

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	28/05/2018 16:35
Date Of Accident	27/05/2015 11:35
Exact Location Of Accident	ORCHARD RD AFT SCOTTS RD LEFT TURN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8752G
Insured/Policyholder	
Name Of Registered Owner	WANG XIUJUAN
NRIC No	S6861225Z
Email Address	WANGXJ@NTU.EDU.SG
Mobile Phone No	(LOCAL) +65-98769550
Alternative Phone No	OFFICE-98769550

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR-1.8 HYBRID ICON/DYNAMIC (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	CN891672
Cover Note Number	

Driver

Name of Driver	WANG XIUJUAN
NRIC No	S6861225Z
Date Of Birth	24/08/1968
Occupation	INDOOR
Date Of Driving Pass	08/11/2008
Driving Experience	6 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98769550
Fax Number	
Contact Number	OFFICE-98769550
EEmail Address	WANGXJ@NTU.EDU.SG

Address	BLK 101 #08-36 BUKIT BATOK WEST AVE 6
Postcode	650101
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 - 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)	3
Passenger 1	NAME: : LI CHUANZHAO GENDER: : MALE
Passenger 2	NAME: : LI CHEN GENDER: : FEMALE

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

PLEASE REFER AS ATTACHED

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	SMB3565C
Vehicle Make/Model/Colour	GREEN BUS/BUS 106
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TEO THYE SENG
NRIC/Passport Number	S1275419A
Contact Number	
Address	BLK 277 BANGKIT RD #02-108
Postcode	670277
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

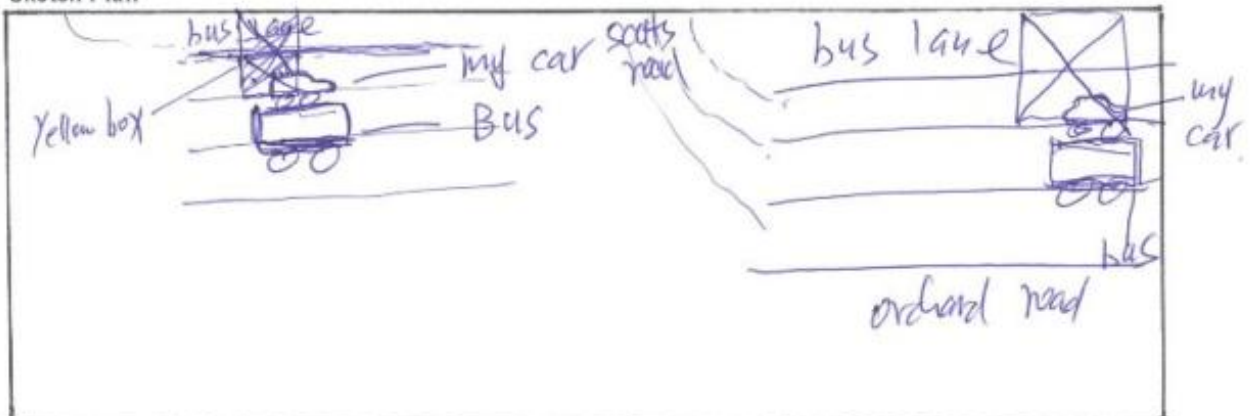
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

My car stopped in front of dot line before turning left into orchard road from scotts road until traffic was clear on main road. The traffic light was red ~~at~~ before main road traffic approaching. After I turned into the ~~the~~ lane next to bus lane. I watched no traffic on my right, then I started to change lane to the next to offer the yellow box. After a short while, the bus hit my car front and peeled off my car front bumper. I immediately stopped my car. The bus stopped more than 30m in front. The bus body side kept on scolding my car front.

Declaration

We declare the foregoing particulars are true in every respect.

11:07am 28/05/2018 _____ Policyholder's Signature / Date & Time	11:07am 28/05/2018 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	_____ Witnessed by Reporting Centre Personnel
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REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Wang Xiujuan

License Number: S6861225Z

Name: WANG XIUJUAN

Birth Date: 24 Aug 1968

Issue Date: 08 Nov 2008

Barcode: 001673630F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6861225Z

Portrait photo of Wang Xiujuan

Name: WANG XIUJUAN

王秀娟

Race: CHINESE

Date of Birth: 24-08-1968

Sex: F

Country of Birth: CHINA

Coat of arms of Singapore

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

PASS DATE: 08 Nov 2008

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 423A

Barcode: Licence No. S6861225Z

8489684

Barcode

NRIC No. S6861225Z

Portrait photo of Wang Xiujuan

Nationality: CHINESE

Place of Birth: 05-12-2002

APT BLK 101 BUKIT BATOK WEST AVENUE 6 #08-38 SINGAPORE 650101

NTIC No. S6861225Z Date: 31/07/2018

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M

**Original**Agent Code: **14885**Policy No. (if any): **BSTU010 CATHERINE****New Business**SmartDrive Quote Ref: **205420****MOTOR COVER NOTE**No. **CN891672**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.


SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	WANG XIUJUAN
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA C-HR 1.2
VEHICLE REGISTRATION NO.	SLZ 87526
YEAR OF MANUFACTURE	2018
ENGINE NO.	8NRU180523
CHASSIS NO.	JTNKY3BX701006817
ENGINE CAPACITY/TONNAGE	1197
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MAYBANK
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 21/05/2018 TO: 20/05/2020
EXCESS (S\$)	500
AXA PREMIUM WORKSHOP?	NO BORNEO MOTORS (S) PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by **AISINCHCAPE4** on **21/05/2018 3:13pm**


 Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTYFor Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



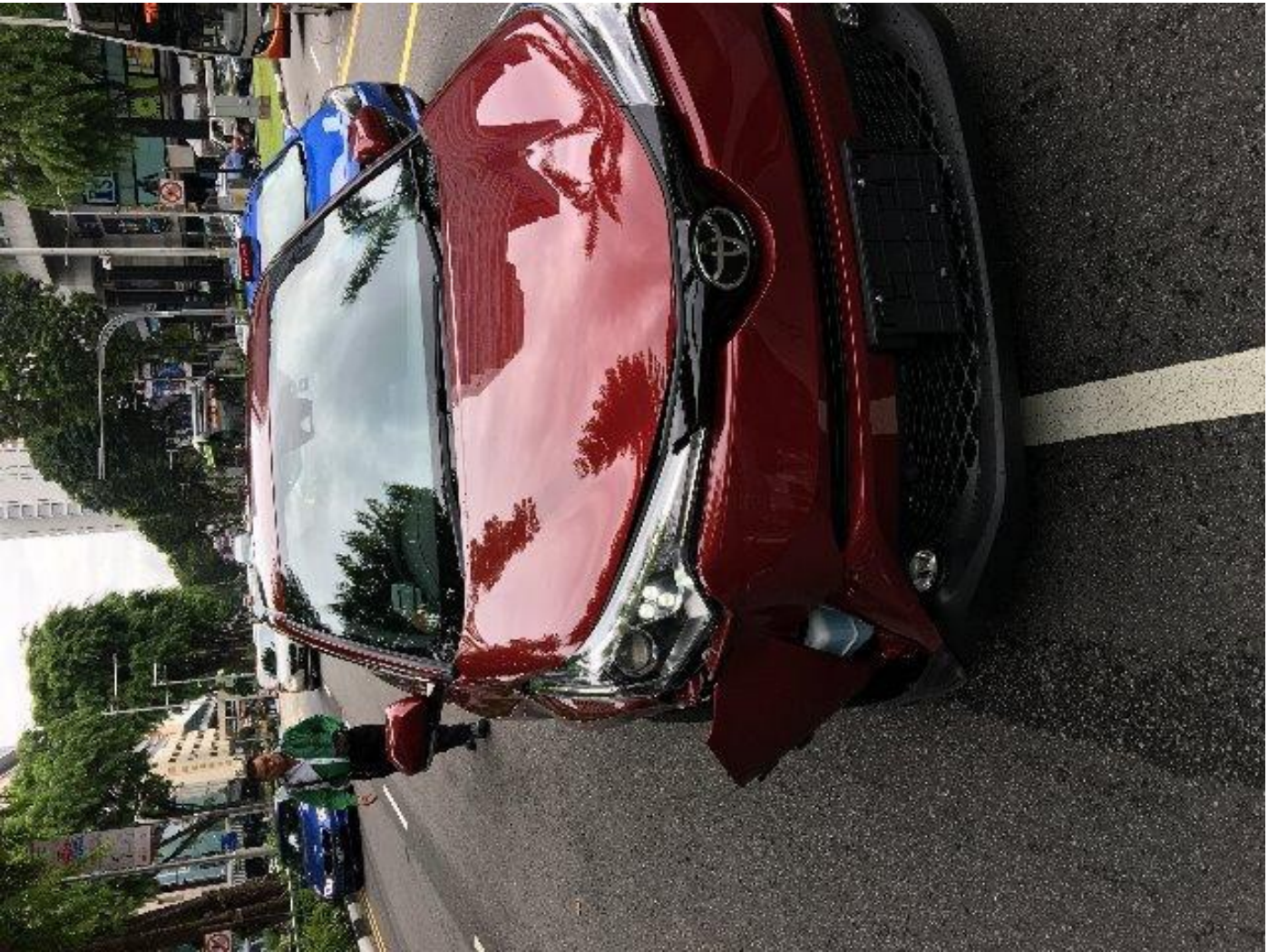
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Accident Photo



Accident Scene Photo



Accident Scene Photo



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