

## 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	16/04/2018 16:09
Date Of Accident	02/04/2018 16:05
Exact Location Of Accident	ALONG JUNCTION OF GRANGE RD & ORCHARD LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW1438B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ADEL EID
NRIC No	S7388251F
Email Address	ADEL.EID@LIVE.COM
Mobile Phone No	(LOCAL) +65-96523054
Alternative Phone No	OFFICE-90100128

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	ML400 4MATIC (R19 BI)
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?	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	CN873769
Cover Note Number	02/02/2018-01/20/2019

### Driver

Name of Driver	TOH PEI SZE BERENICE
NRIC No	S7701436E
Date Of Birth	03/02/1977
Occupation	INDOOR
Date Of Driving Pass	22/05/1998
Driving Experience	19 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90100128
Fax Number	
Contact Number	
Email Address	BERENICE128@GMAIL.COM

Address	BLK 130 TANJONG RHU ROAD #11-11
Postcode	436918
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	
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)	3

#### 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

REFER TO ATTACHMENT

#### 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 Witness 1

Name	KAUNG NAN
Phone Number	90100128
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1600Y
Vehicle Make/Model/Colour	SMRT BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	DAVID RAJENDRAN S/O RAMASAMY
NRIC/Passport Number	S7047561H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

**SKETCH PLAN**

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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: 16/04/2018

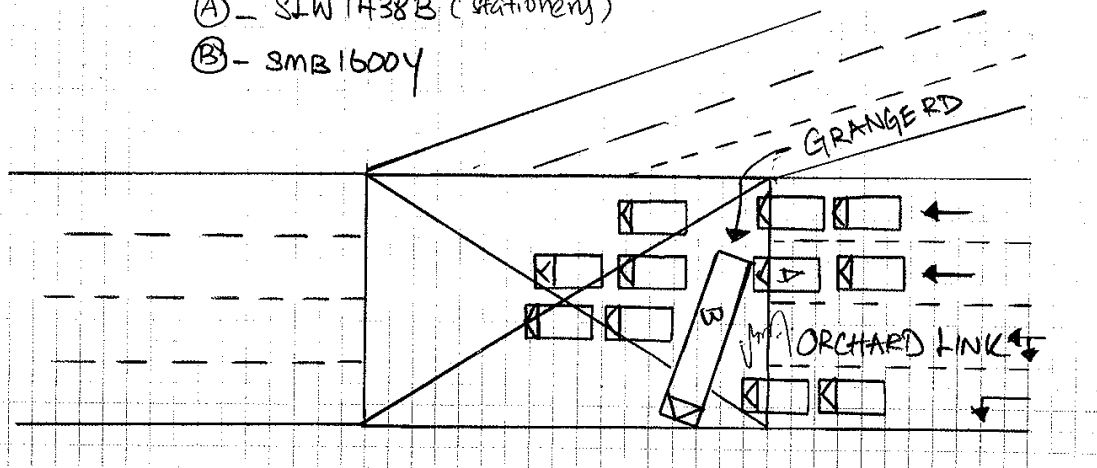
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

## Sketch Plan Pg. 2

### SKETCH PLAN

① - SLW 1438B (stationery)

③ - 3MB1600Y



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On March 02 @ about 4:03 pm, I was driving along Orchard Link going straight. The traffic on that day was very heavy and all cars were stationary. Then, a bus coming out from Orange Rd tried to squeeze through and when he turned the bus, the bus left rear then grazed my front right bumper. When he started turning, I honned at him to give him the warning but the bus driver was very aggressive and moved ahead which causes the damage to my car. I went out of my car to inform the driver by hitting the rear right of the bus. But driver moved on again until I have to run to the front door of the bus. He then came down and walked to the rear to check. The constant honning from my car initially before the hit has causes my baby to cry non-stop. Unfortunately, the bus driver was so aggressive and doesn't bother. He just squeezed through and from photo you can see the bus front bumper is nearly hitting the roadside barrier.

**You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.**

	Reporting Only
	Claim OD
	Claim TP
✓	Claim OD / TP at other workshop

## 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: 16/04/20

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

# Sketch Plan Pg. 3



redefining / insurance

Date: 16/04/18

To: Owner of Vehicle Number: SLW 1438 B

The following has been advised to you via your workshop, Jonathan through their staff, Jonathan.



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:

[Signature]  
Name and signature of policyholder/authorised driver

[Signature]  
Name and signature of workshop personnel including company stamp





10 April, 2018

ADEL, EID  
130 TANJONG RHU ROAD  
#11-11 PEBBLE BAY LOBBY M  
SINGAPORE 436918

Dear Sir,

**OUR REF : S8M00D5WMC/NPS**  
**YOUR REF : SLW1438B**  
**ACCIDENT INVOLVING SLW1438B & SMB1600Y ALONG JUNCTION OF GRANGE RD AND ORCHARD LINK**  
**ON 02/03/2018**

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to us. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you.

The report has to be lodged at any of our AXA Premium Workshops or reporting centres (subject to your policy). For the list of our Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (if any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) or deliver it by hand to our Customer Care Centre.

