

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	31/03/2018 11:12
Date Of Accident	29/03/2018 17:30
Exact Location Of Accident	INTERSECTION OF RAFFLES QUAY & CROSS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK8026H
Insured/Policyholder	
Name Of Registered Owner	CORINNE GOH PECK YEAN
NRIC No	S1559826C
Email Address	KESSLER@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-92715173
Alternative Phone No	OFFICE-92715173

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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?	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	VPA/P2013245
Cover Note Number	

Driver

Name of Driver	CORINNE GOH PECK YEAN
NRIC No	S1559826C
Date Of Birth	26/08/1962
Occupation	INDOOR
Date Of Driving Pass	04/01/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92715173
Fax Number	
Contact Number	OFFICE-92715173
E Mail Address	KESSLER@SINGNET.COM.SG

Address	5 RHU CROSS #10-08
Postcode	437434
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7736P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG TEOW HON
NRIC/Passport Number	S8106106H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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;

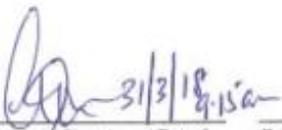
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

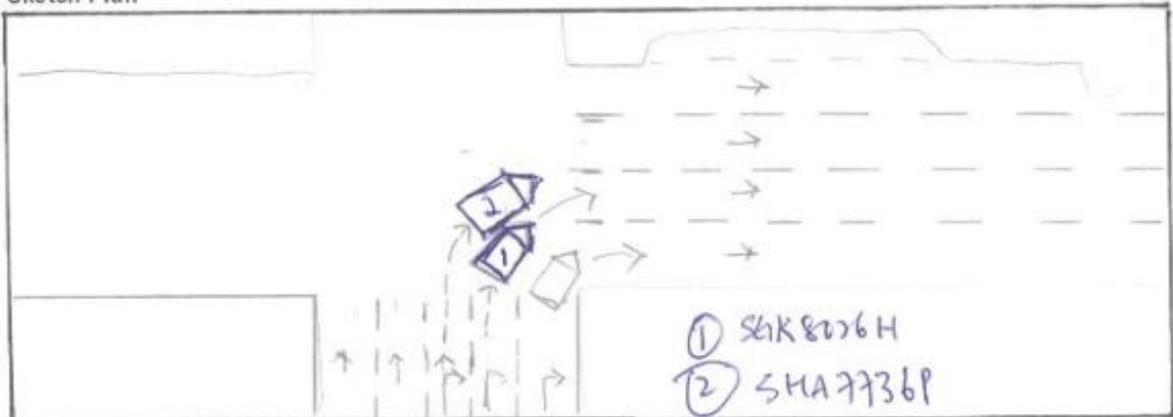
(collectively the "Purposes")

(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.


Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement

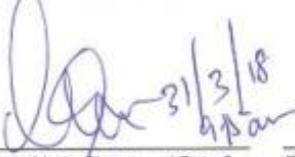
Describe Circumstances of the Accident

Was driving along Raffles Quay, and turning slowly into Cross Street because of traffic. Suddenly a taxi cut into my path and ~~stopped~~ hit my car in front.

I was in a state of shock and subsequently drove to side of Cross Street to await tow truck

Declaration

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

 31/3/18
4:15 pm

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

AXA INSURANCE PTE LTD
 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
 NEW BUSINESS
 Original

POLICY INFORMATION		Policy No. : VPA/P2013245	
Source	:	(01) 14885	BMS-AXA TOYOTA NB
Insured	:	CORINNE GOH PECK YEAN	
Address	:	5 RHU CROSS #10-08 SINGAPORE 437434	
Business/Profession	:	OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	:	From 26/10/2017 To 25/10/2018 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 50.00% NCD	:	SGD 1,190.65	
GST 7.00%	:	SGD 83.35	
Annual Premium	:	SGD 1,274.00	
Total Payable	:	SGD 1,274.00	
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	:	Comprehensive	
Regn No.	:	SGK8026H	
Type Of Use	:	Private Car	
Make/Model	:	TOYOTA COROLLA ALTIS 1.6	
Year of Manufacture	:	2017	Seating Capacity (excl. Driver) : 04
Body Type	:	SALOON	Engine C.C. : 1598
Engine No.	:	1ZROA17648	Chassis No. : MR053REH604574117
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	:	UNITED OVERSEAS BANK LIMITED	
<u>Extra Coverage(Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
Basic Own Damage Excess		: SGD 500.00	
<u>Named Drivers</u>			
1 CORINNE GOH PECK YEAN			
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : BSTU027 -----			

Nric And Driving Licence

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1559826C



Name
CORINNE GOH PECK YEAN
MRS CORINNE KESSLER

Race
CHINESE

Date of birth
26-08-1962

Country/Place of birth
SINGAPORE

Sex
F

5159826C

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1559826C

Name
CORINNE GOH PECK YEAN

Birth Date 26 Aug 1962

Issue Date 06 Jan 2004

981076655H F

5806277



NRIC No. S1559826C

Date of issue
27-09-2017

Address
5 RHU CROSS
#10-08
SINGAPORE 437434

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Jan 1994

NP 425A

License No: S1559826C



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



Accident Scene Photo



Accident Scene Photo

