

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	15/01/2018 11:23
Date Of Accident	15/01/2018 06:55
Exact Location Of Accident	SLE NEAR EXIT 8A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6099K
Insured/Policyholder	
Name Of Registered Owner	CHUA ZHI YONG
NRIC No	S8422851F
Email Address	KENSHIN_84@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94375084
Alternative Phone No	OFFICE-94375084

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

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1950982
Cover Note Number	

Driver

Name of Driver	CHUA ZHI YONG
NRIC No	S8422851F
Date Of Birth	28/07/1984
Occupation	INDOOR
Date Of Driving Pass	14/09/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94375084
Fax Number	
Contact Number	OFFICE-94375084
EEmail Address	KENSHIN_84@HOTMAIL.COM

Address	BLK 570 CHOA CHU KANG STREET 52 #12-232
Postcode	680570
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 - HEAD ON 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	2
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL3030M
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

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. The report will be forwarded by 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.

6. 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

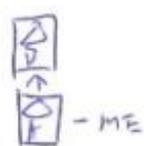
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
15 JAN 2016

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


Witnessed by Reporting Centre Personnel

Sketch Plan

	 A - SKU 6099K B - SLL3030AM
--	--

Accident Sketch Plan

Describe Circumstances of the Accident

It was a raining day, on SCE was having a heavy traffic due to accident reported near upp thansen exit. All the cars traveling on SCE was on slow speed, the car tried to signal left and wanted to turn left but fail due to too many motorcycle then he suddenly signal ~~brake~~ brake and I jerked my brake as well but fail to stop in time.

Declaration

We declare the foregoing particulars are true in every respect.

 15 JAN 2018
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

AXA INSURANCE PTE LTD
 Raffles Place, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)83387288 Fax:(65)83382522
 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/P1950982
Source	: (01) 14888 INCH-AXA RN(EP)
Insured	: CHUA ZHI YONG
Address	: BLK 570 CHOA CHU KANG ST 52 #12-232 SINGAPORE 680570
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 04/08/2017 To 03/08/2018 (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 20.00% NCD	: SGD 1,175.78
GST 7.00%	: SGD 82.31
Annual Premium	: SGD 1,258.09
Total Payable	: SGD 1,258.09
RISK DETAILS THE MOTOR VEHICLE	
Type Of Cover	: Comprehensive
Regn No.	: SKU6099K
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.	: 1ZR521420 Chassis No. : MR053REH104535921
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
Basic Own Damage Excess	: SGD 600.00
Named Drivers	
1 CHUA ZHI YONG	
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS	
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:	
BTS	
BTS - The supplementary clauses forms parts of the Schedule :	
COMPREHENSIVE	

Nric And Driving Licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8422851F

Name: CHUA ZHI YONG (CAI ZHIYONG)

Birth Date: 28 Jul 1984

Valid Date: 14 Sep 2006

001445280K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8422851F



Name: CHUA ZHI YONG (CAI ZHIYONG)
蔡志勇

Race: CHINESE

Date of birth: 28-07-1984

Country/State of birth: SINGAPORE

Sex: M

5367345



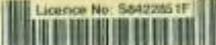
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE: 14 Sep 2006

