

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	25/06/2018 10:12
Date Of Accident	23/06/2018 12:30
Exact Location Of Accident	ANG MO KIO AVE 8 OPEN C/P-BLK 509
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ424T
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE LENG
NRIC No	S7102819D
Email Address	SINOTAMP@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97950694
Alternative Phone No	OTHERS-97846720

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX 1.6
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	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	GA149699
Cover Note Number	

Driver

Name of Driver	TAN JIN KEE
NRIC No	S0021085D
Date Of Birth	17/06/1955
Occupation	INDOOR
Date Of Driving Pass	24/08/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97846720
Fax Number	
Contact Number	OTHERS-97950694
Email Address	SINOTAMP@YAHOO.COM

Address	APT BLK 520 ANG MO KIO AVE 5, #07-4224
Postcode	560520
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	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

REFER TO SKETCH PLAN

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	SHC6216U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	91914469
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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

AXA
 Vehicle :- SKZ
 424T

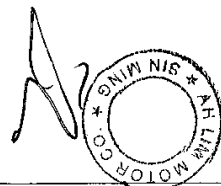
I understand, acknowledge, agree and consent that:

- (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.:

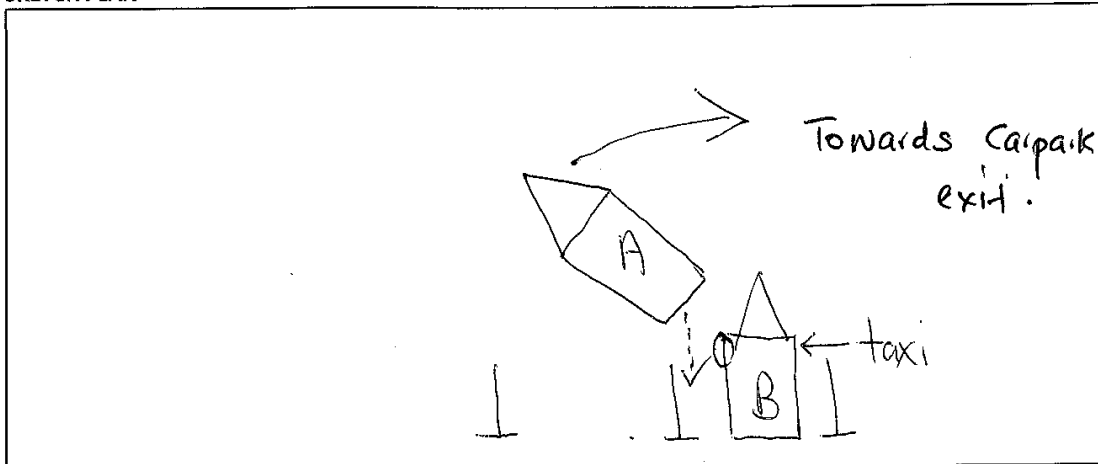


 Name: *He L*
 NRIC/FIN No.: *25/06/18*

Sketch Plan Pg. 2

Date of accident: 28/06/18 Time: 1230hrs Location: AMK Ave 8 open c/p - BKK 509
 My Vehicle A: SKZ 4247 Vehicle B: SHC 6216 Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/06/2018 @ abt 1230hrs, I was leaving the Carpark lot at AMK Ave 8 - BKK 509. While I was adjusting my vehicle, reversing slowly at the parking lot, suddenly hit onto a parked taxi front left slightly. I waited for the driver abt 15 mins but still unable to see the driver coming, I then wrote a note to notify the driver with my contact number. Abt 1 - 2 hrs later, I received a call from the taxi-driver & I request for private settle. He did not give me a direct answer saying he is only a relieve driver

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :
 Email address :
 & myself :
 Email address : Sinotampe@yahoo.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Vehicle SKZ 4247



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.:

[Handwritten signature]
 Name: Melic
 NRIC/FIN No.: 28/06/2016



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

TAN CHEE LENG
 888 TAMPINES STREET 81
 #09-1100
 SINGAPORE 520888

Renewal

date
08/12/2017

your servicing distributor
**SAFE HARBOUR ASSURANCE AGENCY /
 04111**

your servicing distributor contact
6285 7633-IRENE

Policy Schedule
 Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	TAN CHEE LENG	Policy number	VA1 / GA149699
Cover	Comprehensive	FIN / NRIC	S7102819D
Period of Insurance	from 07/01/2018 to 06/01/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 844.55
Total Discounts	- SGD 254.67
7% GST	SGD 41.29
Final Premium	SGD 631.17

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi Benefits

- 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 1.10% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Vehicle details

Make & Model of Vehicle	MITSUBISHI LANCER EX 1.6	Year of manufacture	2015
Vehicle registration number	SKZ424T	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1590
Seating capacity (excl driver)	4	Engine number	4A92CC0899
Off-Peak car	Yes	Chassis number	JMYSRCY1AFU005536

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 Loan Company	DBS BANK LTD

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

Basic Own Damage Excess	SGD 300.00
Windscreen Excess	SGD 100.00

Drivers details

Driver's Particulars Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

IC No: S0021085D

TAN JIN KEE


Birth Date: 17 Jun 1955

Issue Date: 03 Jun 2003

000536292C



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0021085D



Name
TAN JIN KEE


陈任记

Race
CHINESE

Date of Birth
17-06-1955

Sex
M

Country of Birth
SINGAPORE




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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
24 Aug 1977

