

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	28/08/2018 16:26
Date Of Accident	03/07/2018 18:00
Exact Location Of Accident	7030 AMK AVE 5 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD8220A
Insured/Policyholder	
Name Of Registered Owner	SOH KWEE HOCK
NRIC No	S1477227H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96734832
Alternative Phone No	OTHERS-87182430

Vehicle Particulars

Manufacturer	AUDI
Model	A5-2.0 TFSI QUATTRO (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?	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	GA307882
Cover Note Number	22/12/2017 - 21/12/2018

Driver

Name of Driver	LEMBLE GREGORY
Passport No/FIN	G5455947Q
Date Of Birth	16/01/1975
Occupation	INDOOR
Date Of Driving Pass	19/01/1993
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87182430
Fax Number	
Contact Number	OTHERS-96734832
Email Address	NOEMAIL

Address	KOVAN REGENCY 4 KOVAN RISE #14-08
Postcode	544735
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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 THE SKETCH PLAN BY DRIVER

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	SLQ7601M
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

IMPORTANT NOTICE

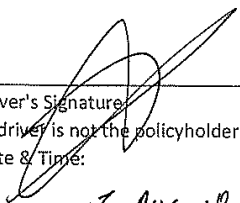
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:



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

15 AUG 18/11 AM.



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

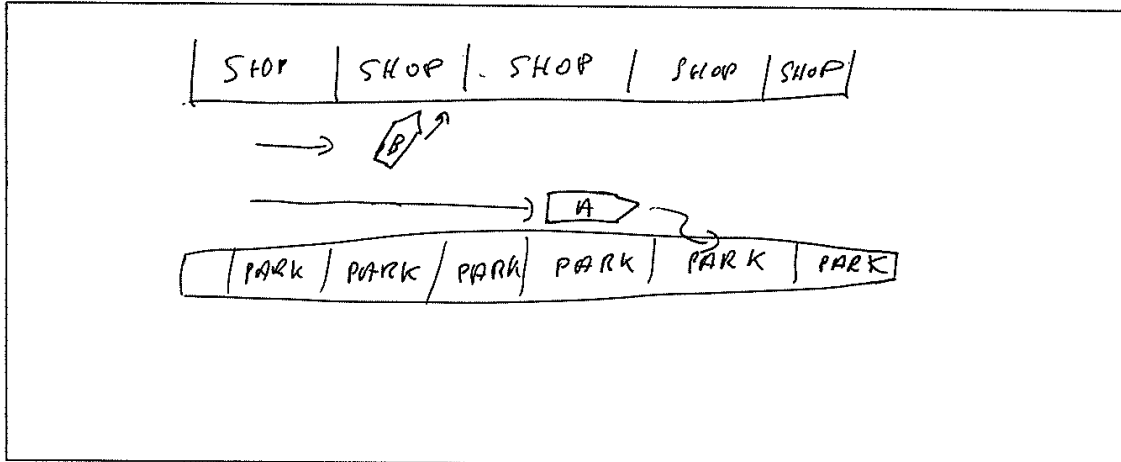
Sketch Plan Pg. 2

7030 ANG MO KIO AVE S

Date of accident: 03 JUL 18 Time: 6 PM Location: CAP PARK 569 880

My Vehicle A: SGD 8220A Vehicle B: SLG 76017 Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- A - Entry in the car park to park on right
B - Suddenly STOP on left with no signal.

Unsignificant is reporting touch on my left.

☐ 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 :

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.

Policyholder's Signature

Date & Time:

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

15 AUG 18 / 11AM.

Reporting Person's Signature

Name:

NRIC/FIN No.:



AH LIM MOTOR COMPANY

Sketch Plan Pg. 3



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

SOH KWEE HOCK
10 UPPER SERANGOON VIEW
#12-02
SINGAPORE 534198

New business

date
22/12/2017

your servicing distributor
KHC HOLDINGS PTE LTD / 03180

your servicing distributor contact
62538288

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	SOH KWEE HOCK	Policy number	VA1 / GA307882
Cover	Comprehensive	FIN / NRIC	S1477227H
Period of Insurance	from 22/12/2017 to 21/12/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD 1,977.06
Total Discounts	- SGD 376.38
7% GST	SGD 110.72
Final Premium	SGD 1,692.40

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

Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	AUDI A5 SPORTBACK 2.0 TFSI	Year of manufacture	2010
Vehicle registration number	SGDB220A	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1984
Seating capacity (excl driver)	4	Engine number	CDN140843
Off-Peak car	No	Chassis number	WUZZZ8T1BA011731

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	Nil





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


Basic Own Damage Excess	SGD 800.00
Windscreen Excess	SGD 100.00


Drivers details


AXA Insurance Pte Ltd (192903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 2


	
Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore	
<hr/>	
Employer MARINA BAY SANDS PTE. LTD.	
<hr/>	
Name LEMBLE GREGORY	
Occupation ASSOCIATE DIRECTOR	
FIN G5455947Q	Date of Application 05-12-2016
	Date of Issue 16-12-2016
	Date of Expiry 21-01-2020
	
	L7481997

 Führerausweis-Permis de conduire
Licenza di condurre - Permiss da
manischar - Driving Licence







1. **Lemblé**
2. **Grégory**
3. 16.01.1975
F
4a. 24.11.2003 4b. ***** 4c. FR-CH
5. 005759101001

7. 


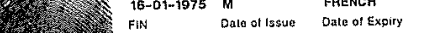
9. **ABF**

owner (Friedrich)
9673 482

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VISIT PASS			
Immigration Regulations			
Name LEMBLE GREGORY			
	Date of Birth	Sex	Nationality
	16-01-1975	M	FRENCH
	FIN	Date of Issue	Date of Expiry
	G5455947Q	16-12-2016	21-01-2020
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.			
			

[illegible]

To Whom It May Concern,

Accident involving my vehicle no. SGD 8220 A on 03/07/18 (date) with
SLQ 7601M (other vehicle no) along 7030 AMIC AVE S

I, SOH KWEE HOIC Nric No. S1P77227H
Owner of vehicle no. SGD 8220 A am aware of the accident of my vehicle on
03/07/18 (Date) while car was driven by Lembae Gregory.
Nric No. 4545547Q. I hereby, authorise him / her to make the report.

X

Name SOH KWEE HOIC

Date: 28/8/18

.....
..
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.

X

Name

Date:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

