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.		
	ACCIDENT STATEMENT	
Date Of Report	18/06/2018 09:34	
Date Of Accident	17/06/2018 11:50	
Exact Location Of Accident	BLK 119A RIVERVALE DRIVE CARPARK	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKT4626H	
Insured/Policyholder		
Name Of Registered Owner	COLLIN CHANG CHENG WAH	
NRIC No	S2616670E	
Email Address	CHIAHHUAY@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-97894775	
Alternative Phone No	OFFICE-97894775	

Vehicle Particulars

TOYOTA Manufacturer

Model TOYOTA COROLLA ALTIS 1.6L

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?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

NO Fleet Policy

Policy Number VPA/P1767317

Cover Note Number

Driver

Name of Driver **LOH CHIAH HUAY**

NRIC No S7113011H Date Of Birth 12/04/1971 Occupation INDOOR **Date Of Driving Pass** 01/02/1999

Driving Experience 19 YEARS AND 4 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91789071

Fax Number

Contact Number

EMail Address CHIAHHUAY@YAHOO.COM Address BLK 119A RIVERVALE DRIVE #10-306

Postcode 541119

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

-

NO

NO

NO

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?

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) 1

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

PLEASE REFER TO THE ATTACHMENT

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 SJT7083R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TAN WEI LIN
NRIC/Passport Number S8717343G
Contact Number 97206938

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

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- 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 interested parties.
- 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.

Joh

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.:

GM MMC Schubble at Formulas

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SKETCH PLAN			
veh A: SKT 4626H			
B'. SJT 7083 R	IB D	7 -	
	L	4 .	-
	//	9A Riverv	vale Dr Carpack
ESCRIBE CIRCUMSTANCES OF 1	THE ACCIDENT		
This incident hop	pened at aroun	d 11-50 or	n on 17 June 2018 at
BIK 119 A Rivervale	Drive carpark	. I start	ed the car engine and upon
checking left and	right that there	was no ca	r I proceeded to exit
the parking lot sl	owly. A+ +his	point in	time, SJT 7083R was collision occured. Maler
just right in fr	ont of my can	r and a c	ollision occured. When
which I min	rediately stepped	on the b	rake.
	0 11		
"IMPORTANT NOTE: You had been advised there is a FOURTEEN (14) days clause where	by the workshop that in the event the	at you wish to claim again	nst your own policy (Own Damaged Claim), rom the day of occurrence.
-	12.11.11.11.11.11.11.11.11.11.11.11.11.1		Claim at other workshop (OD/TP)
ECLARATION	, , , , , , , , , , , , , , , , , , , ,		
/We declare the foregoing particular	s are true in every respect.	,	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyh Date & Time:	older)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

AXA INSURANCE PTE LTD AXA Tower, Singapore 068811 Customer Service Centre #81-01 Tel (65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: 199903512M customer.service@axa.com.sg



Private Cars COMP POLICY SCHEDULE RENEWAL Original

POLICY INFORMATION	Policy No. : VPA/P1767317
Source	: (01) 13950 META (PA/HOME X SELL 20110901)
Insured	: COLLIN CHANG CHENG WAH
Address	BLK 119A RIVERVALE DRIVE #10-306 SINGAPORE 541119
Business/Profession	: MANAGEMENT / DIRECTOR / CEO Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.

Period of Insurance : From 10/06/2018 To 09/06/2019 (Both Dates Inclusive

Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

Premium After 50.00% : SGD 704.27

Driver Disc : SGD 70.43 Safe

: SGD 44.37 7.00% : SGD 678.21 Annual Premium : SGD 678.21 Total Payable

RISK DETAILS THE MOTOR VEHICLE

Type Of Cover : Comprehensive

: SKT4626H Regn No.

: Private Car Type Of Use

: TOYOTA TOYOTA COROLLA ALTIS 1.6L Make/Model

Year of Manufacture : 2015 Seating Capacity (excl. Driver) : 04 Engine C.C. : 1598 : SALOON Body Type

: 1ZRX516390 Engine No.

: MR053REH104534503 Chassis No.

