

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	01/03/2018 23:02
Date Of Accident	01/03/2018 08:25
Exact Location Of Accident	AYE TWRDS CHANGI IN BTWN PORTSDOWN AND BUONA VISTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE9291K
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Insured/Policyholder

Name Of Registered Owner	ndw SOH PENG CHOO
NRIC No	S1561604J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98180025
Alternative Phone No	OFFICE-67674339

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1259685
Cover Note Number	

Driver

Name of Driver	JARON CHUI CHUAN JIE
NRIC No	S9243021I
Date Of Birth	14/11/1992
Occupation	INDOOR
Date Of Driving Pass	18/03/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98378706
Fax Number	
Contact Number	OFFICE-67674339
EEmail Address	JARONCHUI@GMAIL.COM

Address	33 BANGKIT ROAD #17-01
Postcode	679974
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SHD8506P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

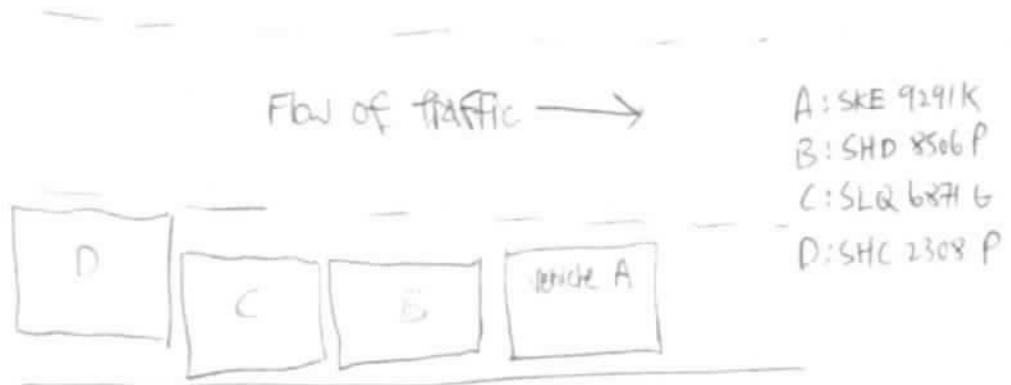
Vehicle Registration Number SLQ6871G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC2308P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report !

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 policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Wen Zheng
NRIC/FIN No.:

Common Statement

* waiting Authorization letter *

* Haven't Submit *

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 1/3/18
Time: 8:25am
INSURED/ POLICY HOLDER (VEHICLE A)
Vehicle Registration Number:
Name of Policyholder:
NRIC/ FIN/ Passport/ ROC (if Policyholder is company):
Address:
Contact Number:
Occupation:

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:
Type of Vehicle:
Exact Purpose for which vehicle was being used at the time of accident:
Are you claiming under your own insurance policy?
Vehicle category:

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:
Type of Policy:
Fleet Policy:
Policy Number:

DRIVER

Name of Driver:
NRIC/ FIN/ Passport:
Date of Birth:
Occupation:
Driving Pass Date:
Gender:
Contact Number:
Address:
Email Address:
Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured:
Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc):
Weather Conditions:
Road Surface:
Damage Area:

OTHER INFORMATION

Was there any foreign vehicle(s) involved?
Was anybody injured in the accident? (including Witness)
Was any other vehicle(s) or property damaged?
Was there any camera video footage (in car)?

DETAILS OF POLICE ACTION

Was the accident reported to the Police?
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given?
If Yes, against whom?

Location of Accident

AVS between Fortisland and Queen Vesta
Towards Changi

SKE 9291 K
Soh Peng Choo
SASUBUT
33 Bangkit Road #17-01 ChesterVale S(679974)
Tel: 87674339 Hp: 98180025
Director

Volkswagen Golf
Sedan MPV CRV Van Lorry Bus Motorcycle Others Hitback

Driving to work

☐ Yes ☒ No Remarks: Reporting only
☒ Private ☐ Commercial ☐ Motorcycle

Auto Insurance: Yes Yes Yes
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☐ Yes ☒ No
VPA / P1259625

