

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	06/06/2018 17:24
Date Of Accident	25/05/2018 18:00
Exact Location Of Accident	ALONG BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC924K
Insured/Policyholder	
Name Of Registered Owner	CHIA JIN XIAN
NRIC No	S8737560I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96305508
Alternative Phone No	OFFICE-96305508

Vehicle Particulars

Manufacturer	MAZDA
Model	MX5 2.0L AUTO
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	GA299362/1
Cover Note Number	

Driver

Name of Driver	CHIA JIN XIAN
NRIC No	S8737560I
Date Of Birth	19/11/1987
Occupation	INDOOR
Date Of Driving Pass	22/12/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96305508
Fax Number	
Contact Number	OFFICE-96305508
Email Address	NOEMAIL

Address	NIL
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	SIDE SWIPE
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

PLEASE REFER TO STATEMENT

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	SLE9427A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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)**

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:



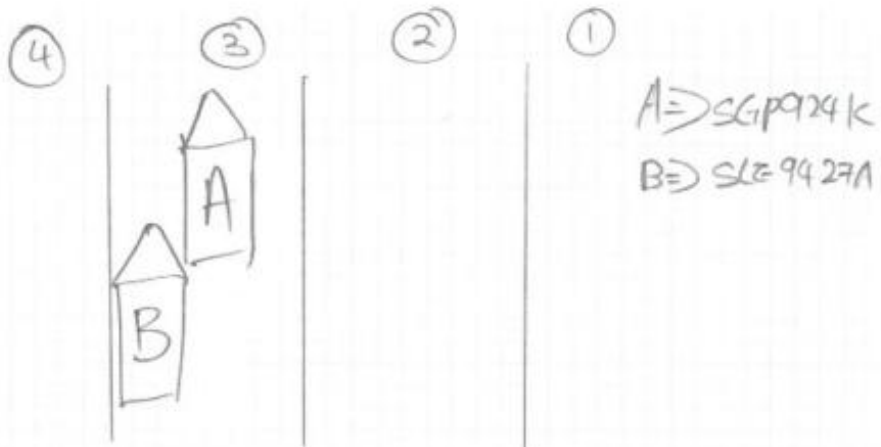
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along bendemeer Road around 6pm on 25/05/18.

As I was driving along lane 3, I felt a impact on the rear ~~right~~ left of my vehicle.

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.:

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

25/05/12

6pm

Bendameer Road.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident

Are you claiming under your own insurance policy?

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

SGC 924K
Chia Jin Xian.
987375601

Tel

Hp

9630 5506

Mazda mx5.

Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others

Private uses.

☒ Yes

☒ Private

☐ No

☐ Commercial

Remarks

☐ Motorcycle

ip.

☒ Comprehensive

☐ Yes

AACA

☐ TP, Fire & Theft

☐ No

GA2992621

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Email Address

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured

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)

Weather Conditions

Road Surface

Damage Area

Tel

11

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19/11/1987

Indoor

22/2/2006

22

11

☒ Male

☐ Female

Hp

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☐ Yes

☒ No

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OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

If Yes, against whom?

☒ No

☒ No

☒ No

☒ No

☒ No

☒ No

☒ No

☒ No

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☐ Yes

☐ Yes

2 paces

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

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

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?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ 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?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

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

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

INSURANCE



redefining / insurance

CHIA JIN XIAN (MR JIN XIAN)
APT BLK 115 BLK T PURVEI ROAD
405-0160
SINGAPORE 090118

AXA Insurance Pte Ltd
☎ 1800 888 4888 (Within Singapore)
(95) 8880 4888 (International)
✉ 185 6888 4748
✉ customerservice@axa.com.sg
🌐 www.axa.com.sg

New business

date
01/12/2017

your servicing agent/agent
HIN MARKETING PTE LTD / 05050

your servicing distributor contact
6344-4678

Policy Schedule

Your SmartDrive Comprehensive Essential+

Your policy snapshot

Policyholder name	CHIA JIN XIAN (MR JIN XIAN)	Policy number	W11 / 6A280362
Cover	Comprehensive	RIN / NRIC	5873786M
Period of insurance	from 01/12/2017 to 30/11/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 3% VCD	SGD 1,838.12
7% GST	SGD 128.32
Final Premium	SGD 1,966.44

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential+ Benefits

- 24x7 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 Repair for Vehicle (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Delivery of replacement car to your preferred location
- Daily Transport Allowance of \$300 for a maximum of 30 (30) days
- Reimbursement of 100% of your car's market value in the event of total loss (after Basic Own Damage Excess)

Vehicle details

Make & Model of Vehicle	MAZDA MX5 ROADSTER 1.0	Year of manufacture	2015
Vehicle registration number	SGC524K	Type of Use	Private use
Body type	COUPE	Engine capacity (cc)	1999
Seating capacity (excl driver)	1	Engine number	LF52D900
Off Road car	No	Chassis number	JMDYCBF100100540

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

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

Basic Own Damage Excess	SGD 500.00
Windscreen Excess	SGD 100.00

AXA Insurance Pte Ltd (1696 0350 290)
8 Shenton Way, 424-01, AXA Tower,
Singapore 068811
Customer Centre: #B1-01

1 of 2



AXA's Fining Policy

Date: 06/06/18

To: Owner of Vehicle Number SGC 92416

The following has been advised to you as your workshop: BH Auto Workshop through their staff Saamir.

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 import 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, contracts &/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 mechanics/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 or workmanship related to the accident.
- ☒ For vehicles that are under warranty with a retail distributor, you have been advised by the workshop to check with your local distributor as any effect to your warranty prior to making this Own Damage claim.

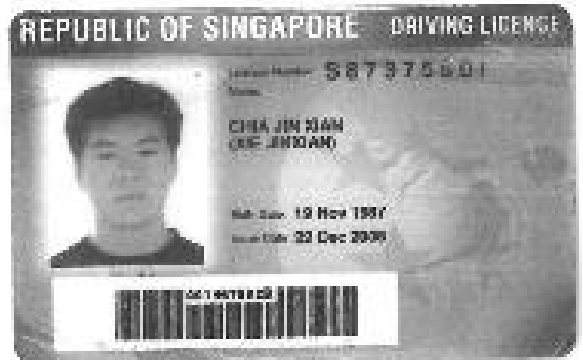
Others: TP @ BH Auto Workshop

Signature (acknowledge by)

Name and signature of policyholder/authorized driver

Name and signature of workshop personnel (including company stamp)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