Insured's Estimated : Market Value At The Time Of Loss
Market Value (including Accessories and Spare Parts)

Limitations as to Use : As specified in Certificate of Insurance : TOKYO CENTURY LEASING (SINGAPORE) PTE, LTD. Hire Purchase

Premium (SGD) Limits (SGD) Extra Coverage (Premium Breakdown)

NCD Protector

: SGD 300.00 Basic Own Damage Excess

Named Drivers

- 1 COLLIN CHANG CHENG WAH
- 2 LOH CHIAH HUAY

Page 1

OWNER IC (FRONT)







OWNER DRIVING LICENCE (BACK)



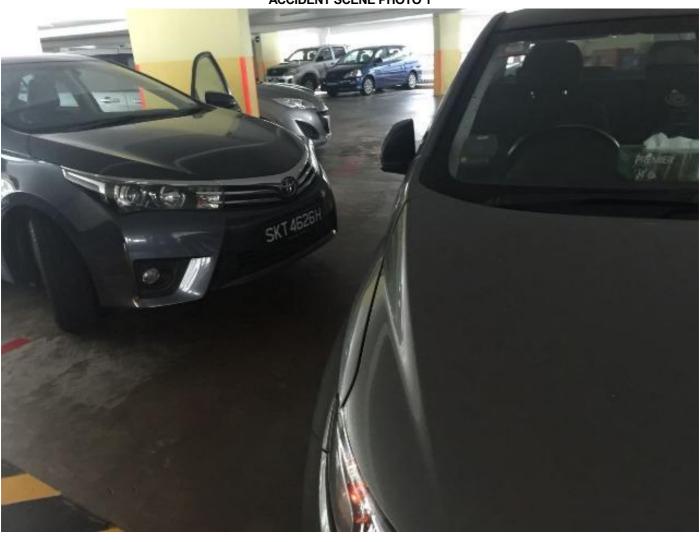




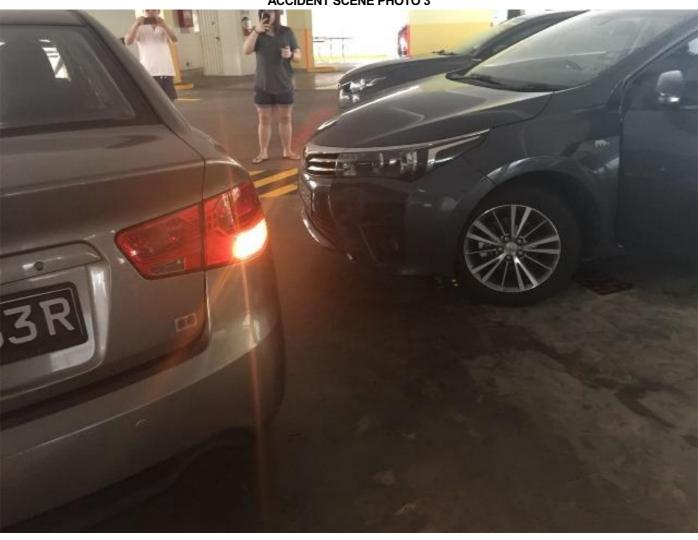
OWNER AUTHORISE LETTER Pg. 1

To Whom It May Concern,

Accident involving my vehicle no SKT4626H on 17/6/2018 (date) with SJT7083R _ (other veh no) along ___Car park of Blk119A Rivervale Drive f, __Collin Chang Cheng Wah ___NRIC No: ___S2616670E owner of vehicle no- SKT4626H _____ am aware of the accident of my vehicle on 17/6/2018 (Date) while car was driven by Loh Chiah Huay Name: Collin Chang Cheng Wah Date: 17/6/2018 97894775 ΗP 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. Name Date









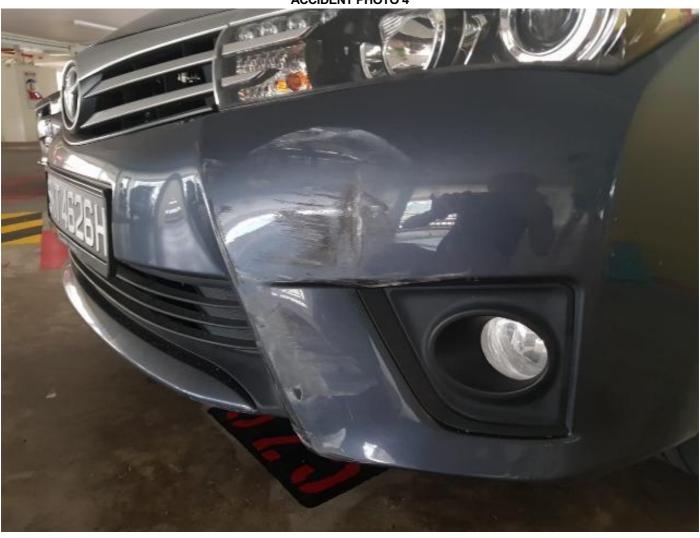




















ODOMETER READING