Jacon Chui Chuan Jie

S9243021
14/11/92
~~18/3/11~~ 18/3/11
Trainee Lawyer
☒ Male ☐ Female
Tel: 87674339 Hp: 98180025
33 Bangkit Road #17-01 ChesterVale S(679974)
jaonchui@gmail.com
☐ Yes ☒ No
Mother-Son
N/A
N/A

Chain Collision

☒ Clear ☐ Raining ☐ Others
☐ Wet ☒ Dry ☐ Others

Rear Bumper

☒ No ☐ Yes
☐ No ☒ Yes
☐ No ☒ Yes
☒ No ☐ Yes

☐ No ☒ Yes
Baker Mesa East APC Report No: D/20180301/0032
☒ No ☐ Yes

1 page

Common Statement

OWN VEHICLE REGISTRATION NUMBER

SKE 9291 K

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHD 8506 P (B)

Vehicle Make/ Model/ Colour

SLQ6871 L (C)

Details of Properties (if Other Party is not a Vehicle)

SHC 2308 F (D)

Damage Area

Name of Driver

NRIC/ FINI Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FINI Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FINI Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FINI Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FINI Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Date & Time

Signature of Policy Holder

(Company Chop if applicable)

Date & Time

Signature of Driver (Date & Time)

(If Driver is not the Policy Holder)

Individual Statement

SKETCH PLAN

IMPORTANT NOTICE

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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:

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

Reporting Centre Personnel's Signature
Name: Wen Zhang
NRIC/FIN No.:

OWNER IC



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1561604J



Name
SOH PENG CHOO

苏 萍 珠

Race
CHINESE

Date of birth
17-02-1962

Sex
F



Country/Place of birth
SINGAPORE

S1561604J

DRIVER IC & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S92430211**

Name: **JARON CHIE CHUAN JIE**

Birth Date: **14 Nov 1992**

Valid Until: **02 Jul 2013**

0021979610



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S92430211



Name: **JARON CHUI CHUAN JIE**

崔传杰

Race: **CHINESE**

Date of birth: **14-11-1992**

Sex: **M**

Country/Place of birth: **SINGAPORE**

1122801

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

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

EFFECTIVE DATE

18 Mar 2011

NP 428A



License No: S92430211



5194834

IDENTITY NO. S92430211



Date of Issue: **01-07-2013**

Address:
33 BANGKIT ROAD
#17-01
SINGAPORE 679974

CERTIFICATE OF INSURANCE

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65) 63387288 Fax: (65) 63382522
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION		Policy No. : VPA/F1259685
Source	: (01) 13820 ARF AP) PTE LTD (VW-ENHANCED)	
Insured	: SOH PENG CHOO	
Address	: 33 BANGKIT ROAD #17-01 CHESTERVALE SINGAPORE 679974	
Business/Profession	: DIRECTOR - GOLDEN BEN PRINTER PTE LTD Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 16/12/2017 To 15/12/2018 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
Replacing Policy No.	: 11814097	
PREMIUM		
Premium After 50.00% NCD	: SGD 903.04	
Safe Driver Disc 5.00%	: SGD 45.15	
GST 7.00%	: SGD 60.06	
Annual Premium	: SGD 917.95	
Total Payable	: SGD 917.95	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SKR9291K	
Type Of Use	: Private Car	
Make/Model	: VOLKSWAGEN GOLF 1.4 TSI	
Year of Manufacture	: 2011	Seating Capacity (excl. Driver) : 04
Body Type	: HATCHBACK	Engine C.C. : 1390
Engine No.	: CAX948543	Chassis No. : WVWZZZ1KZCW092562
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	
Hire Purchase	: DBS BANK LTD	
<u>Extra Coverage (Premium Breakdown)</u>	<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector		
VW Daily Cash Benefit		
Basic Own Damage Excess	: SGD 900.00	
Windscreen Excess	: SGD 100.00	
<u>Named Drivers</u>		
1	SOH PENG CHOO	
2	JOLENE CHUI	
3	CHUI CHUAN JIE JARON	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180301/2030

