

## 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 17:44
Date Of Accident	12/07/2018 17:30
Exact Location Of Accident	PENANG LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5556Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TING YI SHENG AUGUSTINE
NRIC No	S9123725C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96936479
Alternative Phone No	OFFICE-96936479

### Vehicle Particulars

Manufacturer	BMW
Model	325I

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA243113
Cover Note Number	

### Driver

Name of Driver	TING YI SHENG AUGUSTINE
NRIC No	S9123725C
Date Of Birth	19/06/1991
Occupation	INDOOR
Date Of Driving Pass	06/07/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96936479
Fax Number	
Contact Number	OFFICE-96936479
Email Address	NOEMAIL

Address	BLK 641 HOUGANG AVE 8 #08-175
Postcode	530641
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	CHAIN COLLISION
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

FRONT VEHICLE SUDDENLY STOP. I CANNNOT STOP IN TIME AND HIT VEHICLE B. VEHICLE B FORWARD AND HIT VEHICLE C.

#### 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	SJS5884P
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ3811Z
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Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
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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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.:

Sketch Plan #2 Pg. 1

☒ AC ——— SJQ3811Z  
☒ B ——— SJS5884p  
☒ A SLQ5556Z

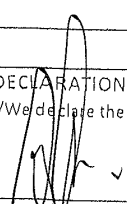
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

front veh suddenly stop, & cannot stop intenal  
 s hit veh B. veh B forward hit veh C.

A/R

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.:

DETAILS OF WITNESSES (If any)

### Sketch Plan #3 Pg. 1



redefining / Insurance

Date: 15/07/2008

To: Owner of Vehicle Number: 310 55567

The following has been advised to you via your workshop, SME MOTOR PT LTD through their staff, \_\_\_\_\_.

Please tick the applicable box if you had been advice 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 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:

[Signature]  
Name and signature of policyholder/authorised driver

\_\_\_\_\_  
Name and signature of workshop personnel including company stamp

## Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9123725C



Name  
TING YI SHENG, AUGUSTINE

陈毅盛

Race  
CHINESE


Date of birth  
19-08-1981

Sex  
M

Country of birth  
SINGAPORE

Identity Card No. S9123725C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S9123725C

TING YI SHENG, AUGUSTINE

RENEWAL: 19 JUN 1991

EXPIRY DATE: 06 JUL 2017

002701090A

3224165



NRIC No. S9123725C



Date of issue  
26-01-2007

Address  
APT BLK 841 HOUGANG AVENUE 8 #01-175  
SINGAPORE 530841

NRIC No. S9123725C Date: 02/06/2008 No: 6245008

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  06 Jul 2017

NP 420A

Licence No. S9123725C



## INSURANCE



TING YI SHENG AUGUSTINE  
BLK 642 HOUGANG AVE 8  
#06-175  
SINGAPORE 530841

### Renewal

Date  
**27/06/2018**

your servicing distributor  
**HOBBS INSURANCE AGENCY / 05163**

your servicing distributor contact  
**6440 7787**

## Policy Schedule

### Your SmartDrive Comprehensive Peace

### Your policy snapshot

Policyholder name	TING YI SHENG AUGUSTINE	Policy number	VA1 / GA243113
Cover	Comprehensive	FIN / NRIC	S9123725C
Period of Insurance	From 17/07/2018 to 16/07/2019 (both dates inclusive)		

### Premium breakdown

Gross Premium after 0% NCD	SGD 5,418.79
Total Discounts	- SGD 534.28
7% GST	SGD 341.92
<b>Final Premium</b>	<b>SGD 5,226.45</b>

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Peace 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
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Loss of Personal Effects in Singapore up to \$3,000
- Delivery of repaired car to your preferred location
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

#### Add-on Benefits

- Basic Own damage excess waiver

### Vehicle details

Make & Model of Vehicle	BMW 325 I COUPE AT MID AEG B/AB	Year of manufacture	2010
	2WD-2DR SR WITH Sun Roof		
Vehicle registration number	SLQ5556Z	Type of Use	Private use
Body type	COUPE	Engine capacity (c.c.)	2497
Seating capacity (excl driver)	4	Engine number	051273B6N52B25AF
Off-Peak car	No	Chassis number	WBAKE32060E416954

