

## 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	10/04/2018 13:19
Date Of Accident	09/04/2018 13:00
Exact Location Of Accident	RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1712M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PJJ TRADING
Co Reg No	53226756K
Email Address	PETER.CKTAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-86994377
Alternative Phone No	OFFICE-86994377

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 L (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1870595
Cover Note Number	14/01/2018 - 13/01/2019

### Driver

Name of Driver	TAN CHEE KEONG PETER
NRIC No	S1788420D
Date Of Birth	24/06/1967
Occupation	INDOOR
Date Of Driving Pass	06/01/1994
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86994377
Fax Number	
Contact Number	OTHERS-86994377
E-Mail Address	PETER.CKTAN@YAHOO.COM

Address	81 ROSEWOOD DRIVE #03-55
Postcode	737788
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : PASSENGER UNKNOWN GENDER: : MALE

### 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 THE SKETCH PLAN BY DRIVER

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OVERWRITE
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP5765R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEITH OH
NRIC/Passport Number	S7708446J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

#### 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 liability**.
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:

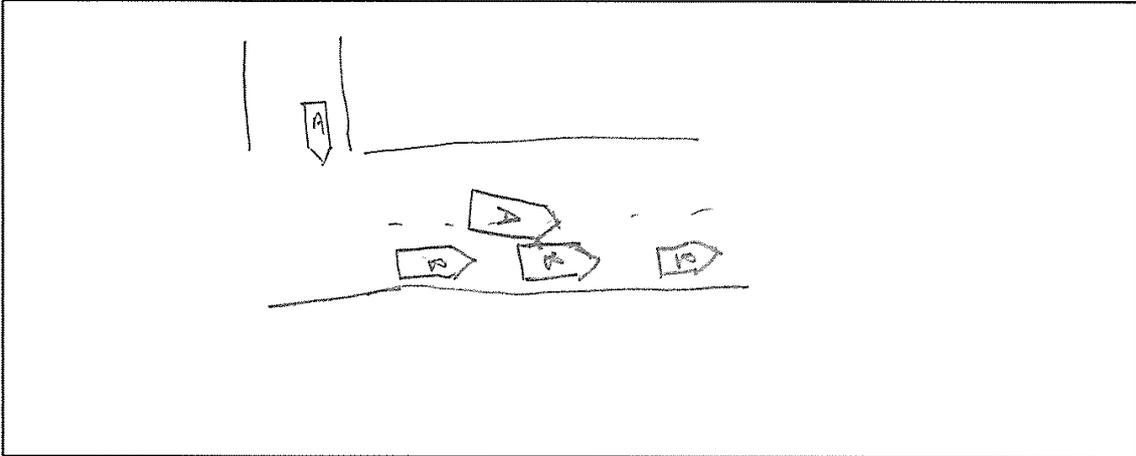


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 9/4/18 Time: 1300 Location: RIVER VALLEY RD  
 My Vehicle A: SIV 1712 M Vehicle B: SJP 576KR Vehicle C: ---

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I came out from Valley House turn to the left, try to filter to the right. At that point of time no car is beside me. Somehow while filtering, vehicle B suddenly passes by my car, & hit onto my front bonnet.

Car B - 1cc16 01  
S 770842165

Claim OD/TP at Ah Lim Motor     Claim OD/TP at other workshop     Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

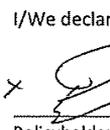
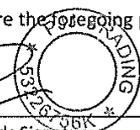
& myself :

Email address : peter.clatan@yahoo.com

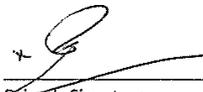
Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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/Panel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 3

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

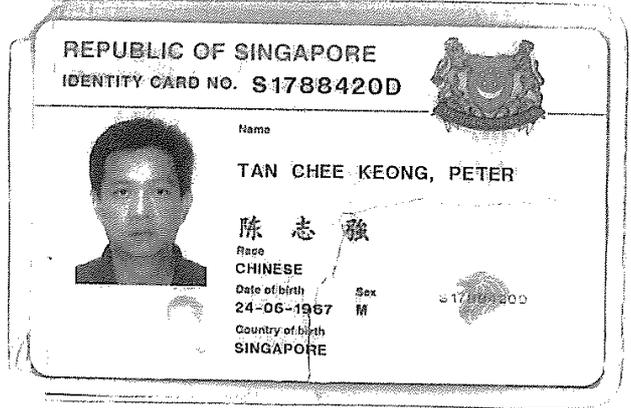
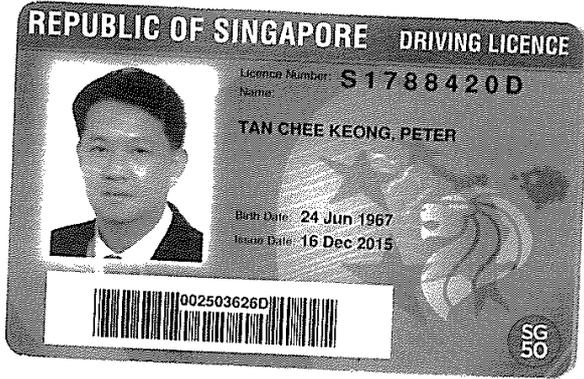


