#### 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/03/2018 15:39
Date Of Accident	16/03/2018 18:00
Exact Location Of Accident	BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR226D
Insured/Policyholder	
Name Of Registered Owner	NGO JINSHEN, DENYS
NRIC No	S8505754E
Email Address	DENYSNGO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98533581
Alternative Phone No	OTHERS-98533581
Vehicle Particulars	
Manufacturer	BMW
Model	Z4
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?	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	VA1/GA210080
Cover Note Number	
Driver	
Name of Driver	NGO JINSHEN, DENYS

S8505754E

05/03/1985

INDOOR 13/06/2007

Driving Experience 10 YEARS AND 9 MONTHS
Gender MALE

Mobile Number (LOCAL) +65-98533581

Fax Number

NRIC No

Date Of Birth

Occupation

**Date Of Driving Pass** 

Contact Number OTHERS-98533581

EMail Address DENYSNGO@GMAIL.COM

Address 3 HOLLAND PARK #05-05

Postcode 249473

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

-

NO

NO

1

#### **General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

#### **Other Information**

ambulance?

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

noophan by

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)

### **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**

I WAS TURNING OUT TO BEDOK SOUTH AVE 1 FROM UPPER EAST COAST ROAD BEHIND VEHICLE B (SKK8095K) ON THE FILTER LANE. VEHICLE B (SKK8095K) STOPPED BEFORE JOINING THE MAIN ROAD AND I COULDN'T STOP IN TIME. SHE AND HER 2 PASSENGERS REMARKED THAT THEY WERE NOT INJURED.

# 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 SKK8095K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver PHANG CHIA MAY

NRIC/Passport Number S7677200B

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

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- 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)
  - (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")
- 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
- 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.
- 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 Signatur Date & Time:

Driver's Signature

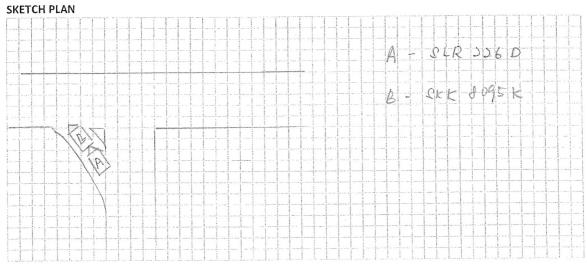
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTARCES OF THE ACCIDENT
I was turning out to Bedok South Ave I from upper
Eist coast Road behind vehicle & CSTER 8095 K)
on the pitter lave. vehicle & (SKK to)5 k) stopped
betor joining the main road and I couldn't Stop
before joining the main road and I couldn't stop in time. She and her 2 publingers monaday that
they here not injured.

DECLARATION

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

Policyholder's Signature Date & Time: 17/3/

& Time: / 17/8/18-1600 hrs Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

### Sketch Plan #3 Pg. 1



NGO JINSHEN DENYS 3 HOLLAND PARK #05-05 SINGAPORE 249473 SINGAPORE 249473 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

New business

date 29/05/2017

your servicing distributor RICARDO CARS PTE LTD / 14297

your servicing distributor contact 64752112

# Policy Schedule

Your Smart Drive Comprehensive Flexi

## Your policy snapshot

Policyholder name Cover NGO JINSHEN DENYS

Policy number

VA1 / GA210080 S8505754E

Cover Co Period of Insurance fr

Comprehensive FIN / NRIC from 02/06/2017 to 01/06/2018 (both dates inclusive)

#### Premium breakdown

Gross Premium after 0% NCD

7% GST Final Premium SGD 2,249.78 SGD 157.48 SGD 2,407.26

## Your benefits highlights

(refer to Policy Wording for full terms and conditions)

## Smart Development of the 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
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- e 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

Off-Peak car

Make & Model of Vehicle Vehicle registration number Body type

Seating capacity (excl driver)

BMW Z4 2.5 SPORTS SLN4836M CABRIO 4 Year of manufacture Type of Use Engine capacity (c.c.) 2009 Private use 2494

Engine number 78054546N52B25AF Chassis number WBALM32040E355060

Insured's Estimated Market Value Limitation to use

Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance

Finance Loan Company

Nil

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

No

Basic Own Damage Excess Windscreen Excess SGD 1,100.00 SGD 100.00

## Drivers details

A/A Insurance Pte Ltd (199903512M) & Shenten Way, #24-01, AXA Tower, Singapure 003813. Gastonia Centre, #81-61 1 of 2

### Sketch Plan #4 Pg. 1



10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

08 Jul 2017

Our ref 0807170203N057005539

NGO JINSHEN DENYS APT BLK 3 HOLLAND PARK #05-05 SINGAPORE 249473

Dear Sir/Madam

# NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SLN4836M WITH VEHICLE REGISTRATION NO. SLR226D

You may be pleased to know that your application of 08 Jul 2017 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SLR226D (Previously SLN4836M)

Vehicle Make

: B.M.W.

Vehicle Model

: Z4 SDRIVE 231 2.5L AT ABS D/AB

2WD HID

Chassis No.

: WBALM32040E355060

Engine No./ Motor No.

Same

aci

: 78054546N52B25AF / -

- 3. Please change the number plates on your existing vehicle (ie. Chassis No. : WBALM32040E355060; Engine No./ Motor No. : 78054546N52B25AF / -) to display the new/replacement registration number, SLR226D by 11 Jul 2017. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.
- 4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20170708115313572520 or the vehicle registration number when making your enquiry.

# Sketch Plan #5 Pg. 1

