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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/06/2018 12:23
Date Of Accident	08/06/2018 20:50
Exact Location Of Accident	JUNCT-ORCHARD BOULEVARD & TOMLINSON RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ9019J
Insured/Policyholder	
Name Of Registered Owner	CHAI YANLIN ELAINE
NRIC No	S8530743F
Email Address	ELAINECYL85@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96810204
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA356724
Cover Note Number	
Driver	

Name of Driver

NRIC No

S8326404G

Date Of Birth

27/08/1983

Occupation

INDOOR

Date Of Driving Pass

LIM WEE PING

S8326404G

17/08/1983

27/11/2007

Driving Experience 10 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96810204

Fax Number
Contact Number

EMail Address ELAINECYL85@HOTMAIL.COM

Address APT BLK 308A PUNGGOL WALK #12-394

Postcode 821308

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)
Passenger 1

2

NAME: : ELAINE CHAI YANLIN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

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 SJU2919H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TEO KA SENG
NRIC/Passport Number S2166336J
Contact Number 98236848

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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

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)

Data P Time

9/06/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

9/06/18

Sketch Plan Pg. 2

S KETCH PLAN	Baulevand
	Hrs Location: Junotion of Ordered 28 / John Linson Rd
My Vehicle A: 917 9019 5 Vehicle B: Sou	1919 H Vehicle C/Others : Nil
\[\lambda \ \cdot \cd	
BA	Tomlinson: Rood
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	Orchard Boulevard
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
No injuries wone involved That 'S all	
() Claim OD/TP at Ah Lim Motor (V) Claim OD Remarks: Please forward a copy of my efile accide My workshop: Lim Tan Motor Pto Lind email address: richard @ Itm . Sq & myself: Elain@ Chai email address: Plain@ Chai email address: Plain@Cy185 @ hotmail . Con Note: Please take note that your insurer have 14 da claim under your own policy. Kindly check with your DECLARATION /We declare the foregoing particulars are true in every respect.	Ays timeframe for you to submit own damage our own insurer for more information.
Tolicyhpider's Signature Oriver's Signature Oate & Time:	Reporting Centre Personnel's Signature

Driver's Particulars Pg. 1





CHAI YANLIN ELAINE 308A PUNGGOL WALK #12-394 SINGAPORE 821308

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

New business

date 22/05/2018

your servicing distributor I INSURANCE SG AGENCY / 05089

your servicing distributor contact 9761 4345

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name Cover

CHAI YANLIN ELAINE

Policy number FIN / NRIC

VA1 / GA356724 S8530743F

Period of Insurance

Comprehensive

from 22/05/2018 to 21/05/2019 (both dates inclusive)

Final Premium

Premium breakdown

Gross Premium after 0% NCD Total Discounts 7% GST

SGD 1.870.08 - SGD 269.95 SGD 112.01 SGD 1,712.14

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

- 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
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- 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) Add-on Benefits

- Basic Own damage excess waiver
- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

HONDA FIT 1.3

Vehicle details

Off-Peak car

Make & Model of Vehicle Vehicle registration number Body type

Seating capacity (excl driver)

SLZ9019J HATCHB No

Year of manufacture Type of Use Engine capacity (c.c.) Engine number

2018 Private use 1317

L13B1419369 Chassis number GK31316648

Insured's Estimated Market Value

Limitation to use Finance Loan Company Market Value at the time of Loss (including accessories and spare parts) As per Certificate of Insurance

