

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	14/03/2018 14:33
Date Of Accident	14/03/2018 07:25
Exact Location Of Accident	WEST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1280Y
Insured/Policyholder	
Name Of Registered Owner	KNG SWEE MOI SUSUAN
NRIC No	S1566453C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96672835
Alternative Phone No	OFFICE-96672835

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE-1.6 (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	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	VPA/P1727065
Cover Note Number	

Driver

Name of Driver	KNG SWEE MOI SUSUAN
NRIC No	S1566453C
Date Of Birth	04/06/1962
Occupation	INDOOR
Date Of Driving Pass	13/04/2006
Driving Experience	11 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96672835
Fax Number	
Contact Number	OFFICE-96672835
Email Address	NOEMAIL

Address	55 UPPER CHANGI ROAD
Postcode	461055
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 - HEAD TO REAR
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)	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

SEE REPORT ATTACHED

Attachment(s)

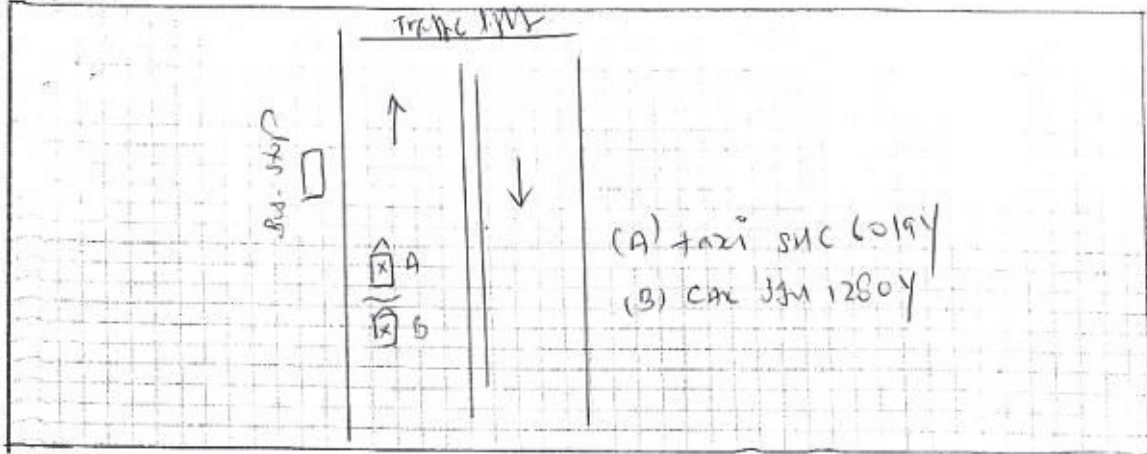
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6019Y
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

I was travelling on West Coast Road on 14/3/2018 at 7.25 am, when I was involved in an accident with a Premier Silver car no - SHC 60194. There was no body hurt during that time & also no passenger inside the taxi.

DECLARATION

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

 14/3/18
Policyholder's Signature @ 5:10 pm
Date & Time:

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


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

Sketch Plan #2

SKETCH PLAN

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5. 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.

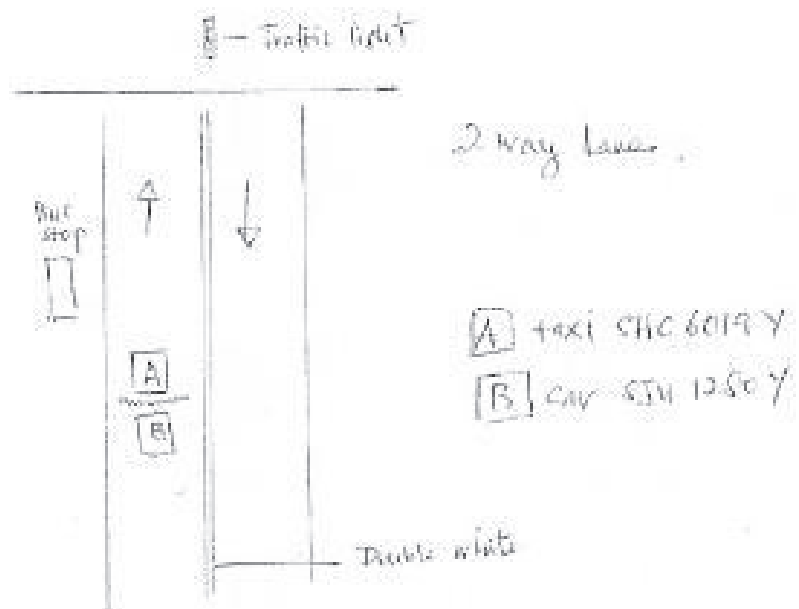
Policyholder's Signature  14/3/18
Date & Time: 05:10 PM