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

1 of 4

Report No. T/20180301/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2018 11:05		Vide Report No.: D/20180301/0032		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: JARON CHUI CHUAN JIE			Address: 33 BANGKIT ROAD #17-01 SINGAPORE 679974		
ID Type / ID No.: NRIC NO / S9243021I			Contact No.: Home/Office: Mobile: 98378706		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 14/11/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lawyer (excluding advocate and solicitor)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2018 08:25	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE TWRDS CHANGI, IN BTWN PORTSDOWN AND BUONA VISTA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Chain Accidents involving 4 cars				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2308P	Car	-				0
SHD8506P	Car					0
SKE9291K	Car			Blue	Slightly Damaged	0
SLQ6871G	Car					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180301/2030

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20180301/2030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lam Kin Leong	ID No.	S1526579E
Related Vehicle	SHC2308P (Car)	Contact No.	96227123
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Wong Yin Chon	ID No.	S01289031
Related Vehicle	SHD8506P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JARON CHUI CHUAN JIE	ID No.	S92430211
Related Vehicle	SKE9291K (Car)	Contact No.	98378706
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180301/2030

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20180301/2030

CONTINUATION OF REPORT

Driver			
Name	Danny Lim	ID No.	S8904324G
Related Vehicle	SLQ6871G (Car)	Contact No.	91919857
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 1/3/18 at about 0825hrs, I was driving my vehicle SKE9291K along AYE. During the journey towards Changi in between Portsdown and Buona Vista, I encountered a road traffic accident involving 4 vehicles. My vehicle was the first vehicle for the chain collision. The second vehicle is SHD8506P, third vehicle is SLQ6871G and fourth vehicle is SHC2308P. The traffic was moving in average speed and it start to pile up abit. I was travelling along the extreme right lane. My vehicle was in stationary position. I noted that there were noise at the rear and I looked at the rear mirror, I could see the vehicle directly behind me was knocked by another from his rear. The impact was great and the vehicle behind me inched forward and knocked my rear portion. I was unable to react as it happened so quick. My vehicle did not knocked onto any vehicle in front of me. After the said accident, all involved vehicle drivers and passengers alighted from the vehicles. Ambulance and traffic police arrived. I managed to take photo of the accident and also exchange particular with the all drivers. I was advice by Traffic police to lodge a report regards this accident linked to D/20180301/032 under TPIO Hidayu. There is people being conveyed from scene.

At this moment, there is no visible injury on me but there is some strain on my neck due to the impact of the accident. The damages of my vehicle is dents on the rear bumper, number plate holder and number plate.

Currently, I am lodging this report for insurance claiming.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999



T/20180301/2030

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Report No: T/20180301/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
A /
Sr Staff Sgt TEO NGUAN HENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65472078

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/03/2018 11:05

Classification Of Case:

Authorization Form


I (Name) Soh Peng Choo of (NRIC) S1561604J authorized

(Name) Jaron Chui Chuan Jie of (NRIC) S9243021I to ~~report~~/Reporting at

BH AUTO SERVICES PTE LTD located at BK1, Sun Ming Industrial Estate Sector C #01-111/113/115/117
5575636

On behalf of me for my vehicle number SKE 9291K

My residential address is 33 Bangkit Road #17-01 Chestervale and
contact number is 9818 0025


Signature
Driver Name Soh Peng Choo


Signature
Witness Name Jaron Chui

AXA FORM



redefining insurance

Date: 01/03/2018

To: Owner of Vehicle Number: SKE 4291K

The following has been advised to you via your workshop, BH Auto through their staff, Wen Zheng

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 Reporting Only

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp

[Signature]

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



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020 / GST Reg. No: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MBHA18029395 Vehicle Registration No: SKE 9291 K
Name (as shown in NRIC): Soh Peng Choo NRIC/FIN/Passport No: S1561604 J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 33 Bengkit Road #17-01 679974 Singapore: 1
Contact (Tel): 67674339 Mobile No: 98180025
Email Address: _____
Date of Accident: 01/03/2018 Time of Accident: 08:25
Place of Accident: AYE Towards Changi In Between Portdown and Buena Vista
Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Reporting change To Third party



Policyholder / Driver's Signature
Date

Reporting Centre Personnel's Signature
Name: Wen Zheng
NRIC/FIN No
Date: