

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	02/06/2018 17:58
Date Of Accident	02/06/2018 13:30
Exact Location Of Accident	HILL STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8373B
Insured/Policyholder	
Name Of Registered Owner	CHRISTOPHER ADAM BOBIN
NRIC No	S2685557H
Email Address	CBOBIN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97724209
Alternative Phone No	OFFICE-97724209

Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER SPORT-3.0 (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA331245
Cover Note Number	

Driver

Name of Driver	CHRISTOPHER ADAM BOBIN
NRIC No	S2685557H
Date Of Birth	11/07/1961
Occupation	INDOOR
Date Of Driving Pass	21/03/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97724209
Fax Number	
Contact Number	OFFICE-97724209
E-Mail Address	CBOBIN@SINGNET.COM.SG

Address	4 SPOTTISWOODE PARK ROAD
Postcode	
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?	
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: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON 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

PLEASE REFER TO REPORT

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	SHA3533J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

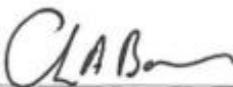
SKETCH PLAN

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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:

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



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

Accident Sketch Plan

SKETCH PLAN

- (A) SLJ 8378 B
- (B) SHA 3533 J



Motorbike made illegal U-Turn and went in front my vehicle (cut me off) and to avoid hitting motorbike I stopped/braked and tax rear-ended me.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a right turn on High Street (Hill Street and High Street). There was a motorbike on my left (passenger side) and a Taxi behind me as we waited for the green light to make the turn. When green light came, the motorbike cut me off (went around my front) and made an illegal U-Turn. To avoid hitting the motorbike I stopped and the taxi behind me hit me in the rear.

Taxi: SHA 3533J (Comfort Taxi)

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

Individual Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident: 02-06-2018 13:30pm Time: 13:30pm Location of Accident: HILL STREET

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SLJ 8373B
 Name of Policyholder: CHRISTOPHER ADAM BOBIN
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S2685557H
 Address: 4 SPOTTISWOOD DR PARK ROAD S 088631
 Contact Number: Tel: Hp: 97724207
 Occupation: INDOR

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: LAND ROVER RANGE ROVER SPORTS 3.0 AUTOMATIC
 Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus/Mycle, Others
 Exact Purpose for which vehicle was being used at the time of accident: PRIVATE USE
 Are you claiming under your own insurance policy? Yes No Remarks: TRINITY PARTS
 Vehicle category: Private Commercial Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: ANA
 Type of Policy: Comprehensive TP Fire & Theft Third party
 Fleet Policy: Yes No
 Policy Number: VA1/GA331245

DRIVER

Name of Driver: CHRISTOPHER ADAM BOBIN
 NRIC/ FIN/ Passport: S2685557H
 Date of Birth: 11-07-1961
 Occupation: INDOR
 Driving Pass Date: 21-03-2007
 Gender: Male Female
 Contact Number: Tel: Hp:
 Address: 4 SPOTTISWOOD DR PARK ROAD S 088631
 Email Address:
 Was driver an employee of the Insured's Company? Yes No
 If No, relationship of Driver with the Insured: OWNER
 Vehicle Number of Driver's Own Vehicle (if applicable):
 Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): TP HIT INSURED
 Weather Conditions: Clear Raining Others
 Road Surface: Wet Dry Others
 Damage Area: (03) wife son

OTHER INFORMATION

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

DETAILS OF POLICE ACTION

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

cbobin@singnet.com.sg

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SLJ8 343B

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

SHA 3533 J
COMFORT TAXI

Other Vehicle or Property 2

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

DETAILS OF WITNESS

Name
Phone / Email Address
Address
NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn?
Was Injured conveyed to hospital by ambulance?

Yes No
 Yes No

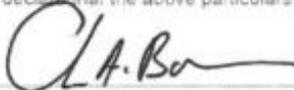
DETAILS OF INJURED PERSON 2

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn?
Was Injured conveyed to Hospital by Ambulance?

Yes No
 Yes No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Date & Time

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

AXA FORM



Date: 02/06/2018

To: Owner of Vehicle Number SLJ8373B

The following has been advised to you via your workshop, BIT AUTO SERVICES through their staff, ANTHONY LAW

Please tick the applicable box if you had been advised 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: THIRD PARTY CLAIM.

Signed and acknowledge by

CLAB
Name and signature of policyholder/authorised driver

[Signature]
Name and signature of workshop personnel including company stamp

INSURANCE CERT



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

CHRISTOPHER ADAM BOBIN
 4 SPOTTISWOODE PARK ROAD
 SINGAPORE 088631

New business

date
09/03/2018

your servicing distributor
ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD / 00914

your servicing distributor contact
6672 9988

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	CHRISTOPHER ADAM BOBIN	Policy number	VA1 / GA331245
Cover	Comprehensive	FIN / NRIC	S2685557H
Period of insurance	from 06/03/2018 to 18/04/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 30% NCD	SGD 1,368.87
7% GST	SGD 95.82
Final Premium	SGD 1,464.69

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential 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
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Vehicle details

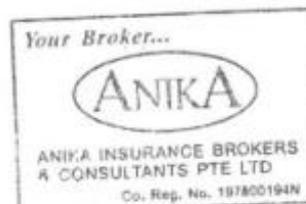
Make & Model of Vehicle	LAND ROVER RANGE ROVER SPORTS	Year of manufacture	2013
	3.0 L AUTO HID 4WD		
Vehicle registration number	SLU8373B	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	2993
Seating capacity (excl driver)	4	Engine number	0690791306DT
Off-Peak car	No	Chassis number	SALLSAAG5DAB0493

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	STANDARD CHARTERED BANK (SINGAPORE) LIMITED

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

Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 100.00

Drivers details



AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #81-01

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

NDU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS 2: Motor Cars with seating for 7 passengers, exclusive of the driver, and a total weight not exceeding 3500kg

ISSUE DATE: 21 Mar 2007

License No. S2685557H

NP-1265

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2685557H

Photo

Name: CHRISTOPHER ADAM BOBIN

Nationality: AMERICAN

Date of Birth: 11-07-1961

Address: 4 SPOTTISWOODE PARK ROAD SINGAPORE 089311

NRIC No. S2685557H Date: 10/05/08 No. 668852

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S2685557H

Name: CHRISTOPHER ADAM BOBIN

Birth Date: 11 Jul 1961

Valid From: 21 Mar 2007

Photo

Barcode

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2685557H

Photo

Name: CHRISTOPHER ADAM BOBIN

Nationality: AMERICAN

Date of Birth: 11-07-1961

Gender: M

UNITED STATES