Commercial Individual Cars  
 POLICY SCHEDULE  
 RENEWAL  
 Original

<b>POLICY INFORMATION</b>		Policy No. : VCX/P1870595
Source	: 13861	GRAB TAXI PTE LTD
Insured	: PJJ TRADING	
Address	: 81 ROSEWOOD DRIVE #03-55 PARC ROSEWOOD SINGAPORE 737788	
Business/Profession	: AS PER MEMO <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>	
Period of Insurance	: From 14/01/2018 To 13/01/2019 (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	: GRAB20161121734191B57	
<b>PREMIUM</b>		
Premium After 10.00 NCD	: SGD 2,128.05	
GST 7.00%	: SGD 148.97	
Annual Premium	: SGD 2,277.02	
Total Payable	: SGD 2,277.02	
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type of Cover	: Comprehensive	
Regn. No.	: SJV1712M	
Type Of Use	: Hire Car	
Make/Model	: NISSAN LATIO 1.5	
Year of Manufacture	: 2009	
Seating Cap. (Excl. Driver)	: 5	
Body Type	: SALOON	
Engine No.	: HR15117118B	Engine C.C.: 1498
Chassis No.	: JN1BAAC11Z0021636	
: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance	
<b>Excess Applicable</b>		
All Claims-Any Author'd Driver	: SGD 500.00	
Windscreen Excess	: SGD 100.00	
<b>Named Drivers</b>		
1 TAN CHEE KEONG PETER		

Continuation page 1

Sketch Plan Pg. 4



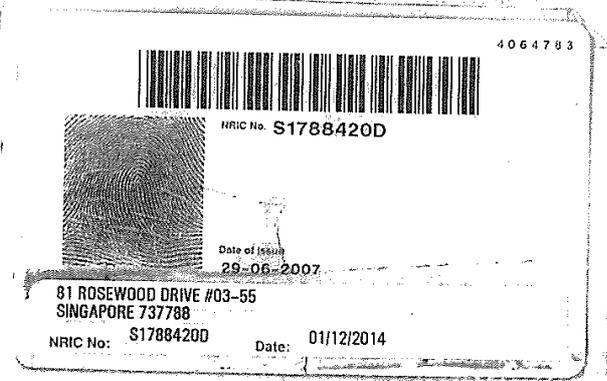
8699 4399  
 DIC  
 NO INJURY  
 Yes ~~to~~ camera.  
 Overwrite  
 Not  
 A

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	06 Jan 1994



NP 428A



Sketch Plan Pg. 5

To Whom It May Concern,

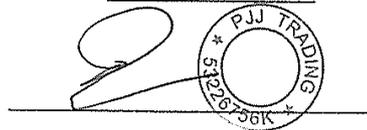
Accident involving my vehicle no. SJY1712M on 09/04/18 (date) with  
SJP5765R (other vehicle no) along RIVER VALLEY RD

I, PJJ TRADING Nric No. S322672B R

Owner of vehicle no. SJY1712M am aware of the accident of my vehicle on  
09/04/18 (Date) while car was driven by Tan (HIEE ICEONG PEI PEI

Nric No. S1789420D. I hereby, authorise him / her to make the report.

X



Name PEI PEI TAN

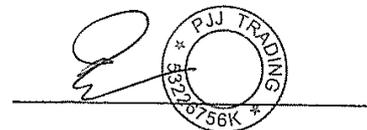
Date: 10/04/18

.....  
..

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X



Name PEI PEI TAN

Date: 10/04/18

Sketch Plan Pg. 6



redefining / insurance

Date: 10/04/18

To: Owner of Vehicle Number: RTV 1712 M

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 Claim Own Damage

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Name and signature of workshop personnel including company stamp

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 Photo