STANDARD CHARTERED BANK (SINGAPORE) LIMITED

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

Windscreen Excess

Not Applicable

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

1 of 2

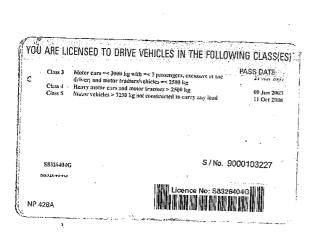
Driver's Particulars Pg. 2





Country/Place of birth SINGAPORE

\$8325404G





Policy Holder's LA & Briefings Pg. 1

To Whom It May Concern,

Name

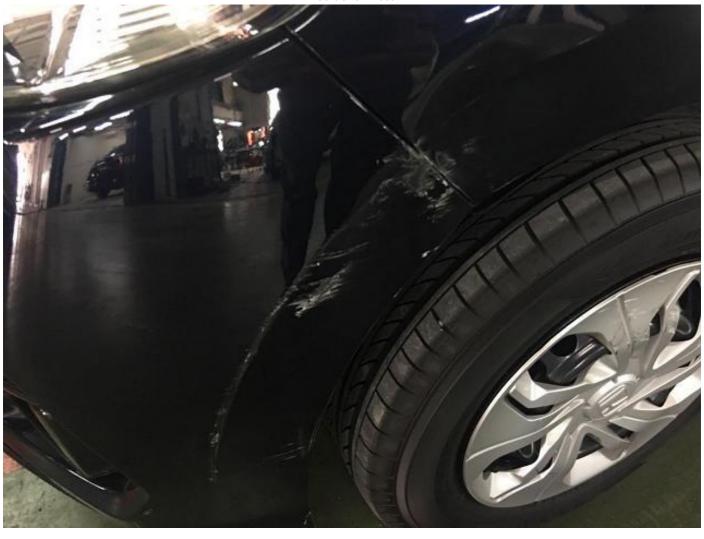
Date

Accident involving my vehicle no SLZ 90195 on 806/18 (date) with SU 29191 (other veh no) along Junct- Orchard Boulevard I. Chai Yanlin Elaine NRIC No : 58530743 F owner of vehicle no - SCZ 90195 am aware of the accident of my vehicle on 10 No: S8376 404 6. I hereby authorise him/her to make the report. Chai Yanch Elaine Name Date: To fill in if there is a OD claim I am aware of the circumstances and agreeable to claim my own insurance for the above accident.

Policy Holder's LA & Briefings Pg. 2

£	PK	redefining / insurance		
	ate: _	9/06/18		
To	o: Owi	ner of Vehicle Number: SLZ 90195		
Tł st	ne foll aff,	lowing has been advised to you via your workshop, Mh Jim Nofar Co through their		
ΡI	ease t	tick the applicable box if you had been advice on the content as seen below:		
(1	1	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 <i>any combination</i> 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 <u>Own Damage</u> 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.		
4	6	Others		
/ Sig	gned a	and acknowledge by:		
Name and signature of policyholder/authorised driver				
	J	106/2018		
Na	me a	nd signature of workshop personnel including company stamp		
	* 3H			