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


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

Accident Photo

Sketch of Accident site



Driving License

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1566453C



Name

KNG SWEE MOI SUSAN

康瑞媚

Pass

CHINESE

Date of Birth 04-06-1962 Sex F

Country of Birth SINGAPORE



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

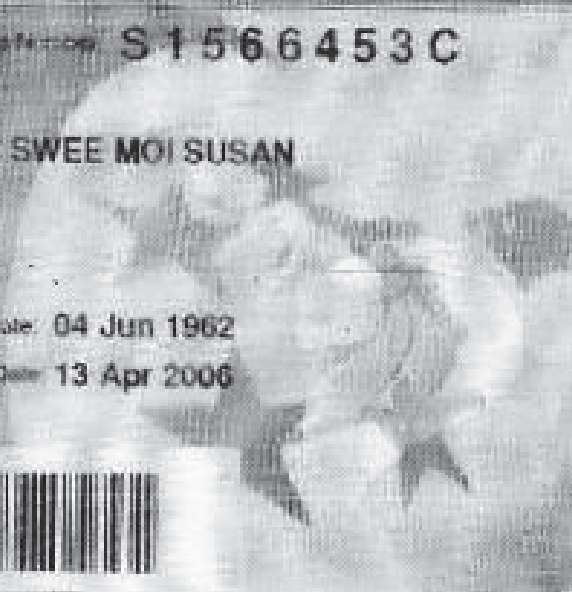
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Name

