

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	09/06/2018 17:52
Date Of Accident	08/06/2018 12:05
Exact Location Of Accident	SAKRA CARPARK . JURONG ISLAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK7953R
Insured/Policyholder	
Name Of Registered Owner	TAN CHIAM HAI
NRIC No	S1455727Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98304163
Alternative Phone No	OFFICE-98304163

Vehicle Particulars

Manufacturer	BMW
Model	520I AT D/AB 2WD 4DR LED NAV
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?	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	GA283174
Cover Note Number	

Driver

Name of Driver	TAN JUN YAN
NRIC No	S8903104D
Date Of Birth	20/01/1989
Occupation	INDOOR
Date Of Driving Pass	23/03/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98304163
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
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 ON COLLISION
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: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL 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 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	SKG1349X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

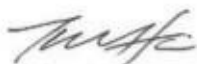
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8. Consent under the Personal Data Protection Act (PDPA)

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:



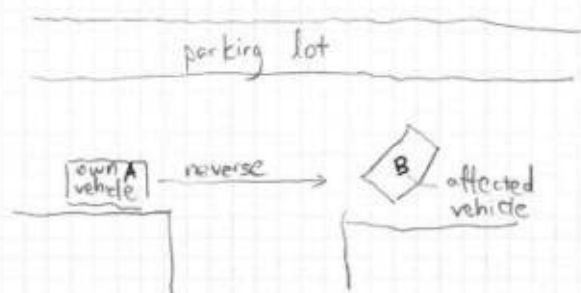
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Common Statement

SKETCH PLAN



A ⇒ SKK 7953 R.
B ⇒ SKG 1349 X.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While ~~was~~ driving ramp up the carpark, affected car was leaving the lot.

Affected car stopped there for a while instead of continuing to exit.

As such, while reversing to enter the lot, there was some contact between the rear of my vehicle & the side door of affected 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 08 Jun 2018 Time 12:05 PM Location of Accident Sakra carpark, Jurong Island

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number
Name of Policyholder
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)
Address
Contact Number
Occupation

SEK 7953R
Tan Chiam Hai
S14 557272

Tel: Hp: 9830 4163

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?

☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ M/cycle ☐ Others

private used

☒ Yes ☐ No Remarks Reporting
☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company
Type of Policy
Fleet Policy
Policy Number

☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☐ Yes ☒ No
ACA
GA283174

DRIVER

Name of Driver
NRIC/ FIN/ Passport
Date of Birth
Occupation
Driving Pass Date
Gender
Contact Number
Address
Email Address

Tan Jun Yan.
S8903104D
20/01/1989
in 2009
123/03/2009

☒ Male ☐ Female
Tel: Hp: 11

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)

☐ Yes ☒ No
-
-

GENERAL INFORMATION OF THE ACCIDENT

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

☒ Clear ☐ Raining ☐ Others
☐ Wet ☒ Dry ☐ Others

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)?

☒ No ☐ Yes
☒ No ☐ Yes
☐ No ☒ Yes
☒ No ☐ Yes

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 ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes

3 pages.

tanjunyan89@yahoo.com.sg

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SKG 1349DC

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

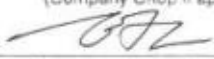
Declaration

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



Date & Time

Signature of Policy Holder
(Company Chop if applicable)



Date & Time

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

INSURANCE

25-10-17:15:29 158M

ITS MOTOR

4 32 0



redefining / insurance

AVA Insurance Pte Ltd

1888 888 4888 (Within Singapore)
(65) 8888 4888 (International)

(65) 8888 4740

customers@ava.com.sg

www.ava.com.sg

How business

Date

15/10/2017

Your servicing network

S & M ALLIANCE PTE LTD / 844666

Your servicing distributor contact

85425655

TAN CHIAM HAI
31 HINDUSTAN WALK
#05-08
SINGAPORE 587967

Policy Schedule Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	TAN CHIAM HAI	Policy Number	NA1 / 04282174
Cover	Comprehensive	FM / NCD	534557372
Period of insurance	from 25/10/2017 to 28/02/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,559.00
Total Discounts	- SGD 83.12
7% GST	SGD 105.33
Final Premium	SGD 1,578.41

Your Benefits highlight

(Refer to Policy Wording for full summary of conditions)

SmartDrive Comprehensive Flexi Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Glass OR Repair your windscreen at your preferred local or and get 450 cash reward with no excess
- Loss of Damage
- Legal Liability
- Waiver of your Deductible
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Additional Benefits Summary

- Personal Accident benefit of up to \$500,000 for you and your named drivers

Vehicle details

Make & Model of Vehicle	BMW 520i	Year of manufacture	2013
Vehicle registration number	SM7951R	Type of Use	Private Use
Body type	SALOON	Engine capacity (cc)	1997
Seating capacity (incl driver)	5	Engine number	AB150558N208208
Off-Peak car	No	Chassis number	WBAA53208000705061

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 Lender Company	HL BANK

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

Basic Own Damage Excess	SGD 400.00
Windscreen Excess	SGD 100.00

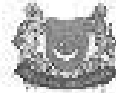
AVA Insurance Pte Ltd (118903812M)
8 Shenton Way, #24-01, AVA Tower,
Singapore 068801
Customer Centre #05-08

1 of 2

Driving License

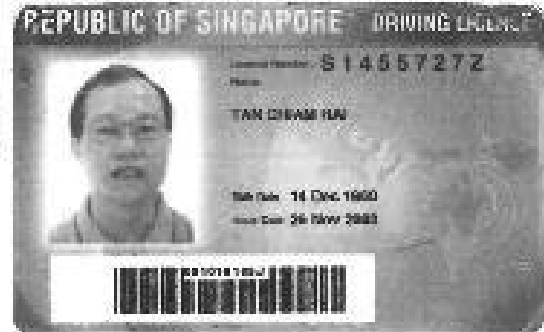


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8903104D



Name:
TAN JUN YAN
陳俊彦
Sex:
M
Date of Birth:
20-01-1989
Country of Birth:
SINGAPORE

S8903104D-2



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

PASS DATE

Class 1 Motor Cars < 1000 kg with not more than 9 seats, exclusive of the driver, and other motor vehicles < 2000 kg

HP 426A



NAME: S8903104D



Date of Birth:
20-01-1989

Address:
31 HEMPHILL ROAD
#02-05
SINGAPORE 117617

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

PASS DATE

Class 1 Motor Cars and Motor Tractors the weight of which together does not exceed 2000 kilograms

10 Dec 1998

HP 426A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