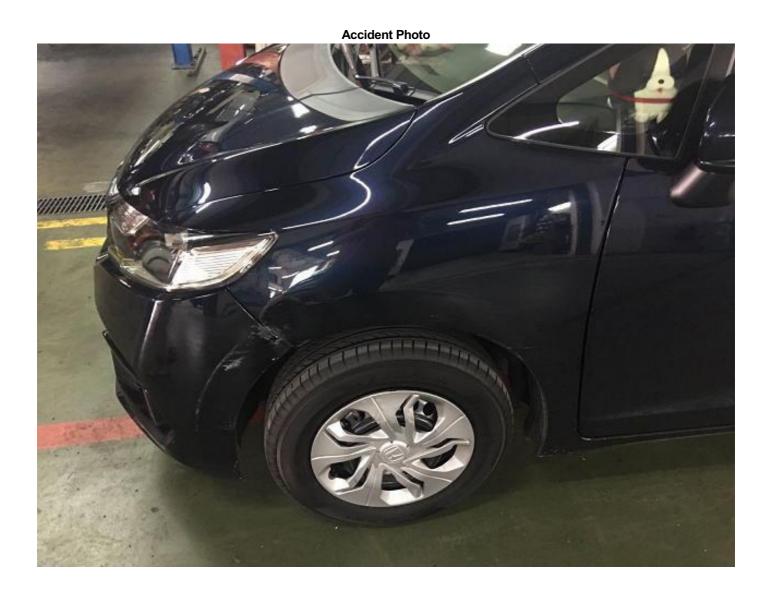




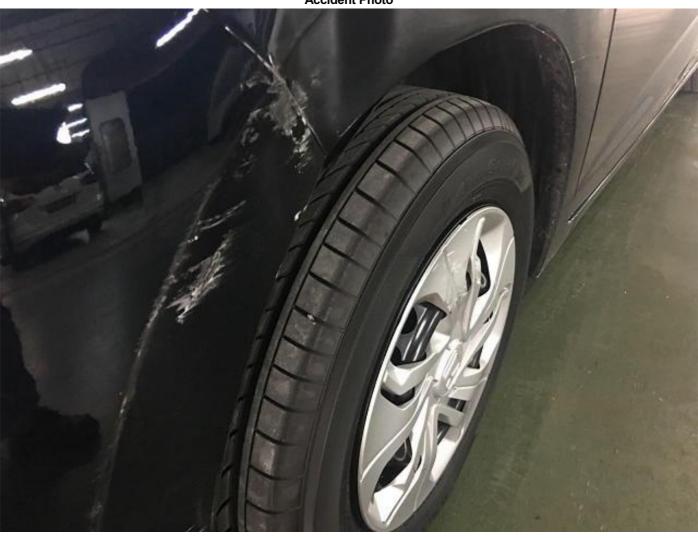


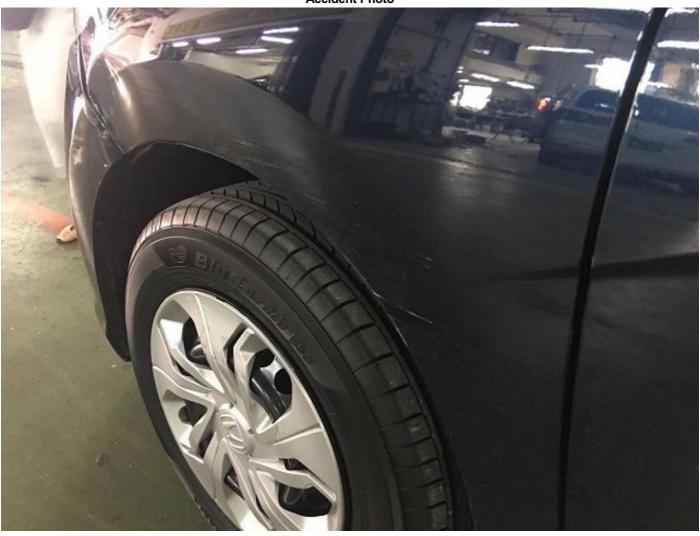