KNG SWEE MOI SUSAN

Birth Date: 04 Jun 1962

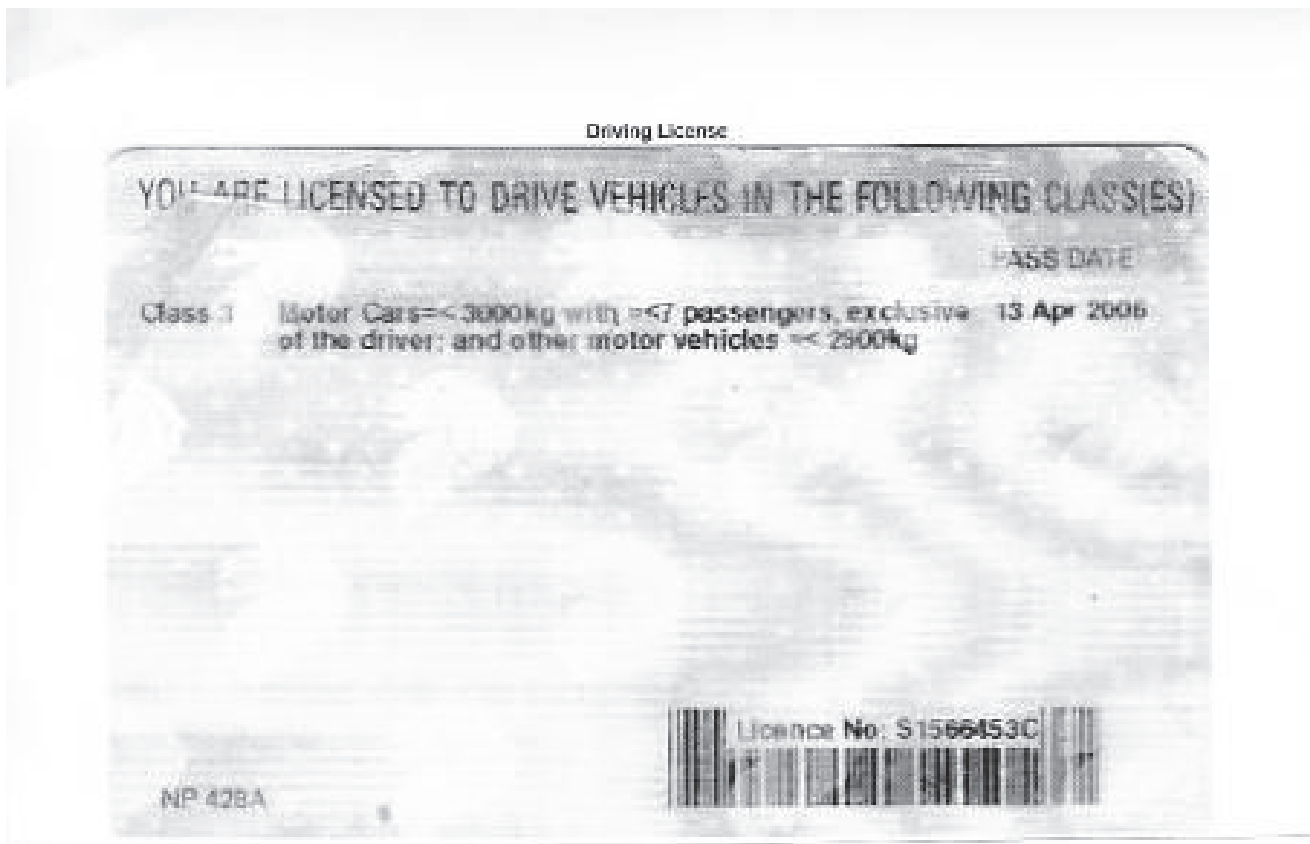
Issue Date: 13 Apr 2006



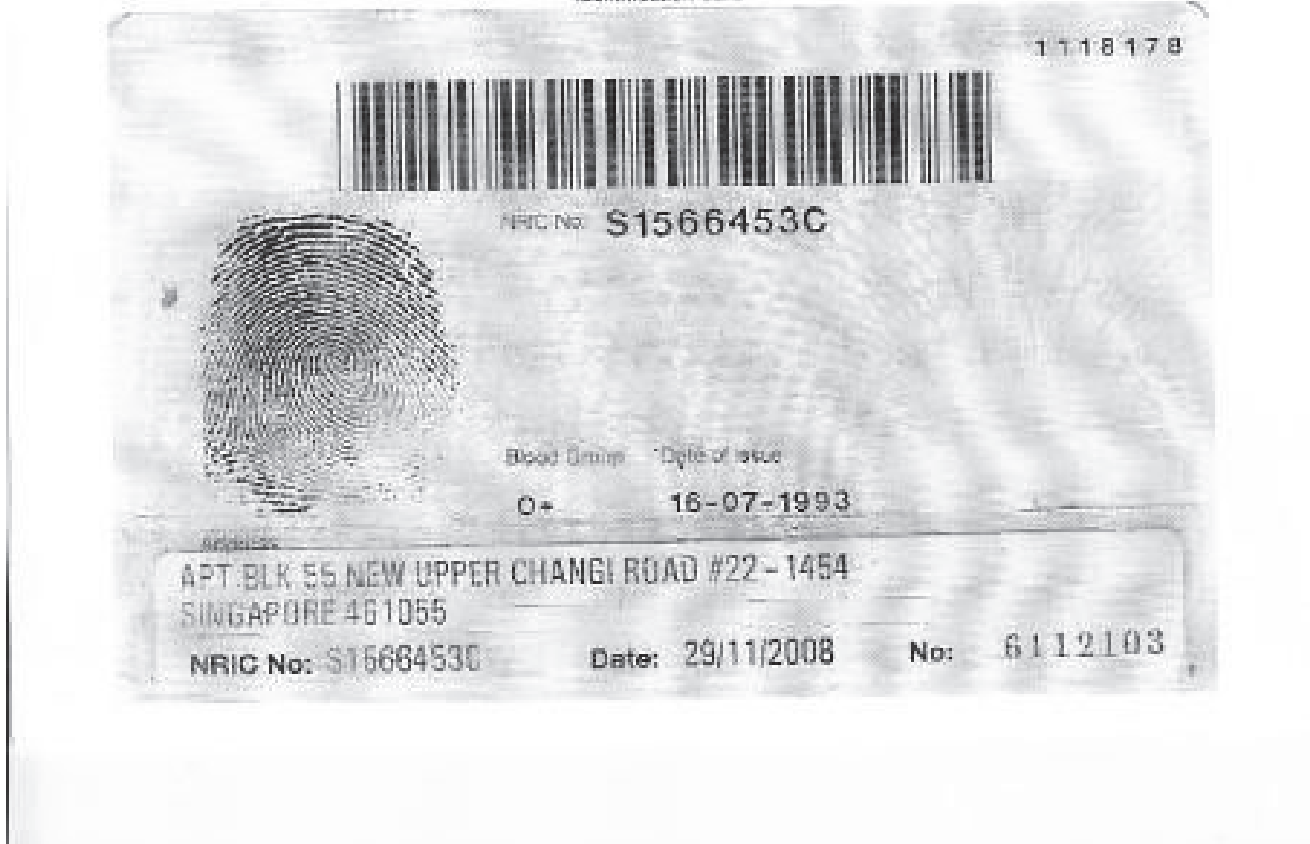
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Identification Card



