

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	26/06/2018 11:23
Date Of Accident	25/06/2018 20:30
Exact Location Of Accident	WEST COAST HIGHWAY TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB3302T
Insured/Policyholder	
Name Of Registered Owner	NG CHUN WAY KENNY
NRIC No	S8610634E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96757750
Alternative Phone No	OFFICE-96757750

Vehicle Particulars

Manufacturer	FORD
Model	MONDEO TITANIUM 2.0 AT ABS D/AIRBAG 2WD
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	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	GA126811
Cover Note Number	

Driver

Name of Driver	NG CHUN WAY KENNY
NRIC No	S8610634E
Date Of Birth	21/04/1986
Occupation	INDOOR
Date Of Driving Pass	31/03/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96757750
Fax Number	
Contact Number	OFFICE-96757750
Email Address	NOEMAIL

Address	NIL
Postcode	
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	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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

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	SKU6128K
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

Accident Sketch Plan

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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

26 June 18
0955H.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

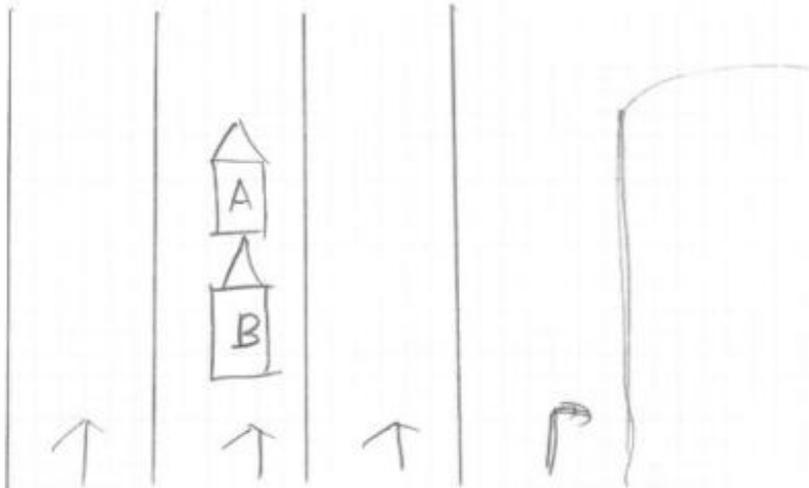
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A => SKB 33027.

B => SKUG1281C.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at a traffic light, fully stopped on West Coast Highway (towards city), junction with Harbour Drive. I was the 2nd car, in middle lane. Lights turned green, 1st car delayed in moving off. car behind me crashed into me.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 26 June 18
 0955H.

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

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

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

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

SKU6128K.
9137 4028.

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.


Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

Common Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident 25 June 2018 Time 20:32 H

Location of Accident West Coast Highway (towards city)

INSURED/ POLICY HOLDER (VEHICLE A)
 Vehicle Registration Number
 Name of Policyholder
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company)
 Address
 Contact Number
 Occupation

SKB 38027
NG Chan Way Penny
SB610634E
 Tel
 Hp 9675 7750

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?

Sedan MPV CRV Van Lorry Bus Motorcycle Others
Private Used.
 Yes No Remarks TP
 Private Commercial Motorcycle

INSURANCE COMPANY (VEHICLE A)
 Name of Insurance Company
 Type of Policy
 Fleet Policy
 Policy Number

ADCA
 Comprehensive TP Fire & Theft Third party
 Yes No
GA126811

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

"
"
21/01/1986
in door
31/02/2006
 Tel Male Female
 Hp "

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

1poc
 Clear Rainy 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

AXA FROM

AXA Referring (Insurer)

Date 26/06/18

To: Owner of Vehicle Number: 518 32027

The following has been advised to you via your workshop: BH Auto Workshop through their ref: 300191

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

- 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 the 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 import it from overseas.
- There will be no cancellation/withdrawal of the Own Damage claim once the arrival 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 in 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 strong the vehicle put into being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- For vehicles below Three (3) years old, your Insurer's Company will use only genuine original parts to repair your vehicle.
For vehicles above Three (3) years old, your Insurer's 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 or workmanship related to the accident.
- For vehicles that are under warranty with a lot of conditions, you have been advised by the workshop to check with your local distributor as to effect to your warranty prior to making this Own Damage claim.

TP: @ BH Auto Workshop

Name and signature of policyholder/authorized driver

Name and signature of workshop personnel including company stamp

INSURANCE



redefining / insurance



AXA Insurance Pte Ltd
☎ 1800 880 4888 (Within Singapore)
(95) 8880 4888 (International)
☎ 166 6880 4748
✉ customerservice@axa.com.sg
🌐 www.axa.com.sg

MS CHUN MAY KENNY
08 46
12 WOODLEIGH CLOSE
SINGAPORE 367907

date
13/11/2017

customer service contact
1800 880 4888

24-hour emergency helpline
1800 880 4888

your servicing distributor
SOLUTIONS PTE LTD / 06586

your servicing distributor contact
90238112 HUIZHEN

Your Policy is Renewed

Your motor policy GA126811

Dear MS CHUN MAY KENNY,

Your insurance cover is now renewed effectively from 13/11/2017.

What makes your policy

- **Policy schedule** - policy/cover details, benefits and their limits that apply, agreed premium and period of insurance
- **Policy wording** (policy text) - terms and conditions of full list of benefits and any exclusions

What else is in the pack

- **Certificate of insurance** - proof that you are covered to drive your car and any other named drivers
- **Frequently asked questions** - answers to your most important concerns regarding your policy
- **Tax invoice** - invoice of the premium payable for your policy

What you should do

- Read all documents in this pack including your Policy Wording to fully understand the terms and conditions of your cover.

Important Note

By accepting this policy, I understand and give my consent for AXA Insurance Pte Ltd ("AXA") and its representatives or agents to:

- Collect, use, store, transfer and/or disclose the information to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement (which can be found at www.axa.com.sg) ("Purposes");
- Collect, use, store, transfer and/or disclose personal data about me and those whose personal data I have provided from sources other than myself for the Purposes;
- Contact me to share with me information about products and services offered by AXA that may be of interest to me by post and e-mail.

If you have any questions on your policy, please contact us at 1800 880 4888 from 9:00am to 6:30pm Monday to Friday or email us at customerservice@axa.com.sg.

Thank you for insuring with us.

Sincerely,

Jean Desaffre
Chief Executive Officer

AXA Insurance Pte Ltd (16960350-D)
8 Shenton Way #24-01, AXA Tower,
Singapore 068811
Customer Centre: #E1 01

1 of 2

Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

