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	21/06/2018 16:01					
Date Of Accident	08/06/2018 19:15					
Exact Location Of Accident	HEARTLAND MALL CARPARK					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SGH4700L					
Insured/Policyholder						
Name Of Registered Owner	NG BEE BEE					
NRIC No	S7520669J					
Email Address	NOEMAIL					
Mobile Phone No	(LOCAL) +65-97370224					
Alternative Phone No	OFFICE-97370224					
Vehicle Particulars						
Manufacturer	CHEVROLET					
Model	AVEO					
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	GA218508					
Cover Note Number						
Driver						
Name of Driver	NG REE REE					

Name of Driver

NG BEE BEE

NRIC No

S7520669J

Date Of Birth

24/06/1975

Occupation

INDOOR

Date Of Driving Pass

03/07/1998

Driving Experience 19 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97370224

Fax Number

Contact Number OFFICE-97370224

EMail Address NOEMAIL

Address BLK 55 CHAI CHEE DRIVE #09-174

Postcode 460055

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

-

NO

NO

4

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : MOK FENG FANG

GENDER: : FEMALE

Passenger 2 NAME: : SHERVINCE TEO

GENDER: : MALE

Passenger 3 NAME: : JOY

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

I CHECK THAT TRAFFIC IS CLEAR. THUS, I PROCEED TO REVERSE TO PARK INTO THE LOT. HALFWAY THROUGH, VEHICLE B EXIT THE PARKING LOT AND SCRATCH ONTO MY LH SIDE MIRROR. VEHICLE B IS A FEMALE DRIVER.

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 SKT7560T

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
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)

Sketch Plan Pg. 1

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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
- 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:

- 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)
 - (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")
- 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
- 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.
- 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.

Sketch Plan #2 Pg. 1

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DECLARATION	. I				
I/We declare the foregoing partic	culars are true in every respect.				
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Policyholder's Signature	Driver's Signature		Reporting Cent	tre Personnel's S	Signature
Date & Time:	(If driver is not the policyholde Date & Time:	r)	Name: NRIC/FIN No.:		

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LETTER OF UNDERTAKING

I/We,NG BLE BBE	, the owner of vehicle n	10						
My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether so claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.								
My/Our Third Party claim is handle by my	y/our preferred workshop,							
Signed and Acknowledge by:								
P		2106 (2018						
Nric no. and signature of policyholder	Company Stamp	Date						

Driving License









INSURANCE



MG BEE BEE BLX 55 #09-174 CHALCE III DRIVE SINGAPORE 460055

Policy Schedule

Your SmartDrive Comprehensive Essential

AXA Insurance Pte Ltd 1800 980 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 M customer.care Saxa.com.sg www.axa.com.sg

New business

date 07/08/2017

your servicing distributor DS INSURANCE AGENCY / 04270

your servicing distributor contact. 97725026

Your policy snapshot

Policyholder name

NG BEE BEE

Policy number

VA1 / GA218508

Cover

Period of Insurance

Comprehensive

FIN / NRIC

\$75206691

from 13/06/2017 to 12/06/2018 (both dates inclusive)

Final Premium

Premium breakdown

Gross Premium after 20% NCD 7% GST

SGD 821.50 SGC 43.50

SGD 665.00

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartOrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore of Oversoos
- Windspreen Replacement with Expose OH Repair your windspread of your under red local on and get \$50 pesh reward with no excess
- Guaranteed Repairs for twolvo (12) Months
- Loss or Damega
- Legal Line by

Vehicle details

Make & Model of Vehicle Vehicle registration number

Body type Seating capacity (explicitiver)

Off-Peak can

CHEVROLET AVEC 1.4 HATCHBACK AT Year of manufacture Type of Use

As per Cartificate of insurance

TAITHONG LEE TRADING PIELLID

SGH4700L HATCHE

No

Chassis number

Engine capacity (e.c.) Engine number

2005 Priority use

1399 F14U3399235K KL1SA48716B588322

Market Value at the time of Loss (including accessories and scare parts)

Insured's Estimated Market Value Limitation to use Finance Loan Company

Excess applicable projects Prace Warning for carear applicable Excesses;

Basic Own Damage Excess Windscreen Excess

SGD 400.00 SGD 100.00

Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	NC BEE BEE	24/09/1975	15 year(a)

AXA insurance Relate (199903912M) e Shonton Way, #24-01, AXA lower, Singapore 068811 Custo ner Centre, #81-01

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