Identification Card



INSURANCE CERT

INSURANCE

AXA INSURANCE PTE LTD
5 Serangoon Way, #04-01
AXA Tower, Singapore 556811
Customer Service Centre #01-01
Tel: 65 63347198 Fax: 65 63357432
Website: www.axa.com.sg
GST Registration Number: T900145001
Customer service@axa.com.sg



Private Cars COMD
POLICY SCHEDULE
GENERAL
original

POLICY INFORMATION		Policy No. : VPA/TIT/985
Source	: (01) 04111 ALPINE CREDIT-CHEVROLET SCHEME	
Insured	: MRS SWEE HOE SUSAN	
Address	: B1E 55 NEW UFFER CHANGI ROAD #11-1424 SINGAPORE 461055	
Business/Profession	: LOGISTICIAN Carrying on or engaged in the business or profession last declared and for other for the purpose of this insurance	
Period of Insurance	: from 28/11/2017 To 27/11/2018 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Overplus after 10,000	: SGD 1,122.88	
10,000	: SGD 78.51	
Annual Premium	: SGD 1,201.39	
Total Payable	: SGD 1,201.39	
RISK DETAILS THE MOTOR VEHICLE		
Type of Cover	: Comprehensive	
Regn No.	: 82Y12007	
Type of Use	: Private Car	
Make/Model	: CHEVROLET CRUZE HD 1.6A	
Year of Manufacture	: 2015	Seating Capacity (incl. Driver) : 04
Body Type	: HATCHBACK	Engine C.C. : 1598
Engine No.	: F16N4133310443	Chassis No. : K1LJAC9830K130200
Insured's Estimated Market Value	: Market Value At The Time of Loss (including accessories and spare parts)	
Installation as to Use	: As specified in Certificate of Insurance	
Third Party	: CENTURY TOKIO LEASING (SINGAPORE) PTE LTD	
Basic Own Damage Excess	: SGD 500.00	
Named Insured		
: 1 MRS SWEE HOE SUSAN		
EXCLUSIONS		
Under no circumstances shall this insurance policy be deemed to provide cover and no liability be incurred to pay or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would cause us to be in breach of, or expose us to any prohibition or restriction under the law or regulations of Singapore.		

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