



redefining / insurance

LOH PEI SOON
15 BERWICK DRIVE
SERANGOON GARDEN ESTATE
SINGAPORE 559905

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

date
05/10/2017

customer service contact
1800 880 4888

24-hour emergency hotline
1800 880 4888

your servicing distributor
SAFE HARBOUR ASSURANCE AGENCY /
04111

your servicing distributor contact
6285 7633-IRENE

Your Policy is Renewed

Your motor policy GA067843

Dear LOH PEI SOON,

Your insurance cover is now renewed effectively from 18/10/2017.

What makes your policy

- **Policy schedule** - policyholder details, benefits and their limits that apply, agreed premium and period of insurance
- **Policy wording** (click [here](#)) - terms and conditions of full list of benefits and any exclusions

What else is in the pack

- **Certificate of Insurance** - proof that you are covered to drive your car and any other named drivers
- **Frequently asked questions** - answers to your most important concerns regarding your policy
- **Tax invoice** - invoice of the premium payable for your policy

What you should do

- Read all documents in this pack including your Policy Wording to fully understand the terms and conditions of your cover.

Important Note

By accepting this policy, I understand and give my consent for AXA Insurance Pte Ltd ("AXA") and its representatives or agents to:

- Collect, use, store, transfer and/ or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/ or managing of my relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at www.axa.com.sg ("Purposes").
- Collect, use, store, transfer and/ or disclose personal data about me and those whose personal data I have provided from sources other than myself for the Purposes.
- Contact me to share with me information about products and services offered by AXA that may be of interest to me by post and e-mail.

If you have any questions on your policy, please contact us at 1800 880 4888 from 9:00am to 5:30pm Monday to Friday or email us at customer.care@axa.com.sg.

Thank you for insuring with us.

Sincerely,

Jean Drouffe
Chief Executive Officer

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 2

Driver's Particulars Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

Light of hair: S9825615F

NICHOLAS LOH WENG SIONG

Birth Date: 14 Jul 1998

Issue Date: 08 Nov 2017

002741773A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9825615F

Name

NICHOLAS LOH WENG SIONG

羅永翔

Race

CHINESE

Date of birth

14-07-1998

Sex

M

Country of birth

SINGAPORE

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

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

EFFECTIVE DATE

08 Nov 2017

NP 428A



4936692

NRIC No. S9825615F

Date of Issue

13-02-2013

Address


15 BERWICK DRIVE

SINGAPORE 559905

To Whom It May Concern,

Accident involving my vehicle no SJA 1099K on 24/02/18 (date) with
GBD9072M (other veh no) along Outside 15 Bernick Drive
torry

I, Loh Pei Soon NRIC No: S7010332/2
owner of vehicle no - SJA 1099K am aware of the accident of my vehicle on
24/02/18 (Date) while car was driven by son, Nicholas Loh Weng Siong
IC No: S9822615F. I hereby authorise him/her to make the report.


Name Loh Pei Soon - S7010332/2
Date: 26/02/18
HPA 96808488

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

Date



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Date: 26/08/2018

To: Owner of Vehicle Number: SJA 1099K

The following has been advised to you via your workshop, Mh Lim Motor Co through their staff, Mh Lim

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:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo

