

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	13/07/2018 16:52
Date Of Accident	12/07/2018 13:35
Exact Location Of Accident	ALONG TANJONG RD BESIDE AMARA HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8078S
Insured/Policyholder	
Name Of Registered Owner	LIU JIA
NRIC No	G0753937T
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97220128
Alternative Phone No	OFFICE-97220128

Vehicle Particulars

Manufacturer	BMW
Model	218I CONVERTIBLE AT HID ABS
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	CN862140
Cover Note Number	

Driver

Name of Driver	CINDY QI XIN YI
NRIC No	S7860075F
Date Of Birth	28/01/1978
Occupation	INDOOR
Date Of Driving Pass	12/11/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98220128
Fax Number	
Contact Number	
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	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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

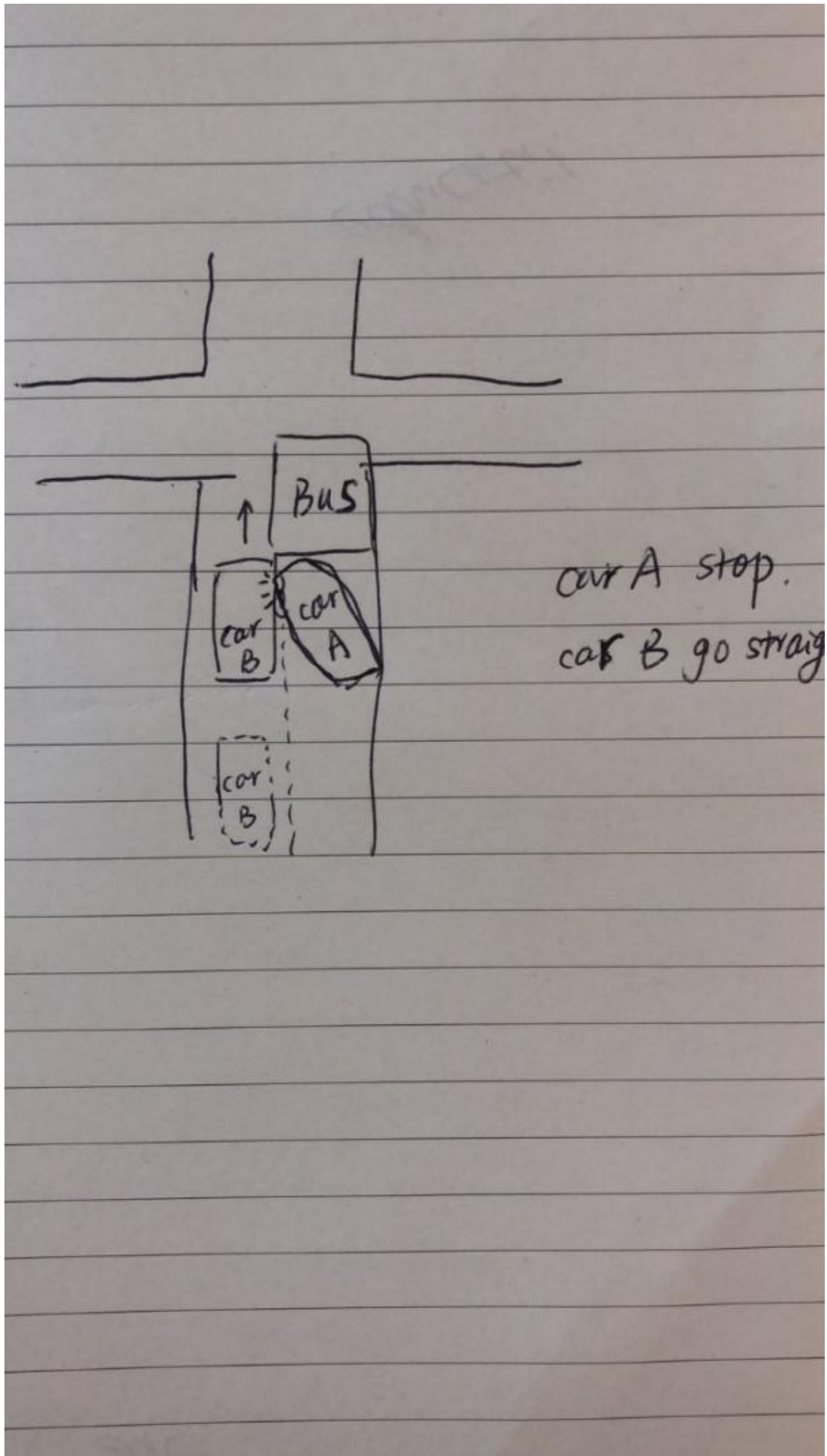
Attachment(s)

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	SGZ1189M
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



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:



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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I drove my car came out from Amara Hotel and turned into Tanjung Pagar Rd. in front of the junction, there is a bus block my way in front, so I turned on my turning light and ready to change lane. I turned out a bit my car head, stopped and waiting for traffic clear. Some cars are cleared, but suddenly one car came to knock my car. The driver didn't stop immediately. So I have to chase the car. Finally she stopped after 2 junctions. I asked her contact and took pictures.