NP 428A

Licence No: S0021085D



1447312



NRIC No. S0021085D



Blood Group Date of issue
A+ 20-11-1993

APT. BLK 520 ANG MO KIO AVENUE 5 #07-4224
SINGAPORE 500520

NRIC No: S0021085D Date: 03-05-2002 No: 4225943

Driver's Particulars Pg. 3



redefining / insurance

Date: 25/06/2018

To: Owner of Vehicle Number: SKZ 424T

The following has been advised to you via your workshop, Ah Lim Motor Co through their staff, Mei W

Please tick the applicable box if you had been advice on the content as seen below:

- (V) 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 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 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.
() Others

Signed and acknowledge by:

Name and signature of policy holder/authorised driver

Name and signature of workshop personnel including company stamp

meili@almsm.com.sg

From: <sinotamp@yahoo.com>
Date: Monday, June 25, 2018 9:10 AM
To: <meili@almsm.com.sg>
Subject: Accident Report

Hi,

I, Tan Chee Leng, NRIC: S7102819D, owner of vehicle SKZ424T authorized Mr. Tan Jin Kee, NRIC: S0021085D, to carry out the accident claim.

Regards,
Tan Chee Leng

25-Jun-18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



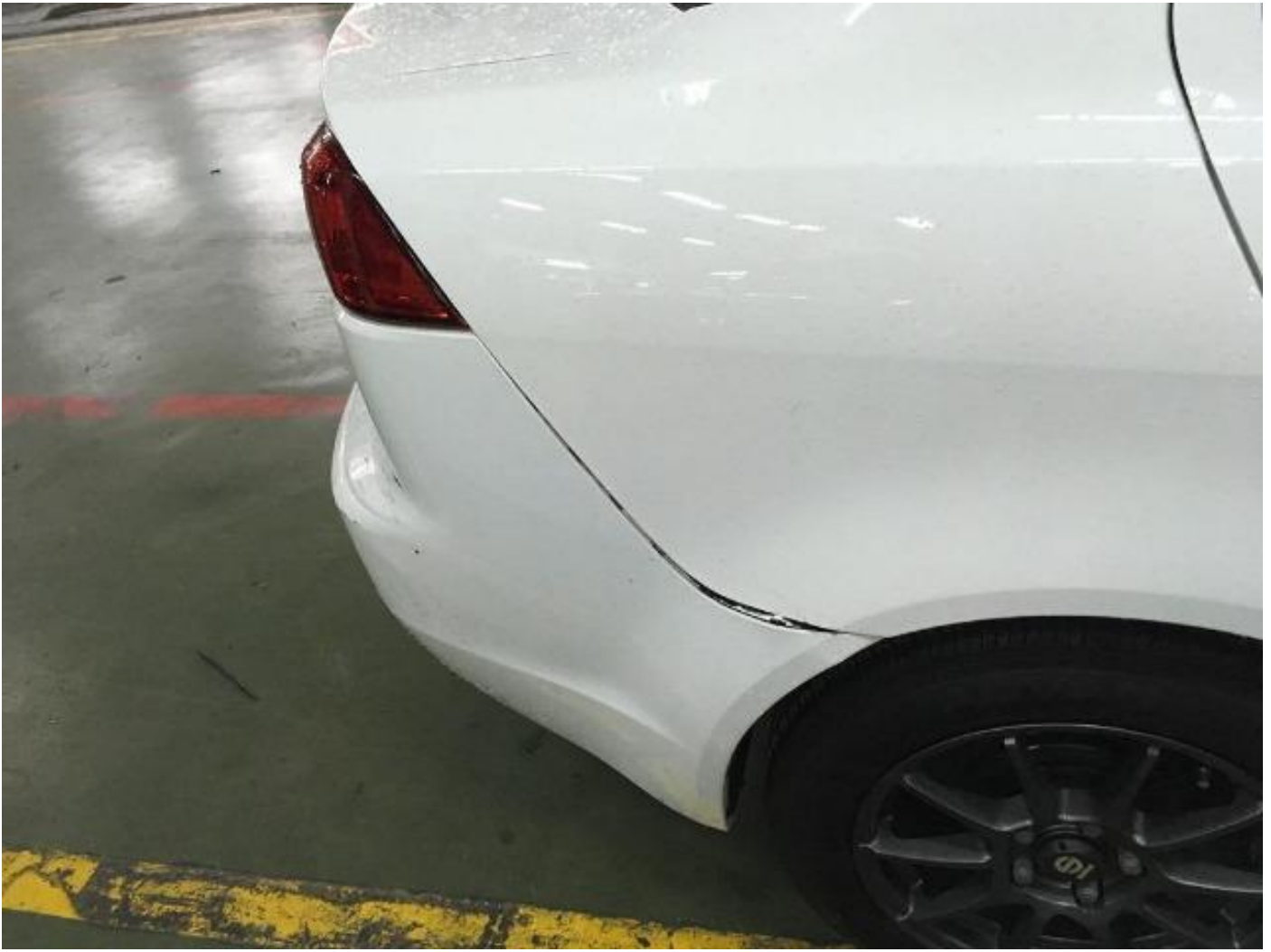
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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