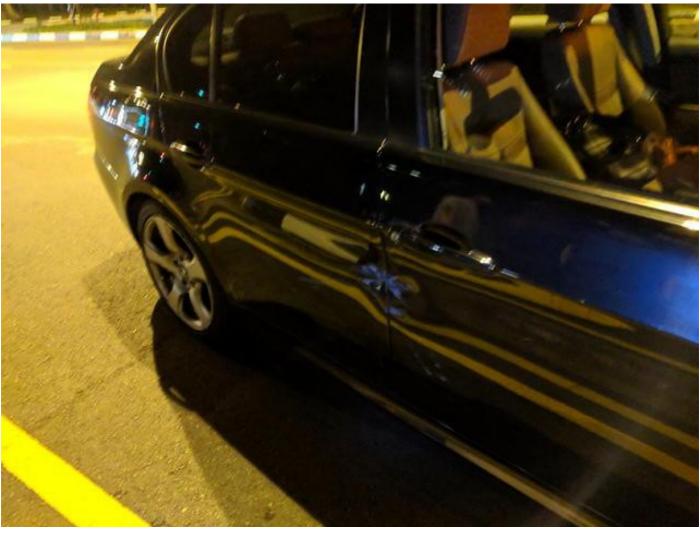


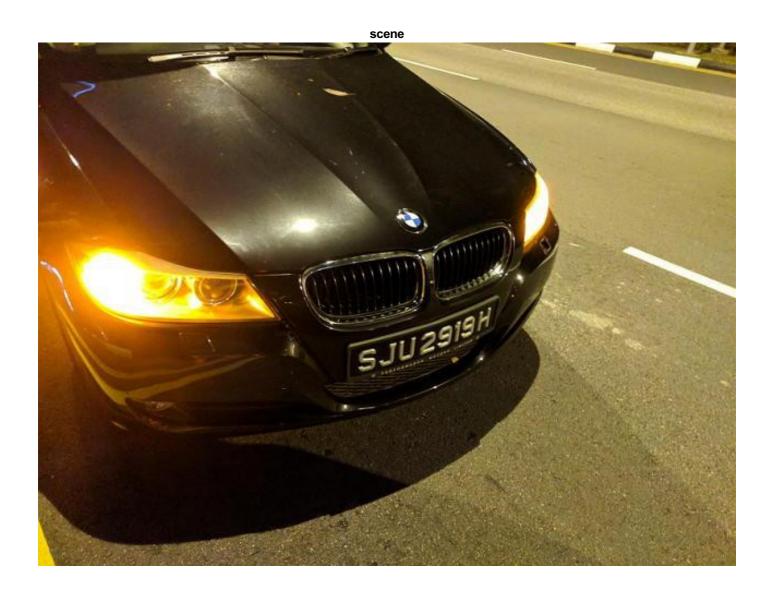






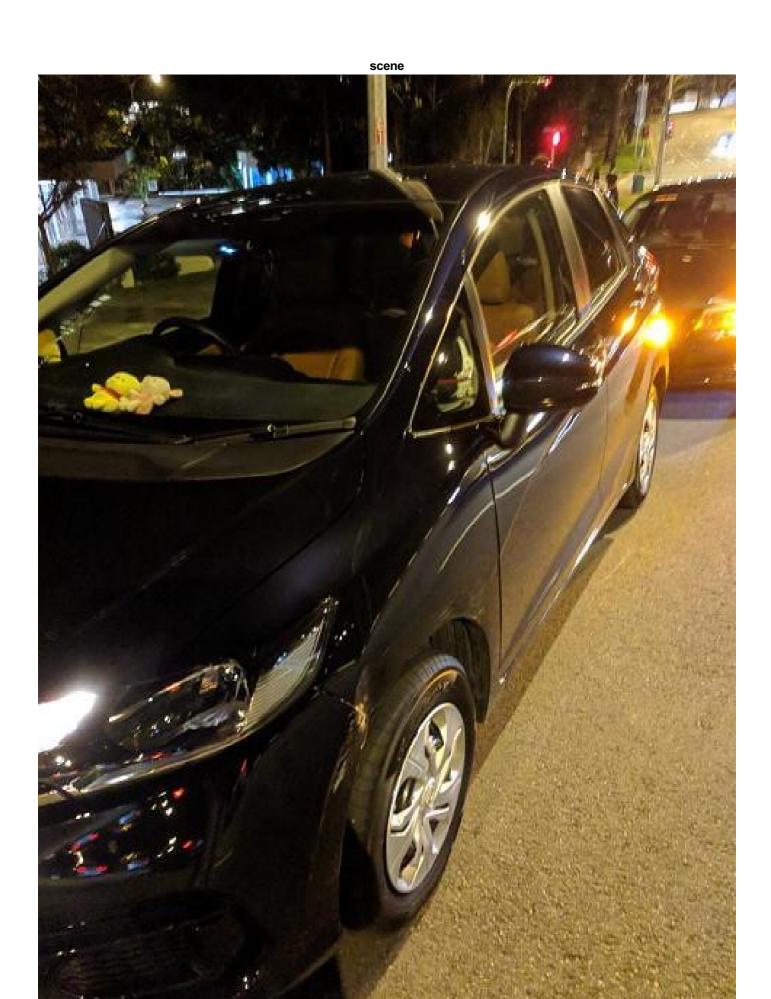


