

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	21/05/2018 10:09
Date Of Accident	20/05/2018 19:20
Exact Location Of Accident	ALONG CENTRAL BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL4408A
Insured/Policyholder	
Name Of Registered Owner	LEE KOK LI
NRIC No	S1374499H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96724756
Alternative Phone No	OFFICE-96724756

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX 1.5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	GA038867
Cover Note Number	

Driver

Name of Driver	LEE MING YANG
NRIC No	S8839635I
Date Of Birth	11/10/1988
Occupation	INDOOR
Date Of Driving Pass	01/08/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91995565
Fax Number	
Contact Number	
Email Address	ANDREWLEE_05@OUTLOOK.COM

Address	BLK 104 TONWER ROAD #02-316 TOWNERVILLE
Postcode	322104
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	WET

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 STATEMENT

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	SHD1012T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG POH SENG
NRIC/Passport Number	S1628975B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

21.

4-5644024

8-240 75127

[illegible]

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

 Polymersider's Signature
 Date & Time:

Driver's Signature: _____
(If driver is not the policyholder)
Date & Time: 20/11/19

Reporting Officer's Signature:
Name: _____
RUC/TRA No.: _____

Individual Statement

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 20/5/2018 Time: 7:20pm Location of Accident: Along Central Boulevard.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: 35C4408A
Name of Policyholder: Lee Kok W
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S12345678
Address: 51K 104, Townville Road # 02-316 (Townville)
Contact Number: Tel: 9672 4756 3(323104)
Occupation: Indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Mit Lancer EX 1.5
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: Private Use
Exact Purpose for which vehicle was being used at the time of accident: Private Use

Are you claiming under your own insurance policy?
Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AA
Type of Policy: Comprehensive
Fleet Policy: Yes
Policy Number: VAI/AA 038867

DRIVER

Name of Driver: Lee Ming Yang
NRIC/ FIN/ Passport: S85396357
Date of Birth: 11/12/1988
Occupation: Indoor
Driving Pass Date: 10/10/2007
Gender: Male
Contact Number: 919955605
Address: andrewlee_05@outlook.com
Email Address: son / 1 per

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): Head to Rear
Weather Conditions: Clear
Road Surface: Wet
Damage Area: Clear

OTHER INFORMATION

Was there any foreign vehicle(s) involved? No
Was anybody injured in the accident? (Including Witness) No
Was any other vehicle(s) or property damaged? No
Was there any camera video footage (in car)? No

DETAILS OF POLICE ACTION

Was the accident reported to the Police? No
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given? No
If Yes, against whom?

Individual Statement

OWN POLICY & REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE IS)

Vehicle Registration Number

76P1A127

Vehicle Make/Model/Color

Big Red Boat

Details of Property or Other Party is not a vehicle

Damage Area

Name of Insured

Address

Phone / Email Address

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/Model/Color

Details of Property or Other Party is not a vehicle

Damage Area

Name of Insured

Address

Phone / Email Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Address

Phone / Email Address

DETAILS OF INSURED PERSON 1

Name

Address

Approximate Age

Insurance Statement

If vehicle damaged, state in which section?

Other than Boat/Boat?

Was insured damaged by fire/other?

DETAILS OF INSURED PERSON 2

Name

Address

Approximate Age

Insurance Statement

If vehicle damaged, state in which section?

Other than Boat/Boat?

Was insured damaged by fire/other?

Was insured damaged by fire/other?

Declaration: I/We declare that the above is true and correct information as far as we are aware.

