paid in full within 60 days from the inception date of the risk otherwise this Policy/endorsement is automatically terminated immediately. The Company will be entitled to a pro-rata premium for the period they have been on risk subject to the original premium as imposed in the policy. Please refer to the Premium Payment Warranty in the Policy for further details.

Issued By : SG0WGP2 on 24/10/2017

(E)

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