DECLARATION

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

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.:

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 12-07-2018 Time: 13:35 PM Location of Accident: TANJONG PAGAR ROAD BESIDE AMARA HOTEL

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SKX 80783
Name of Policyholder: LIA JIA
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): G0753937T
Address:
Contact Number: Tel: Hp 97220138
Occupation:

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: BMW 218I
Type of Vehicle: Saloon
Exact Purpose for which vehicle was being used: PRIVATE USE
Are you claiming under your own insurance policy? ☒ Yes ☒ No Remarks: Third party
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: CN 862140

DRIVER

Name of Driver: CINDY QI XINYI
NRIC/ FIN/ Passport: 578600751
Date of Birth: 28-01-1978
Occupation: INDOOR
Driving Pass Date: 12/11/2008
Gender: ☐ Male ☒ Female
Contact Number: Tel: Hp 98220128
Address: 79 PASIR RIS GROVE #06-40 (S 5/8209)
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured: Sister

Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc):
Weather Conditions: ☒ Clear ☐ Raining ☐ Others
Road Surface: ☐ Wet ☒ Dry ☐ Others
Damage Area:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No:
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

cindyqx@gmail.com

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SG21189M

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

CHAN XIN BEI VALERIE

NRIC/ FIN/ Passport

S9026470B

Contact Number / Email Address

Address

Name of Insurance Company

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

Authorization Form

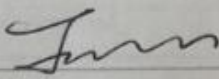
I, (Name) LIU JIA of (NRIC) G075393T authorized

(Name) CINDY QI XINYI of (NRIC) S7860075F to ~~Repair~~/Reporting at

BH AUTO SERVICES PTE LTD located at Bkl1 Sin Ming Industrial Estate Sector C #01-111/113/115/117
S575636

On behalf of me for my vehicle number SKX8078S

My residential address is 79 Pasir Ris Grove #06-40 and
contact number is 97220128


Signature
Owner Name:

Signature
Witness Name:

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068511
 Customer Service Centre #01-01
 Tel: 6338 6288 Fax: 6338 2532
 Website: www.axa.com.sg
 GST Registration Number: T90509512M



Original

Agent Code: **11615**Policy No (Policy): **P1707322****Renewal**

Brian Drive Quote Ref:

MOTOR COVER NOTENo. **CN862140**

- The Motor Vehicle (Third Party Risk and Compensation) Act (Cap 155) - Republic of Singapore; or
- The Road Transport Act 1967 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been at risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	LEU JIA
MAKE AND DESCRIPTION OF VEHICLE	BMW 718I CONVERTIBLE AT HID
VEHICLE REGISTRATION NO.	SK080785
YEAR OF MANUFACTURE	2015
ENGINE NO.	F7181296B38B15A
CHASSIS NO.	WBALM32070V311285
ENGINE CAPACITY/TONNAGE	1498
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	D85 BANK LTD
VALUE (\$s)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 29/12/2017 TO: 28/12/2018
EXCESS (\$s)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

AXA HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 155) AND PART V OF THE ROAD TRANSPORT ACT 1967 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by **LEO MARK ESTORES** ON **27/11/2017 3:42pm**
MANALO

Authorized Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of \$553.50 (inclusive of GST). If the policy is cancelled after the inception date.
- An administrative fee of \$826.75 (inclusive of GST) will be charged:
 - a. Cover note issued and cancelled before inception
 - b. Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

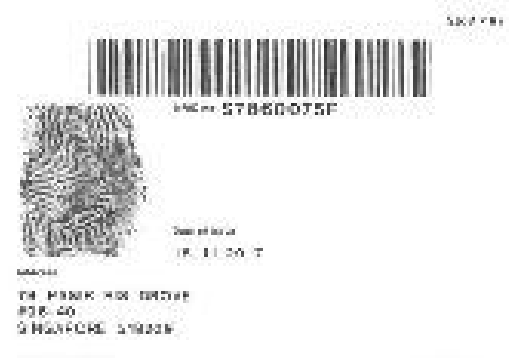
Please note that the premium in full should be paid before inception date shown above in order for this insurance to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days of inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

40760240/5501753

Identification Card



AXA FROM



redefining / insurance

Date: 13/09/2018

To: Owner of Vehicle Number: SPDC 8078 S

The following has been advised to you via your workshop: BH Auto Workshop through their staff: Sallym.

Please tick the applicable line 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 facility 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: TP@ BH Auto Workshop

Signed and acknowledge by:


[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



License Number: **S 7860075F**
Name: **QI XIN**
Birth Date: **28 Jan 1978**
Issue Date: **12 Nov 2008**



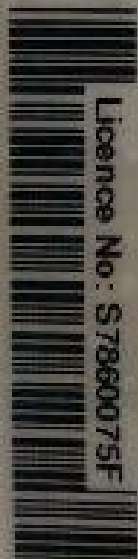
001674530C

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

PASS DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 12 Nov 2008

NP 428A



Licence No: S7860075F

Identification Card

VISIT PASS
Immigration Regulations

Name
LIU JIA



Date of Birth	Sex	Nationality
13-08-1987	M	CHINESE
FIN	Date of Issue	Date of Expiry
G0753937T	28-09-2015	15-11-2018

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



Identification Card

 **EMPLOYMENT PASS**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
ERC INSTITUTE PTE. LTD.

 Name
LIU JIA
Occupation
COUNTRY MANAGER

FIN
G0753937T

Date of Application
23-09-2015

Date of Issue
28-09-2015

Date of Expiry
15-11-2018

 **L6077357**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

