

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	23/07/2018 14:55
Date Of Accident	23/07/2018 07:15
Exact Location Of Accident	SLE TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8034L
Insured/Policyholder	
Name Of Registered Owner	LIM YEOW SUNG
Passport No/FIN	G2752788X
Email Address	LIM.CHRISTINE31@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90351191
Alternative Phone No	OFFICE-96526250

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORAL USAGE
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	VPA/P2049332
Cover Note Number	

Driver

Name of Driver	LIEW SWEE LEE
Work Permit No	G6909913R
Date Of Birth	06/11/1991
Occupation	INDOOR
Date Of Driving Pass	18/03/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96526250
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 182 EDGEFIELD PLAINS #5-258
Postcode	820182
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 AS ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC662G
Vehicle Make/Model/Colour	RED
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

IMPORTANT NOTICE

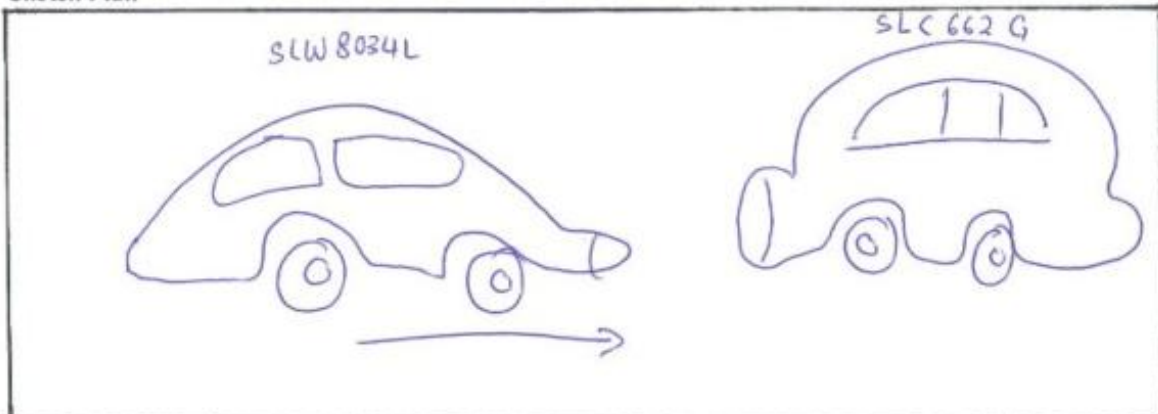
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my work and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

Driving at normal speed at Mander, Woodlands expressway,
suddenly the front car red colour Mazda 2 break suddenly,
and my car break also but already hit the back of the
car.

Declaration

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

Witnessed by Reporting Centre
Personnel

Authorisation Letter

AXA INSURANCE PTE LTD

8 Shenton Way , #24-01

AXA Tower , Singapore 068811

To Who, It May Concern,

RE : LETTER OF AUTHORIZE DRIVER FOR SLW8034L, POLICY no: VPA/P2079332

The above-said refers.

I, LIM YEOW SUNG (FIN:G2752788X) hereby authorised LIEW SWEE LEE (G6909913R) to Drive my car effective from 3 March 2018.

Should you need any further verification please feel free to contact me at my email lim.christine31@gmail.com or call at 6816 8888 or 9035 1191.

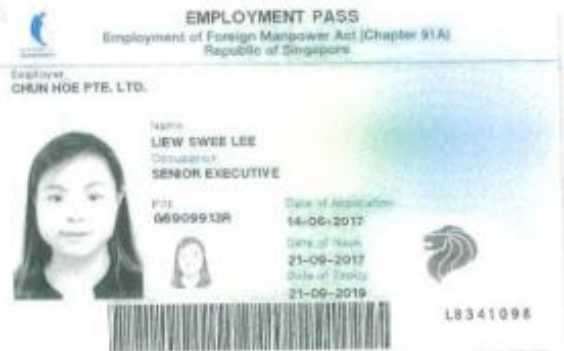
Thank you.

Yours sincerely,



LIM YEOW SUNG

23/7/2018.



AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



DUPLICATE COPY FOR
 FINANCE / BANK

Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Duplicate

POLICY INFORMATION		Policy No. : VPA/P2079332
Source	: (01) 14885 BMS-AXA TOYOTA NB	
Insured	: LIM YEOW SUNG	
Address	: 21 CANBERRA DRIVE #09-44 SINGAPORE 768076	
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 02/03/2018 To 01/03/2019 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 0.00% NCD	: SGD 2,192.52	
GST 7.00%	: SGD 153.48	
Annual Premium	: SGD 2,346.00	
Total Payable	: SGD 2,346.00	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SLW8034L	
Type Of Use	: Private Car	
Make/Model	: TOYOTA WISH 1.8	
Year of Manufacture	: 2017	Seating Capacity (excl. Driver) : 06
Body Type	: MULTI - PURPOSE VEHICLE	Engine C.C. : 1798
Engine No.	: 2ZR0A69497	
Chassis No.	: JTDGG20W80J009209	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	: As specified in Certificate of Insurance	
Hire Purchase	: HONG LEONG FINANCE LIMITED	
Basic Own Damage Excess	: SGD 500.00	
Named Drivers		
1 LIM YEOW SUNG		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
Sales Agent ID : BSTU041		
Sales Draft Number One : 8060-1520231977792		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo

