

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	18/07/2018 14:23
Date Of Accident	18/07/2018 02:00
Exact Location Of Accident	JUNCTION BEATTY ROAD /FOCH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH7056T
Insured/Policyholder	
Name Of Registered Owner	CHEAH KENG HIANG
NRIC No	S1796968D
Email Address	MIKECHEAH@ROCKETMAIL.COM
Mobile Phone No	(LOCAL) +65-90223267
Alternative Phone No	OTHERS-90223267

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA214036
Cover Note Number	20/06/2018- 19/06/2019

Driver

Name of Driver	CHEAH KENG HIANG
NRIC No	S1796968D
Date Of Birth	26/04/1967
Occupation	INDOOR
Date Of Driving Pass	17/08/1990
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90223267
Fax Number	
Contact Number	OTHERS-90223267
Email Address	MIKECHEAH@ROCKETMAIL.COM

Address	BLK 43 LOR 5 TOA PAYOH #07-133
Postcode	310043
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	2
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)	3
Passenger 1	NAME: : MR LOW GENDER: : MALE
Passenger 2	NAME: : MS BEI GENDER: : FEMALE

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 ATTACHED STATMENT AND SKETCH

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	SLF2481H
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)

SKETCH PLAN

ACA

Vehicle :- SGH 2018 T

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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: 18/7/18
1:30pm

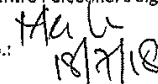


Driver's Signature

(If driver is not the policyholder)
Date & Time:



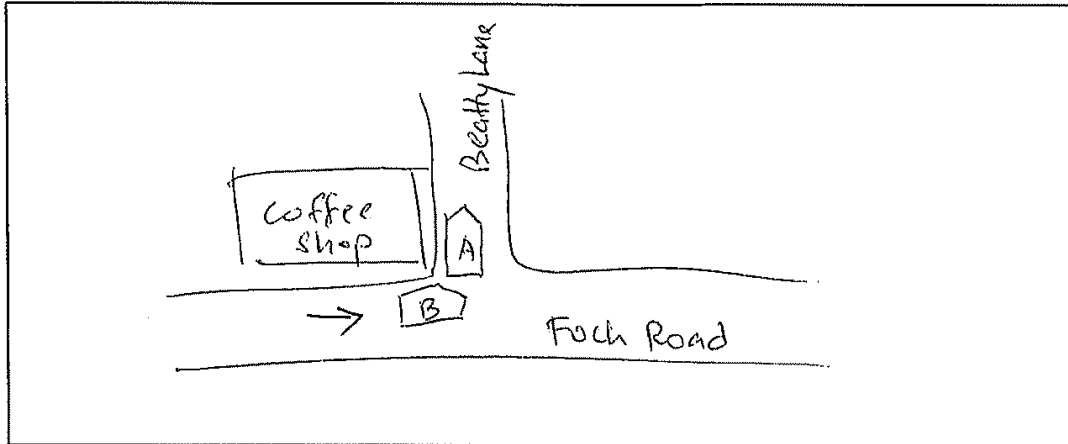
Reporting Centre Personnel's Signature

Name: 
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 18/7/18 Time: 2am Location: Beatty Lane/Foch Road
 My Vehicle A: SGH7056T Vehicle B: SLF2481H Vehicle C: /

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/7/18, I parked my car along Beatty Lane.
 I onboard my car and looked into rear mirror,
 I did not see a car behind, I reversed my
 car and a Grab car came and stop behind,
 waiting for his customer, unfortunately I was
 not in time to stop, therefore knocked into the left
 side of car B.

☒ 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 : mikecheah@rocketmail.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.

[Signature]

Policyholder's Signature

Date & Time: 18/7/18
1.30pm

[Signature]

Driver's Signature

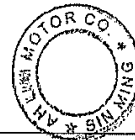
(If driver is not the policyholder)
 Date & Time:

Vehicle
SGH7056T

[Signature]

Reporting Centre Personnel's Signature

Name: Man
 NRIC/FIN No.: 18/7/18




AH LIM MOTOR COMPANY



6-1033

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1796968D



Name
CHEAH KENG HIANG

谢敬贤

Race
CHINESE

Date of birth
26-04-1967

Sex
M

Country/Place of birth
SINGAPORE

5274694


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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Aug. 1990

NP 428A

Barcode: S1796968D

Barcode: S1796968D



Date of issue
28-02-2014

Address
APT BLK 43 LORONG 5 TOA PAYOH
#07-133
SINGAPORE 310043



redefining / insurance

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

CHEAH KENG HIANG
 SINGAPORE
 43 TOA PAYOH LORONG 5
 #07-133
 SINGAPORE 310043

Renewal

date
 13/06/2018

your servicing distributor
LQ INSURANCE AGENCY PTE LTD /
02960

your servicing distributor contact
63340783

Policy Schedule*Your SmartDrive Comprehensive Essential***Your policy snapshot**

Policyholder name	CHEAH KENG HIANG	Policy number	VA1 / GA214036
Cover	Comprehensive	FIN / NRIC	S1796968D
Period of Insurance	from 20/06/2018 to 19/06/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 916.12
Total Discounts	- SGD 48.84
7% GST	SGD 60.71
Final Premium	SGD 927.99

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential 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

Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	TOYOTA WISH 1.8 A	Year of manufacture	2006
Vehicle registration number	SGH7056T	Type of Use	Private use
Body type	MPV	Engine capacity (c.c.)	1794
Seating capacity (excl driver)	6	Engine number	1ZZ2587033
Off-Peak car	No	Chassis number	ZNE100309279

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	HONG LEONG FINANCE LIMITED

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

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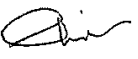
AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 2

To Whom It May Concern,


Accident involving my vehicle no SGH 7056T on 18/7/18 (date) with
SLF2481H (other veh no) along Betty Road / Foch Road

I, Cheah Keng Hiang NRIC No: S1796968D
owner of vehicle no - SGH 7056T am aware of the accident of my vehicle on
_____ (Date) while car was driven by _____
IC No: _____ I hereby authorise him/her to make the report.


Name Cheah Keng Hiang / S1796968D
Date: 18/7/18

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 Cheah Keng Hiang / S1796968D
Date 18/7/18

Sketch Plan Pg. 6



redefining / insurance

Date: 18/07/18

To: Owner of Vehicle Number: SAN 7056T

The following has been advised to you via your workshop, Andim Motor Co through their staff, Mela.

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

[Signature] 18/07/18

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

