

## 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	10/05/2018 10:33
Date Of Accident	09/05/2018 11:50
Exact Location Of Accident	JALAN KRIAN (SIDE ROAD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9524L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIM SENG
NRIC No	S1067212J
Email Address	PAT_KSLIM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93394413
Alternative Phone No	OTHERS-93394413

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 CVT (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?	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	GA282458
Cover Note Number	

### Driver

Name of Driver	LIM KIM SENG
NRIC No	S1067212J
Date Of Birth	05/10/1948
Occupation	INDOOR
Date Of Driving Pass	03/04/1970
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93394413
Fax Number	
Contact Number	OTHERS-93394413
Email Address	PAT_KSLIM@YAHOO.COM.SG

Address	5A JALAN KRIAN SINGAPORE
Postcode	419069
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	COLLIDED INTO PARKED VEHICLE
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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD9418E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAMUEL
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.
- (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:

10/5/18  
10:30am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

perman

## Sketch Plan #2

### SKETCH PLAN

Vehicle No  
A - SLH9524L  
B - SJD 9418E

reversing  
JALAN KRIAN →

Legend  
A  
Vehicle  
B  
Bike

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Whilst reversing my car very slowly I accidentally bump into car B SJD 9418E resulting in ~~some~~ few scratch mark (4) and slight graze his right side of his front light bulb.

Realizing that the driver was not in sight I wrote a note to the owner of the car to contact me at 93394413 for further clarification.

about  
After 90 yrs later around 730<sup>pm</sup> in the evening I met the owner/driver name Samuel about the accident. Initially he agreed to go to the workshop and get his car check but this morning he told me he wanted to make a report and file for insurance claim.

### DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

10:30am

Driver's Signature

(if driver is not the policyholder)

Date & Time:

10/5/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PRANAN



### Common Statement

### ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

Reporting Centre: Progressive Automotive Pte Ltd

<b>1) Date of accident</b> 9/5/18		<b>2) Time</b> 1150		<b>3) Exact location of accident</b> Jalan Krian (sidroad)		<b>4) To be signed by BOTH drivers</b> <b>5) Injuries even if slight</b> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
<b>6) Material damage</b> To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		<b>7) Witness' name, address and tel no. (to be undertaken if hay/be is passenger in vehicle A or vehicle B)</b>		<b>8) Vehicle Video Camera Available</b> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) **5211 9524 L**

☒ Insured policyholder (see Insurance card)  
Name **Lim Kim Seng**  
(capital letters)

Address \_\_\_\_\_

NRIC / Passport no. **810672123**

Tel no. (from 800 till 5000) \_\_\_\_\_

HP **9339 4413**

☒ Vehicle  
Make, type **Honda City 1.5**  
**SV0**

☒ Insurance company  
**AXA** ☒ C ☐ TPET ☐ IPO  
Does the policy cover damage to vehicle A? **Yes**  
No ☐ Yes ☒

Policy No. **GA 282458**

☒ Driver ☒ Spouse or Other  
Name \_\_\_\_\_  
(capital letters)

NRIC / Passport no. \_\_\_\_\_

Class of licence **3**

HP \_\_\_\_\_

Gender **Male** ☒ Female ☐

**32 CIRCUMSTANCES**

Put a check (X) in each of the following boxes if the names applicable to your vehicle:

A	Chain Collision
Q1	Collided into Bicycle
Q2	Collided into Motorcycle
Q3	Collided into Parked Vehicle
Q4	Collided into Pedestrian
Q5	Collided into Property
Q6	Collision - Change/Over Lane
Q7	Collision - Cross Intersection
Q8	Collision - Head on Collision
Q9	Collision - Head to Rear
Q10	Collision - Merge/Off-ramp Exit
Q11	Collision - Following Close of Vehicle
Q12	Collision - Stopped/Slow
Q13	Collision - T-bone
Q14	Drunk Driving / Drugged Vehicle
Q15	Fire, Explosion or Lightning
Q16	Flood
Q17	Hit and Run / Abandonment / Damage / Abused / Parked
Q18	Hit by / Fallen from / onto / Caught
Q19	Hit Collision
Q20	Self Damage
Q21	Theft