As Insurers, we shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please revert to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

If you need any clarification, please do not hesitate to contact our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm or [cst@axa.com.sg](mailto:cst@axa.com.sg). Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Motor Claims Department  
AXA Insurance Pte Ltd  
This is a computer generated letter and no signature is required.

cc Agent A/c No.: 15726 DIRECT TM-STEFANIE SALAPANTAN

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



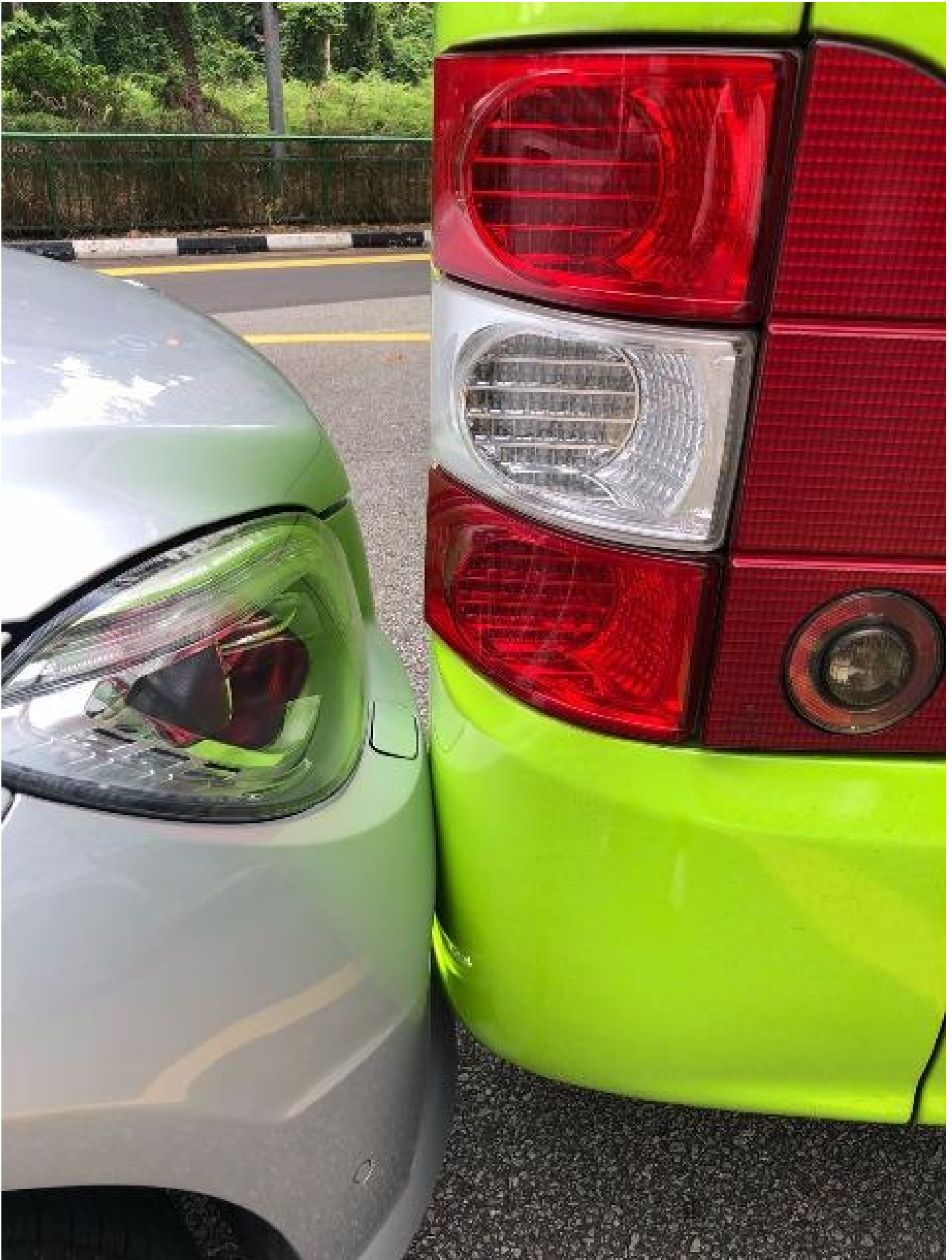




Accident Photo



Accident Photo



GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE  
138 Robinson Road #07-09  
The Corporate Office  
Singapore 068906  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No : MOR118050353 Vehicle Registration No : SLW1438B  
Name(as shown in NRIC) : TOH PEI SZE BERENICE  
(\*Vehicle Driver/Vehicle Owner) (\*)Please delete as appropriate  
NRIC/Passport No : S7701436E  
Address :  
Contact (Tel) : (H/P) : 90100128  
(Email) :  
Date Of Accident : 02/04/2018 Time Of Accident : 16:05  
Place Of Accident : ALONG JUNCTION OF GRANGE RD & ORCHARD LINK  
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:-

TO ADD 3RD PARTY VEHICLE DETAILS



SIGNATURE OF VEHICLE OWNER/DRIVER  
DATE: