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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	18/09/2017 13:26	
Date Of Accident	17/09/2017 17:30	
Exact Location Of Accident	PIE NEAR TOH GUAN RD EXIT 30 - LP 1510	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		

SJG1643H

Insured/Policyholder

Vehicle Registration Number

Name Of Registered Owner AIK GEK JANETTE TAN

NRIC No \$15236321

Email Address JANETTEYEW@GMAIL.COM

Mobile Phone No (LOCAL) +65-90081021
Alternative Phone No OTHERS-NOPHONE

Vehicle Particulars

Manufacturer TOYOTA

Model RUSH-1.5 X (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 GA110316

Cover Note Number

Driver

Name of Driver YEW SOI KHOON

NRIC No S0109950G

Date Of Birth 05/06/1954

Occupation INDOOR

Date Of Driving Pass 23/04/1974

Driving Experience 43 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91082739

Fax Number

Contact Number

EMail Address YEW.SOIKHOON@GMAIL.COM

Address 24C ST. MICHAEL'S RD

Postcode 327986

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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
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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

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 GBG519K

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver TEO KENG THIAN

NRIC/Passport Number S1149132D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMB5017E

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

ZHENG JUN G2096758M

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (all insurers) to hold have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers law yers 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 sottlement of the claims and any necessary investigations relating to the claims.

(ii) investigating the accident and/or my claims:

(rij carrying out and/or dealing with my instructions or responding to any enquiries by me;

(w) administering my claims (including the malling of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about detivery of the same as wiell as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handing and/or dealing with my claims.

(collectively the 'Purposes')

(b) all insurer(s) who have insured vehicle(s) involved in this addition and the insurers' law yers/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 GM to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date 8

e

Driver's Signature (Y driver is not the policyholder) / Date

& Time

Refer to attachment.

Witnessed by Rep

Sketch Plan

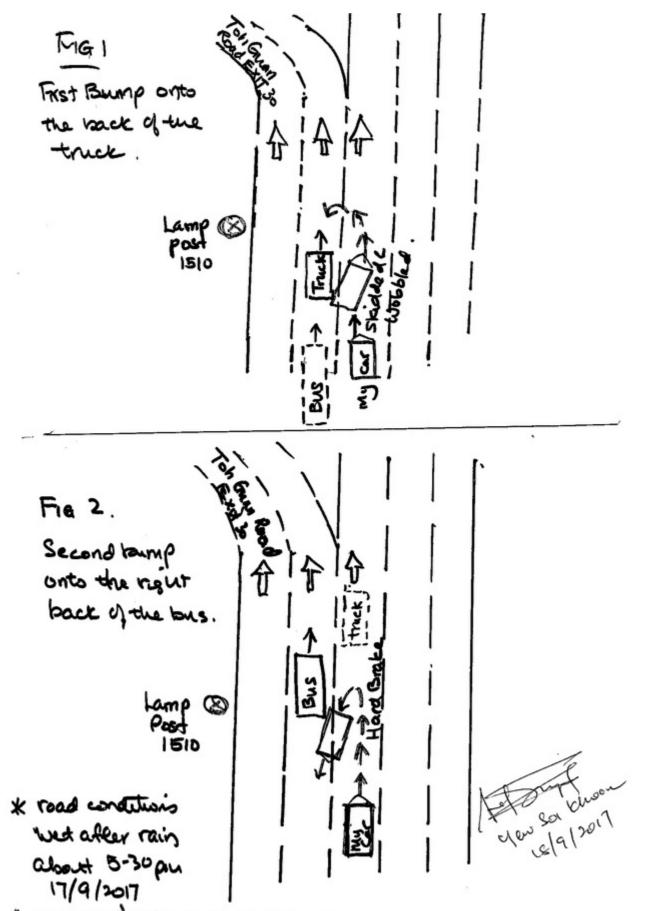
Describe Circumstances of the Accident
Date: 17/9/2017 Time: 5.30pm Location: PIE Lawp post 1510, Toh Guan Read My Vehicle A: SJG(6434 Vehicle B: GBG 519K Vehicle C/Others SIMB 5017E
My Vehicle A: SJG(6434 Vehicle B: CTBC 519K Vehicle C/Others SIMB 5017E
I was travelling along the PIE near the toll Guan
Road Exid 30, Lamp Post 1510 and the car skidded.
During- are skidding, I fest the front wheels
wiels wobbled and I tried to brake and the
Come become unstable and last reavend ony
car bump into the right rear of the truck Casindiated
in the diagram). My car left rear was damaged. The
can even spinned almost 180° and the right year of my
car hit the right rear of the bus,
() Claim OD / TP at other workshop () Reporting Only
Remarks : Please forward a copy of my efile accident report to
My workshop: Email Address: janetheyew a great.com (90051021)
& Myself : Email Address : Yeur, Schichand gmail. com.
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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 policyho'der)
Date 8 Time 18/6 だいけつ 10・00 なべ

Witnessed by Regorting Centro Personnel



* car speed whom 85 to 90 km/hr.