Signature of Policyholder
Date of Policyholder
Signature of Other Party
Date of Other Party

Date of Other Party
Signature of Other Party

Individual Statement

SKETCH PLAN

IMPORTANT NOTICE

1. Please report directly the details of the accident to speed up the claims process.
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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 judgment 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 if needed.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workplace 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 lost claims 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 in the external issue of invoices/lost 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/also be disclosed by any of the Insurers and/or GIA to their third party service providers as agents (including their lawyers/law firms), which may be other 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 as collected under (c) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in investigating, controlling or managing fraud, regulations, law enforcement and government agencies as occasionally 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 Officer/Personnel's Signature

Name

Date & Time:

AXA FORM



AXA FORM

Date: 21/5/18

To: Owner of Vehicle Number 3JL 4408A

The following has been advised to you via your workshop, SH Auto through their staff, Sam

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 05 Claim @ SH Auto

Signed and acknowledge by

[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp


redefining / insurance

LEE KOK LI
BLK 104 TOWNER ROAD
#02-316 TOWNERVILLE
SINGAPORE 322104

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

Renewal

date
13/05/2017

your servicing distributor
INSURE LINK PTE LTD / 04247

your servicing distributor contact
64444644

Policy Schedule

Your SmartDrive Comprehensive Private APW

Your policy snapshot

Policyholder name	LEE KOK LI	Policy number	VA1 / GA038867
Cover	Comprehensive	FIN / NRIC	S1374499H
Period of Insurance	from 14/06/2017 to 13/06/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 865.82
Total Discounts	- SGD 43.30
7% GST	SGD 57.58
Final Premium	SGD 880.10

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Private APW Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Loss of Personal Effects in Singapore up to \$3,000
- Daily Transport Allowance of \$50 for a maximum of five (5) days
- Personal accident benefit of up to \$30,000 for you or your named drivers while driving
- Medical and dental expenses up to \$500 per person for either you as the driver or your authorised driver and a passenger
- Basic Own Damage Excess Reduction for AXA Premium Workshop
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess

Vehicle details

Make & Model of Vehicle	MITSUBISHI LANCER EX 1.5	Year of manufacture	2008
Vehicle registration number	SJL4408A	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1499
Seating capacity (excl driver)	4	Engine number	4A910107870
Off-Peak car	No	Chassis number	JMYSRCY2A9U000231

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 0.00
Windscreen Excess	SGD 100.00

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

Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	LEE KOK LI	12/11/1959	39 year(s)
Additional Driver	LEE MING YANG	11/10/1988	10 year(s)

Additional clauses & endorsements to your policy

Nil

What you should do

- Keep this Policy Schedule as record of insurance cover for your vehicle
- This Schedule should be read in conjunction with the Terms and Conditions of the Policy Wording

AXA Insurance Pte Ltd*This is an auto-generated document and hence no signature is required*

DRIVER LICENSE

3419897



NRC No. S88396351



Date of issue
27-10-2003

Address
APT BLK 104 TOWNER ROAD
#02-316
SINGAPORE 322104

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 1B	Motorcycles <= 200 CC	31 Apr 2010
Class 1A	Motorcycles between 201 CC and 400 CC	12 Dec 2011
Class 2	Motorcycles > 400 CC	04 Apr 2015
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	01 Aug 2007

S / No. 9000171127

S88396351

Licence No. S88396351



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S88396351





Name
LEE MING YANG

李 銘 揚

Race
CHINESE

Date of birth
11-10-1988

Country of birth
SINGAPORE

S88396351

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S88396351

LEE MING YANG

Birth Date
11 Oct 1988

Issue Date
12 Dec 2011



0020257958

Other

Kimble Lee

Authorization Form

I, (Name) LEE KOU L2 of (NRIC) S13744914 authorized

(Name) LEE MUN YAN of (NRIC) S88396352 to Repair/Reporting at

BH AUTO SERVICES PTE LTD located at Blk J Sin Ming Industrial Estate Sector C #01-111/113/115/117
5575636

