

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	10/03/2018 14:50
Date Of Accident	19/02/2018 01:10
Exact Location Of Accident	ALONG CAR PARK NEAR BLK 128 BEDOK RESERVOIR RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7091H
Insured/Policyholder	
Name Of Registered Owner	CHUNG BEY LUEN
NRIC No	S8075852I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94561604
Alternative Phone No	OFFICE-94561604

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	GA311428
Cover Note Number	

Driver

Name of Driver	TAY YEE SIONG
NRIC No	S8075951G
Date Of Birth	01/11/1980
Occupation	INDOOR
Date Of Driving Pass	26/04/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94561604
Fax Number	
Contact Number	OFFICE-94561604
EEmail Address	NOEMAIL

Address	BLK 128 BEDOK RESERVOIR ROAD #07-1319
Postcode	470128
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	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?	
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

I CHECK THE TRAFFIC ON MY REAR WAS CLEAR SO I PROCEED TO REVERSE INTO THE LOT. WHILE REVERSING, SUDDENLY VEHICLE B FROM MY REAR TURN RIGHT INTO MY VEHICLE REAR. END UP BOTH OUR VEHICLES CONTACTED. THE DRIVER OF VEHICLE B COULD HAVE SEE MY VEHICLE WAS REVERSING AND SLOW DOWN AT THE "STOP" LINE.

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	SHC626J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 Pg. 1

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.

Reporting Centre Personnel's Signature Name: BY: 12/5/18

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.:

10/3/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



AUTHORISED LETTER

Authorization Letter

Dear Sir/Madam,

I, the undersigned, CHUNG BEY LUEN with ID no. S80758521, hereby authorize Mr./Mrs. TAY YEE SIONG with ID no. S80759516, to act on my behalf in all manners relating to my car SLV7091H, on the accident involving SLV7091H & SCH626J along car park near BLK128 off Bedok Reservoir Road on 19-02-2018, including report and signing of all documents relating to these matters, at any of AXA Premium Workshops or reporting centres. Any and all acts carried out by Mr./Mrs. TAY YEE SIONG on my behalf shall have the same effect as acts of my own. Hoping for your kind consideration.

With warm regards and Thanks.

Name : CHUNG BEY LUEN
Contact : 9756 1604



Date : 9/2/2018



redefining / insurance

AXA Insurance Pte Ltd
 133 883 4000 (Mobile Singapore)
 65 6888 4666 (International)
 133 888 4192
 axa@axa.com.sg
 www.axa.com.sg

Year
 15/01/2018

Policy number
 WJ / 00019621

Account number / address
 14885 / B570000

Certificate of Insurance

This Certificate of Insurance is issued on behalf of AXA Insurance Pte Ltd (hereinafter referred to as "AXA") in accordance with the Singapore Motor Vehicle Insurance Policy Form 2017 (the "Policy") issued by AXA Insurance Pte Ltd (Singapore) (hereinafter referred to as "AXA Singapore").

Policy details

Policy reference Case Policy date MOT application Vehicle registration number Period of insurance Insurance amount	SM15000012018 Singapore 15/01/2018 SI S170001H From 15/01/2018 to 15/01/2019 (both dates included) US \$ 20,000,000 (USD 20M USD)	Certificate number Block number Digit number	0001196 / 1 1100000000000000 200000000
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Authorized Drivers

of The Policyholder
 being named driver(s) as set out in the Policy.
 All persons who are named in the Policy as authorized drivers shall be permitted to drive the insured vehicle only with their permission. Any person who is not named in the Policy as authorized driver shall not be permitted to drive the insured vehicle. Any person who is not named in the Policy as authorized driver shall not be permitted to drive the insured vehicle during the Policy period.

Limitation as to use*

- Use of the motor vehicle is restricted to use for which it is licensed.
- Use of the motor vehicle is restricted to use for which it is licensed on all days of the year.
- Use of the motor vehicle is restricted to use for which it is licensed on all days of the year.

The Policy does not cover:

- Use of the motor vehicle for racing, speed trials, or other competitive driving.
- Use of the motor vehicle for hire or reward.
- Use of the motor vehicle for any purpose which is prohibited by law.

* For more detailed information on the limitations of the Policy, please refer to the General Conditions of the Policy. The above information is for your information only and does not constitute an offer of insurance.

AXA Insurance Pte Ltd
 133 883 4000 (Mobile Singapore)
 65 6888 4666 (International)

AXA Insurance Pte Ltd
 133 883 4000 (Mobile Singapore)

AXA Insurance Pte Ltd (Singapore)

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Additional clauses & endorsements to your policy

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AXA Insurance Pte Ltd



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Identification Card