	G 1643H on 1719 [2011 (date) with
BG519K (truck) (other veh no);	along PIE, Toliamon Rodd Exit 30
SMB 5017 E. (Bus)	Lamp post 1510
1, AK GEK Janeale Tan	NRIC No: S 1523632I
owner of vehicle no - 816164311	am aware of the accident of my vehicle on
17/9/2017 (Date) while car wa	as driven by You Soi Kkoon
IC No : 01099.50/6. I hereby author	rise him/her to make the report.
<	
Jan	
Name AIK Gele Jerrette Tan	
Date: 18(9/2017	
To fill in if thous is a OD slaim	

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the above accident.

Name AIK GER Janette Tan

Date 18/9/2017





AIK GEK JANETTE TAN 24C ST MICHAEU'S ROAD SINGAPORE 327986

(GS) 6880 4740 eustemer.care@ava.com.sd WWW.RLR.COTT.SE

Renewat

date 17/06/2017

your servicing distributor TEE TOON HAN / 03863

your servicing distributor contact

Policy Schedule

Your SmartDrive Comprehensive Peace

Your policy snapshot

Policytrolder name

Perfod of Insurance

Comprehensive

Policy number FIN / NRIC

VA1 / GA110316 \$15236321

from 23/06/2017 to 22/06/2018 (both dates inclusive)

Premium breakdown

Gross Premium after 2014 NCD 7% GST Final Premium

SGD 85.11 SGD 1,301.01

SmartOcte Completienship Peace 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
- Medical and dental expenses up to \$1,000 per person for you, your mained drivers and your immediate family members
- Loss of Personal Effects in Singapore up to \$3,000
- Delivery of repaired car to your preferred location
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Vehicle details

Make & Model of Vehicle Vehicle registration number Body type

Seating capacity (excl driver) Off-Peak car

SUV 4 No

TOYOTA RUSH 1.5

SJG1643H

Year of manufacture Type of Use Engine capacity (c.c.)

Engine number Chassis number 2007 Private use

1495 3572033413 J200E0019661

Insured's Estimated Market Value

Limitation to use Finance Loan Company Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance OCBC BANK LIMITED

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

Basic Own Damage Excess Windscreen Excess

SGD 500.00 SGO 100.00

Drivers details

XA Insurance Pte Ltd (199903512M) Shenton Way, #24-01, AXA Tower, ngapore 068811 istorner Centre, #B1-01

REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO109950G





YEW SOI KHOON

游 瑞 坤 CHINESE

Date of birth Sex 05-06-1954 M Country of birth SINGAPORE

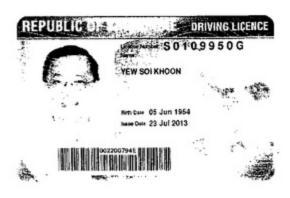
501000500

NRC No. S0109950G



Date of Issue 13-12-2012

Address 24C ST. MICHAEL'S ROAD SINGAPORE 327986



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

EFFECTIVE DAT

Class 3 Motor Cars < 3000kg with <<? pessengers, exclusive 23 Apr 1974 at the driver; and other motor vehicles << 2500kg

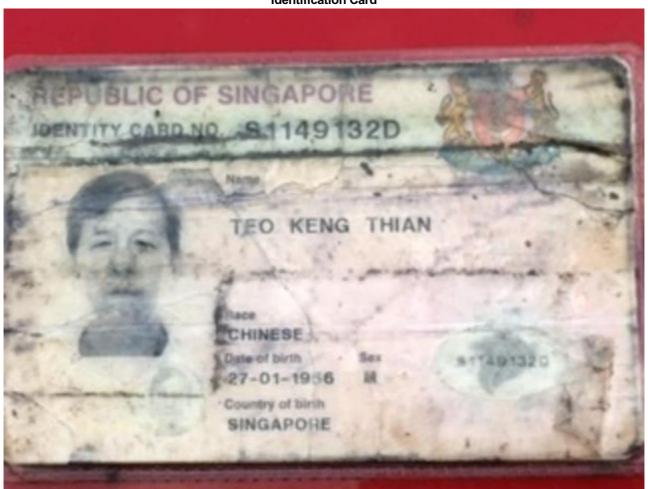
Licence No: 50109950G

NP 428A

Driving License



Identification Card











Accident Photo



Accident Photo



Accident Photo







Accident Photo













Accident Photo



















Accident Photo







Accident Photo



Accident Photo