↓ **Registration No. (VEHICLE B)** **STD9418E**

**6 Insured / policyholder** (see insurance cert.)

**Name** \_\_\_\_\_  
(capital letters)

**Address** \_\_\_\_\_

**NRIC / Passport no** \_\_\_\_\_

**Tel no. (from 5am till 5pm)** \_\_\_\_\_

**HP** \_\_\_\_\_

**7 Vehicle**

**Make, type** \_\_\_\_\_

**8 Insurance company**

☐ C ☐ TPFT ☐ TPD

**Does the policy cover damage to vehicle B?**

**No** ☐ **Yes** ☐

**Policy No. (if available)** \_\_\_\_\_

**9 Driver (See driving licence)**  
(if different from insured in above)

**Name** **SMULI**  
(capital letters)

**NRIC / Passport no** \_\_\_\_\_

**Class of licence** \_\_\_\_\_

**HP** \_\_\_\_\_

**Gender** **Male** ☐ **Female** ☐

16 Indicate the point of initial impact with an arrow (→)

12. Sketch of accident when impact occurred 13.

14. 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

PROVIDING POLICE WITH INFORMATION TO GATHER EVIDENCE Page 4

10 Indicate the point of initial impact with an arrow(→)

1.2) Visible damage to vehicle A

1.3) Any remarks

	(18)	Signature of driver	(19)
A			

**1.1** Visible damage to vehicle B \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.2** My remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>2</sup> In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf.

Do not alter anything in the statement after signing.  
Subsequently, each driver should take one copy.

For insured's Individual Statement  
(Part II) see overleaf →

# Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all) _____ Email: <u>Pat KS Lim @ Yahoo - Com Sg</u>				
	2 Vehicle registration no. <u>C.C.</u>		If commercial vehicle, state permissible carrying capacity _____		
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner _____		State the vehicle number and name of insurer of driver's own vehicle (where applicable) _____		
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____				
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	<u>5/10/48</u>	<u>Indoor</u>	<u>Outdoor</u>	<u>3/4/70</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____				
Accident details	14 Weather conditions	<u>Clear</u> <input checked="" type="checkbox"/>	<u>Raining</u> <input type="checkbox"/>	<u>Others</u> _____	
	15 Road surface	<u>Wet</u> <input type="checkbox"/>	<u>Dry</u> <input checked="" type="checkbox"/>	<u>Others</u> _____	
	16 Speed of vehicles	<u>A</u> _____ km/hr	<u>B</u> _____ km/hr		
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____				
	20 If your vehicle is commercial, state weight of load carried at time of accident _____				
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached) _____				
22 State number of Passengers (including Driver) <u>1</u>					
Declaration	I/We declare the foregoing particulars are true in every respect <u>[Signature]</u>				
	Policyholder's signature _____		Date <u>10/5/18 10:30am</u>		
	Driver's signature (if driver is not the policyholder) _____		Date _____		



redefining / insurance

LIM KIM SENG  
5A JALAN KRIAN  
SINGAPORE 419069

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  
23/10/2017

your servicing distributor  
**WINNER INSURANCE AGENCIES PTE LTD / 04460**

your servicing distributor contact  
**62838611**

## Policy Schedule

### Your SmartDrive Comprehensive Flexi

## Your policy snapshot

Policyholder name	LIM KIM SENG	Policy number	VA1 / GA282458
Cover	Comprehensive	FIN / NRIC	S1067212J
Period of Insurance	from 23/11/2017 to 22/11/2018 (both dates inclusive)		

## Premium breakdown

Gross Premium after 10% NCD	SGD 1,639.75
Total Discounts	- SGD 346.06
7% GST	SGD 90.56
<b>Final Premium</b>	<b>SGD 1,384.25</b>

## Your benefits highlights

(refer to Policy Wording for full terms and conditions)

## SmartDrive Comprehensive Flexi 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
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