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

NP 42BA

Licence No: S8422851F



5367345



NRIC No: S8422851F



Date of issue: 07-10-2014

Address: APT BLK 570 CHOA CHU KANG STREET 52 #12-232 SINGAPORE 690570

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



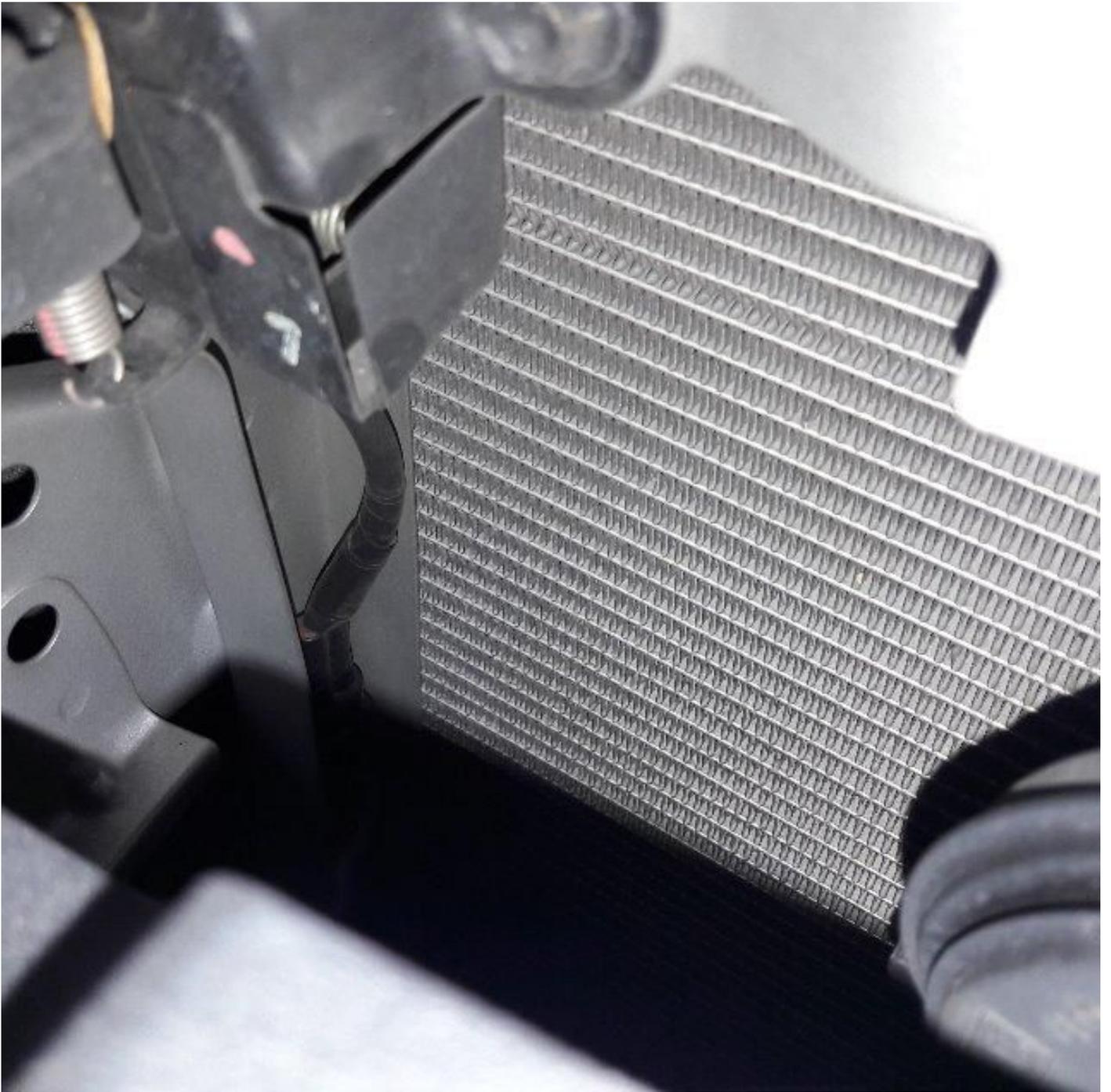
Accident Photo



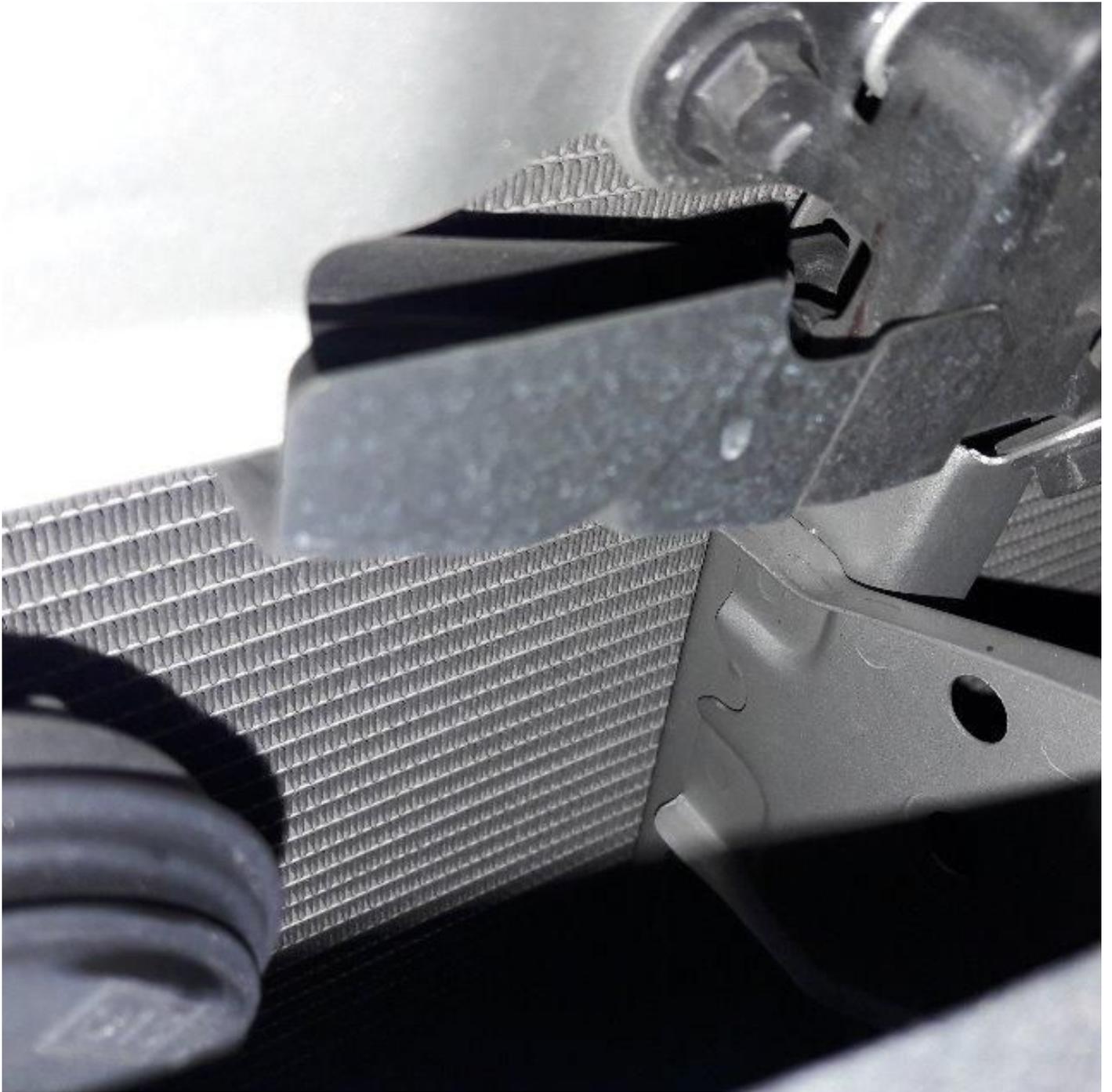
Accident Photo



Accident Photo



Accident Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Third Party Driving Licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		DATE
Class 2B	Motorcycles ≤ 200 CC	14 Nov 2013
Class 2A	Motorcycles between 201 CC and 400 CC	28 Jul 2015
Class 2	Motorcycles > 400 CC	08 Nov 2014
Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	10 Jul 2007
Class 4	Heavy motor cars and motor tractors > 2500 kg,	21 Aug 2015
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	07 Sep 2015

S8411862A

S / No. 9000253525



NP 428A

Third Party Driving Licence