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	DOS BANK LTD

### Excess applicable (refer to Policy Wording for other applicable excesses)

Windscreen Excess	Not Applicable
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AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

1 of 2



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

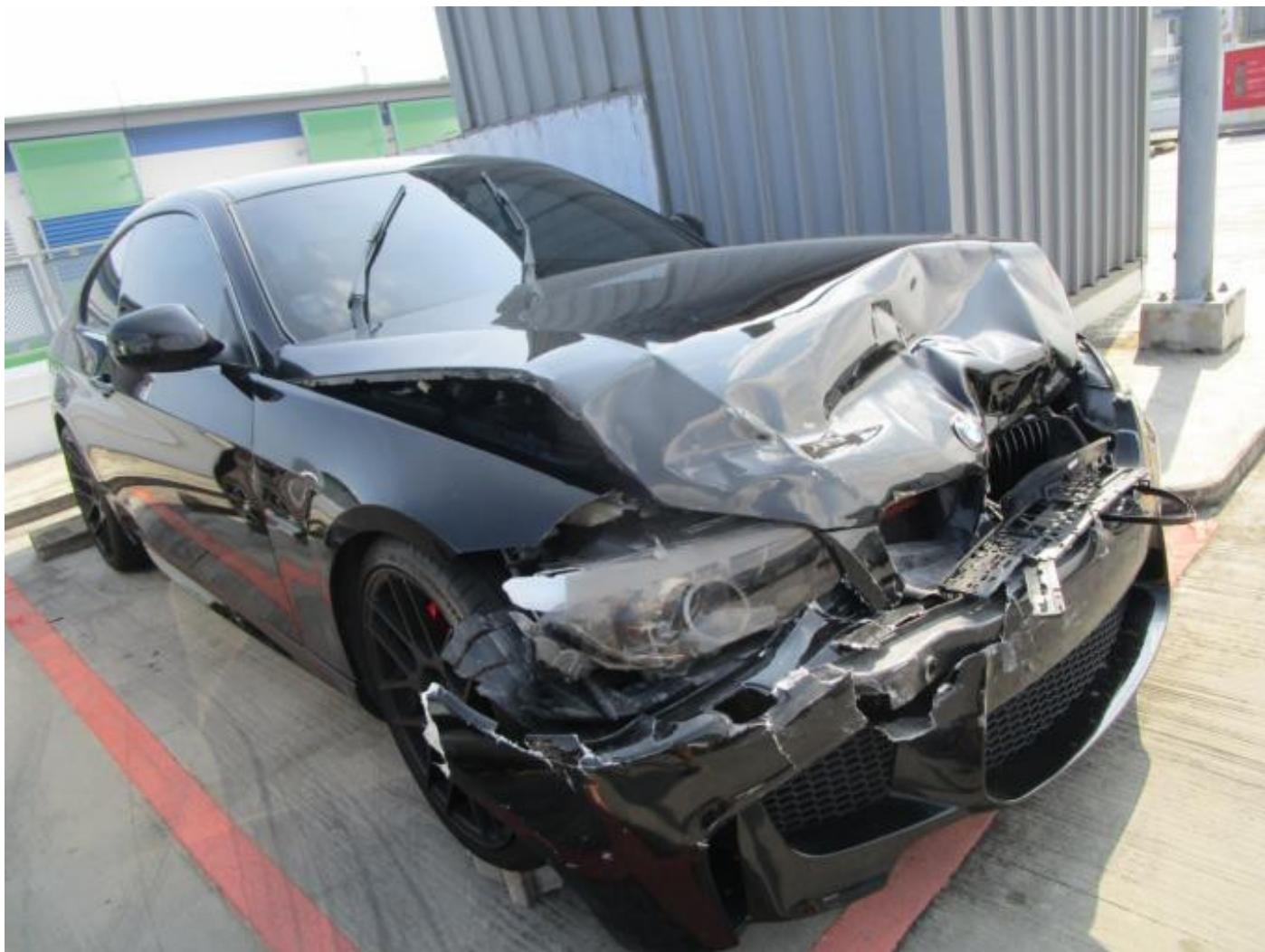




Accident Photo



Accident Photo





Accident Photo



Accident Photo



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Accident Photo

