

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	18/05/2018 14:39
Date Of Accident	17/05/2018 07:40
Exact Location Of Accident	PIE NEAR LORNIE ROAD TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM3389U
Insured/Policyholder	
Name Of Registered Owner	ANG ENG CHOOON
NRIC No	S1391525C
Email Address	REGGY.YANPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96733138
Alternative Phone No	OFFICE-96733138

Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO-1.4 (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	VPA/P1691568
Cover Note Number	

Driver

Name of Driver	YAN POH LING
NRIC No	S1569600A
Date Of Birth	22/11/1962
Occupation	INDOOR
Date Of Driving Pass	24/07/1990
Driving Experience	27 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96733138
Fax Number	
Contact Number	
Email Address	REGGY.YANPL@GMAIL.COM

Address	432, TAMPINES ST 41
Postcode	520432
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 - HEAD TO REAR
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)	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

SEE REPORT ATTACHED

Attachment(s)

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

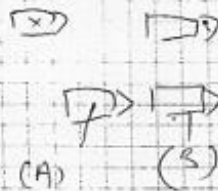
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP5025U
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

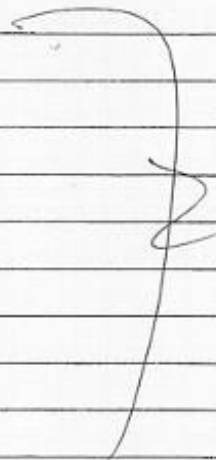
SKETCH PLAN

PIE towards Clapi (Lorne Rd)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Travelling around PIE, traffic heavy, wanted to
joke out, glared her view over. In front
vehicle slow down. I touched his rear bumper



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



SKETCH PLAN

- 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)

(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.

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

The image shows two Singaporean driving license cards. The top card is a standard license for a male, born 1967, with license number G45685008. The bottom card is a provisional license for a female, born 1984, with license number G45685008. Both cards include a photo, a barcode, and the text "YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:". The top card also includes the text "APPLY FOR A NEW LICENSE AT THE FOLLOWING ADDRESS: SINGAPORE 110442" and "APPLY FOR A NEW LICENSE AT THE FOLLOWING ADDRESS: SINGAPORE 110442".

INSURANCE CERT

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #81-01
Tel: (65) 63387388 Fax: (65) 63382622
Website: www.axa.com.sg
GST Registration Number: 198903512M
customer.service@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
RENEWAL
Duplicate

POLICY INFORMATION		Policy No. : VPA/P1691568	
Source	: (01) 04131	ALPINE CREDIT-CHEVROLET SCHEME	
Insured	: ANG ENG CHOON		
Address	: 51 KAMPONG ARANG ROAD #07-02A SINGAPORE 438181		
Business/Profession	: CIVIL SERVANT	Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 27/10/2017 To 26/10/2018 (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% : SGD 819.66			
MCD			
From W/Shop	Disc :	SGD 122.95	
15.00%			
Safe Driver	Disc :	SGD 40.98	
5.00%			
NCD Protector	:	SGD 52.46	
GST 7.00%	:	SGD 49.57	
Annual Premium	:	SGD 757.72	
Total Payable	:	SGD 757.72	
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	:	Comprehensive	
Regn No.	:	SFM3389U	
Type Of Use	:	Private Car	
Make/Model	:	CHEVROLET ORLANDO 1.4 AT TURBO	
Year of Manufacture	:	2015	Seating Capacity (excl. Driver) : 05
Body Type	:	MULTI - PURPOSE VEHICLE	Engine C.C. : 1362
Engine No.	:	A14NWT152340194	Chassis No. : KLIYA7589GX310750
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	:	OCBC BANK LIMITED	
<u>Extra Coverage (Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
MCD Protector			52.46
Basic Own Damage Excess		: SGD 1,000.00	
<u>Named Drivers</u>			
1 ANG ENG CHOON			
2 YAN POH LING			

Page 1

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