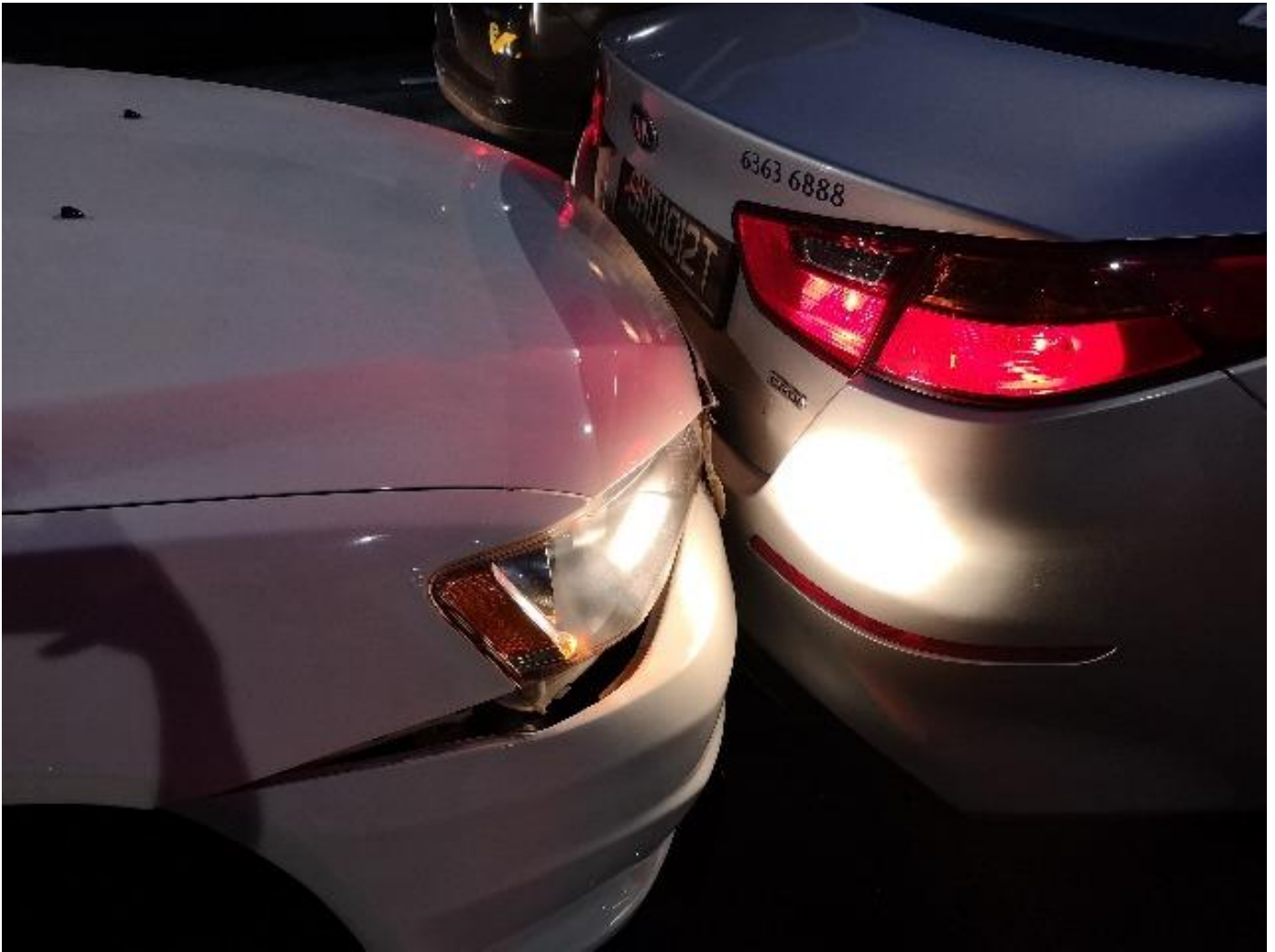
On behalf of me for my vehicle number SJL 4408A

My residential address is 104 TOWNER ROAD #02-316 S(322604) and
contact number is 96724756


