

## 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 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	14/02/2018 10:18
Date Of Accident	14/02/2018 08:00
Exact Location Of Accident	BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6572U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEOH KOK HAU
NRIC No	G3240544X
Email Address	COKEHAU@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85477212
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	DAIHATSU
Model	M301RS-GQGEW
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA133700
Cover Note Number	

### Driver

Name of Driver	TEOH KOK HAU
NRIC No	G3240544X
Date Of Birth	05/03/1989
Occupation	INDOOR
Date Of Driving Pass	04/06/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85477212
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	COKEHAU@HOTMAIL.COM

Address	659C, JURONG WEST ST 65 #11-347
Postcode	643659
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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: : LIM MUI HWEE 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

PLEASE REFER TO THE 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	SHC6255G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO SIOW KIAT
NRIC/Passport Number	S1644244E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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 wilful 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 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:

10.25 am 14/2/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

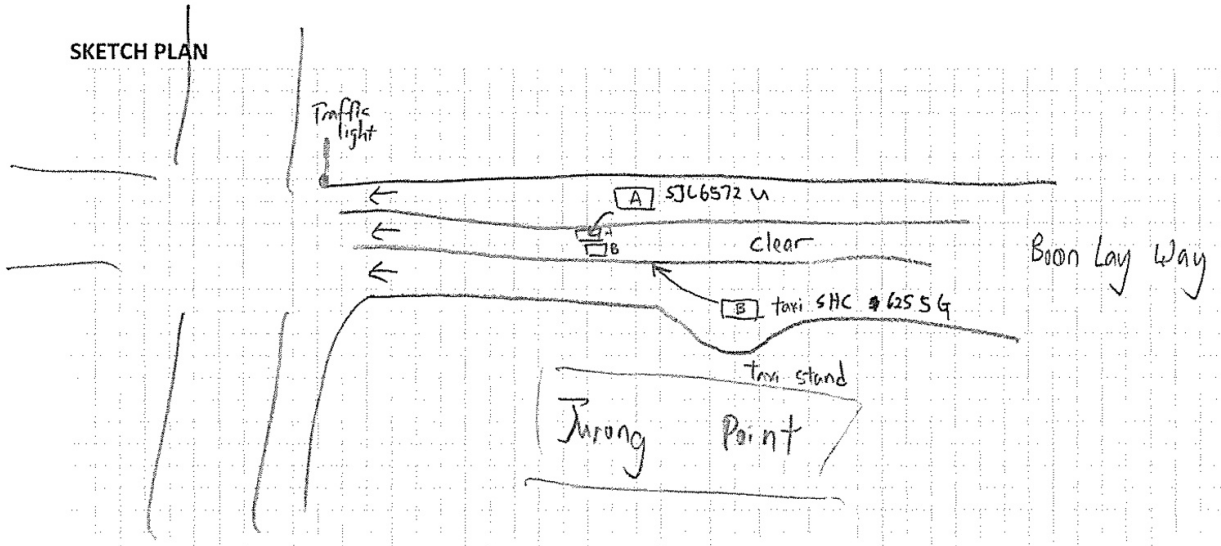
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan Pg. 2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**


LICENSE PLATE:	SJL 6572 U	ACCIDENT DATE & TIME:	14/2/2018 8.00am
CONTACT NUMBER:	85477212	E-MAIL ADDRESS:	
LOCATION:	Boon Lay Way.		
Lane shift from first lane to middle lane and <del>there</del> is car B hit from side. Middle lane is clear and there is no car at lane 2 & lane 3 at that moment.			
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION			
Please state:			
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only			

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature \_\_\_\_\_  
Date & Time: 10:25am 14/2/2018  
Cafeteria Street Insurance, Inc.

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



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan Pg. 3

## Sketch Plan Pg. 4



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

### Renewal

date  
14/11/2017

your servicing distributor  
INSMART (INSURANCE) AGENCY PTE  
LTD / 11618

your servicing distributor contact  
6749 6110

TEOH KOK HAU  
BLK 659C JURONG WEST ST 65  
#11-347  
SINGAPORE 643659

## Policy Schedule

Your SmartDrive Comprehensive Essential

### Your policy snapshot

Policyholder name	TEOH KOK HAU	Policy number	VA1 / GA133700
Cover	Comprehensive	FIN / HRIC	G3240544X
Period of Insurance	from 05/12/2017 to 04/12/2018 (both dates inclusive)		

### Premium breakdown

Gross Premium after 10% NCD	SGD 1,564.35
Total Discounts	- SGD 0.01
7% GST	SGD 109.51
Final Premium	SGD 1,673.87

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Essential 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
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

#### Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

### Vehicle details

Make & Model of Vehicle	DAIHATSU SIRION 1.3	Year of manufacture	2007
Vehicle registration number	SL6572U	Type of Use	Private use
Body type	HATCHB	Engine capacity (c.c.)	1298
Seating capacity (excl driver)	4	Engine number	2039426
Off-Peak car	No	Chassis number	JDAM301S001080671

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	STANDARD CHARTERED BANK (SINGAPORE) LIMITED

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

Basic Own Damage Excess	SGD 500.00
Windscreen Excess	SGD 100.00

### Drivers details

AXA Insurance Pte Ltd (199903512M)  
6 Shenton Way, #24-01, AXA Tower,  
Singapore 068511  
Customer Centre, #B1-01

1 of 2

# Sketch Plan Pg. 4

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G3240544X**


Name: **TEOH KOK HAU**

Birth Date: **05 Mar 1989**

Issue Date: **04 Jun 2016**

Valid Till: **03/06/2021**

002574552E



**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **GAIA SCIENCE PTE. LTD.**

Name: **TEOH KOK HAU**

Occupation: **PRODUCT SPECIALIST**


FIN: **G3240544X**

Date of Application: **02-01-2018**

Date of Issue: **09-01-2018**

Date of Expiry: **08-01-2021**

L8583709



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

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE

04 Jun 2016

NP 428A

Licence No: G3240544X



## VISIT PASS Immigration Regulations

Name: **TEOH KOK HAU**



Date of Birth: **05-03-1989** Sex: **M** Nationality: **MALAYSIAN**

FIN: **G3240544X** Date of Issue: **23-01-2018** Date of Expiry: **08-01-2021**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Sketch Plan Pg. 5



redefining / insurance

Date: 14/2/18

To: Owner of Vehicle Number: SJL 6572 U

The following has been advised to you via your workshop, Mova Automotive through their staff, Avril.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others \_\_\_\_\_

Signed and acknowledge by:

Teeh Kok Han  
Name and signature of policyholder/authorised driver

Avril  
Name and signature of workshop personnel including company stamp

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