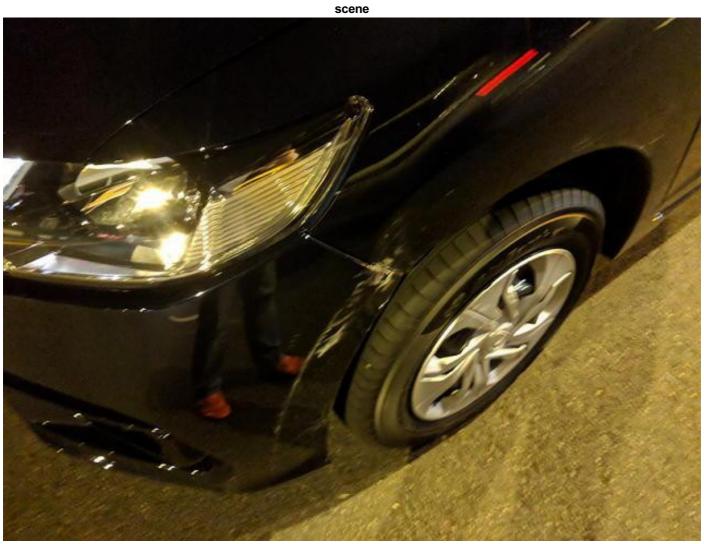


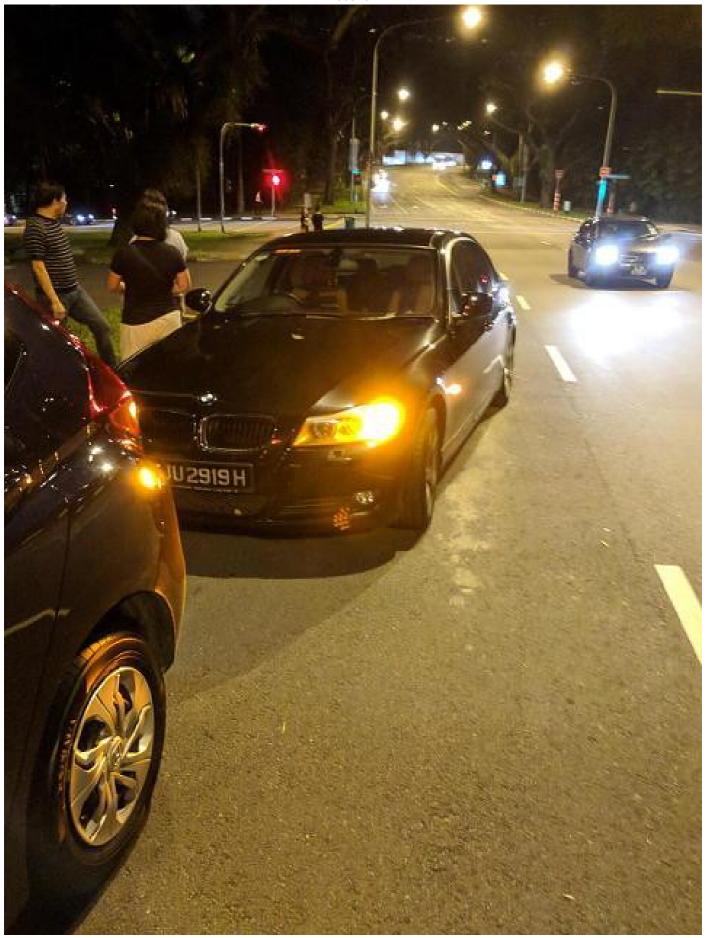


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