Signature
Owner/Agent


Signature
Witness Name: Lee

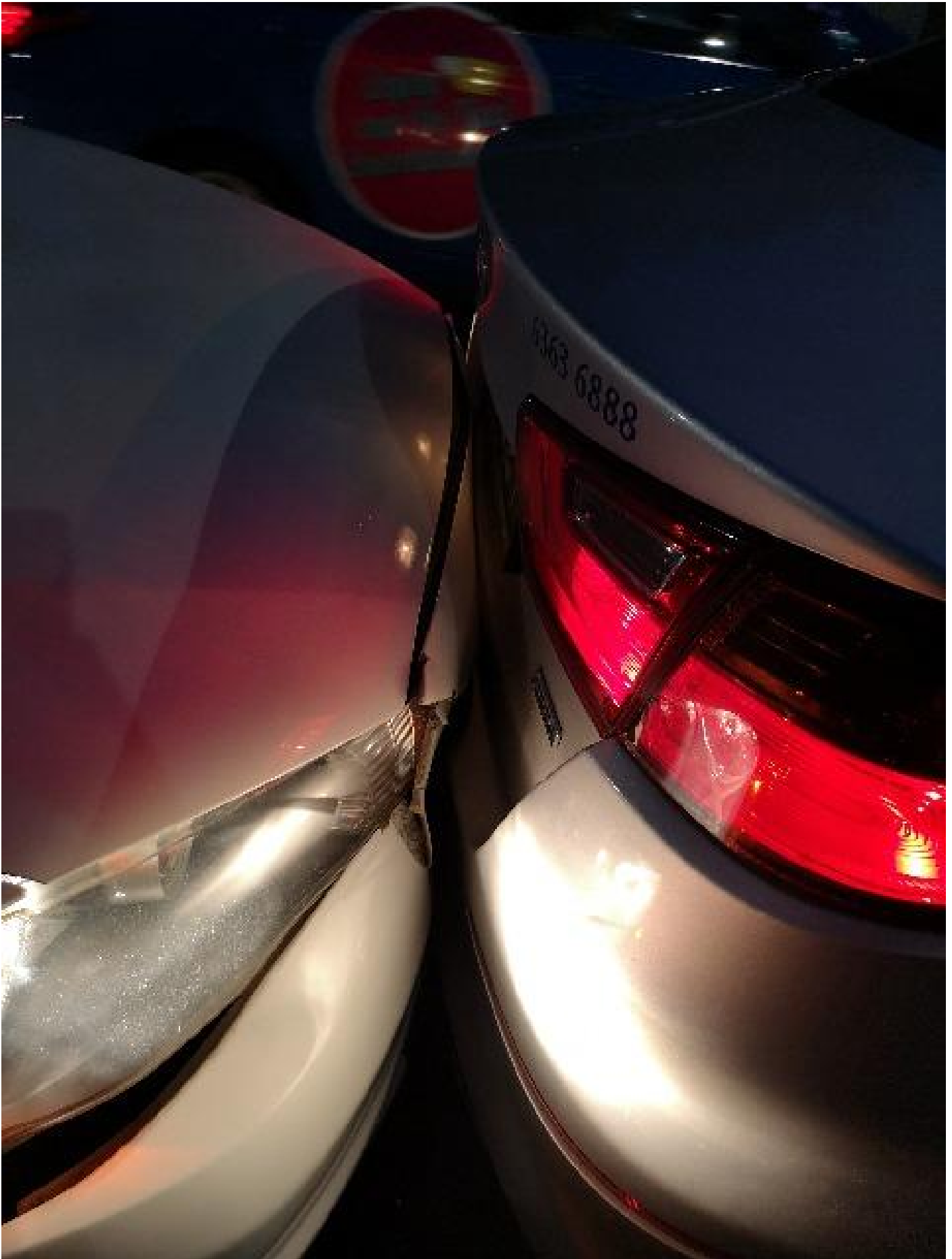
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

2593655



NRIC No. S1374499H



Blood Group O+ Date of issue 13-03-1995

Address

APT BLK 104 TOWNER ROAD
#02-316
SINGAPORE 1232



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1374499H



LEE KOK LI

CHINESE

12-11-1959

SINGAPORE

M