## Add-on Benefits

- Personal accident benefit of up to \$ 100,000.00 for you and your named drivers
- Courtesy car Standard in Singapore up to ten (10) days
- Personal accident benefit of up to \$20,000 per passenger

## Vehicle details

Make & Model of Vehicle	HONDA CITY 1.5 SV CVT	Year of manufacture	2016
Vehicle registration number	SLH9524L	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1497
Seating capacity (excl driver)	4	Engine number	L15Z14112384
Off-Peak car	No	Chassis number	MRHGM6660HP000246

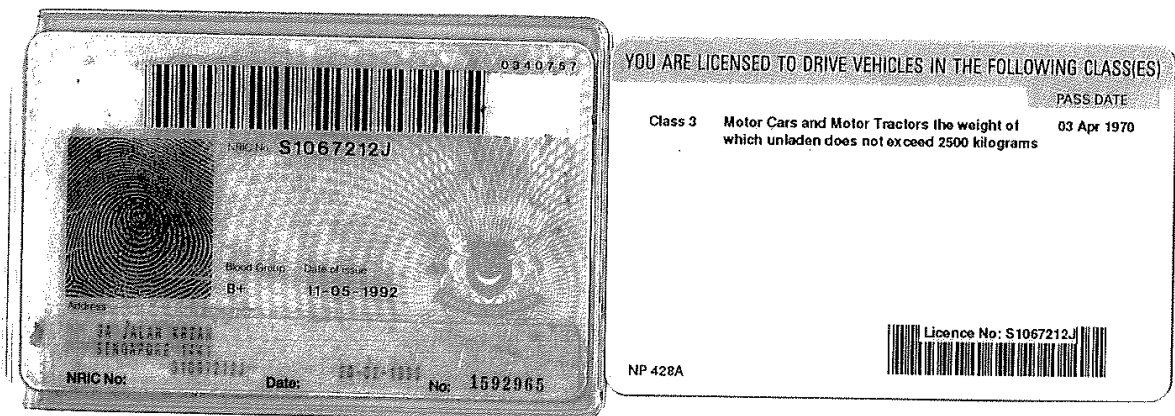
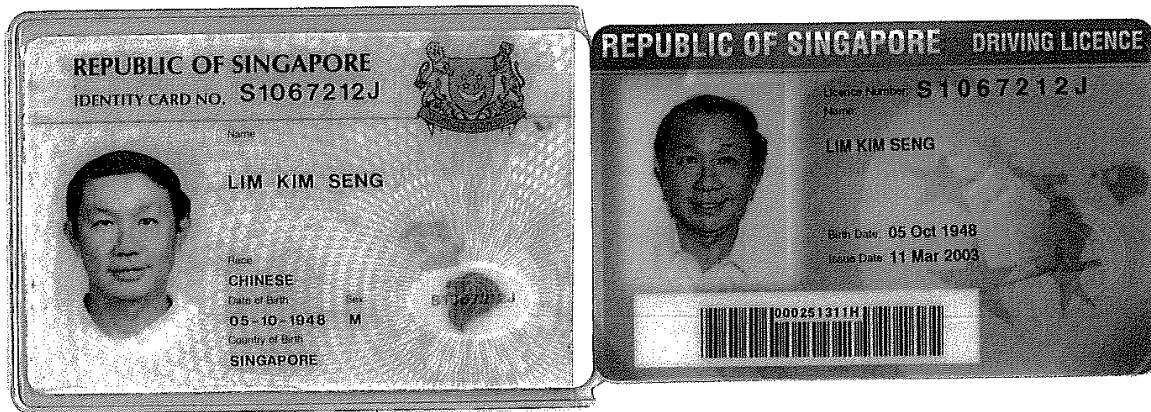
Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

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

Basic Own Damage Excess	SGD 700.00
Windscreen Excess	SGD 100.00

AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

DRIVER NRIC & LICENSE Pg. 1





Accident Photo



Accident Photo





Accident Photo





HONDA AUTOMOBILE(THAILAND)CO., LTD.

CHASSIS NO. MRHGM6660HP000246

ENGINE NO. L15Z1-4112384

T9A H ZF6 NH-797M A



Accident Photo

