

## 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	21/07/2018 18:23
Date Of Accident	21/07/2018 11:25
Exact Location Of Accident	ALONG ECP TWDS CITY NEAR FORT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC3592D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GU CHUNGUANG
NRIC No	S7775974C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96422836
Alternative Phone No	OFFICE-96422836

### Vehicle Particulars

Manufacturer	SUBARU
Model	OUTBACK 2.5I-S CVT AWD SR
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	GA280269
Cover Note Number	

### Driver

Name of Driver	SUN GUANG YU
NRIC No	S7876724C
Date Of Birth	29/04/1975
Occupation	INDOOR
Date Of Driving Pass	13/05/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96272108
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL 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

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

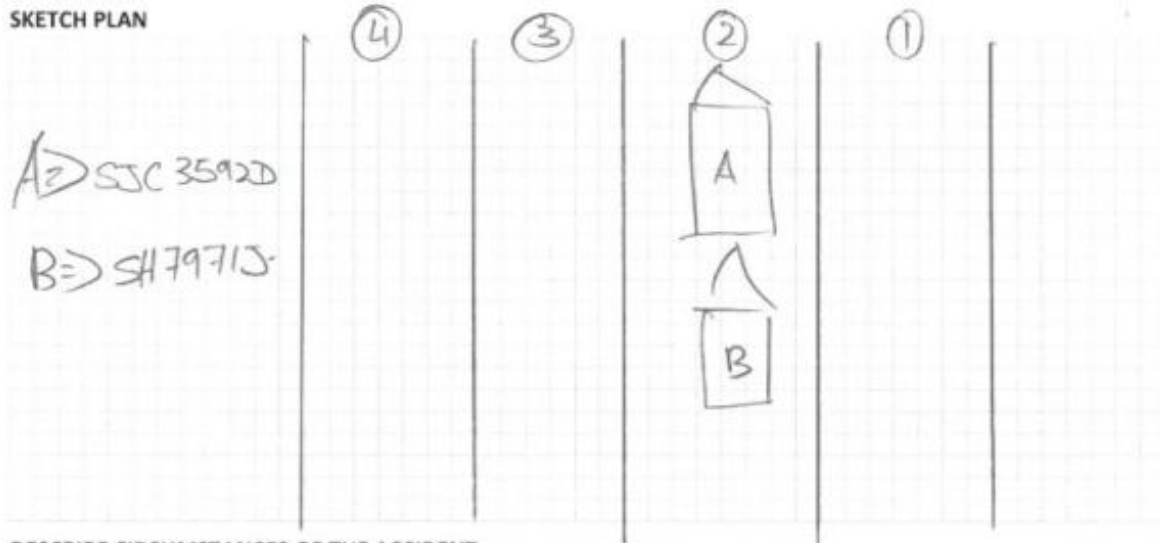
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7971J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along ECP towards City near Fort Road, the taxi in front suddenly break to a stop. I also make an emergency break to a stop. The taxi behind my car cannot stop in time and hit the back of my car. This happened at about 11.22am on 21 July 2018.

## 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:

21/7/18 2.00pm

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

## Accident Sketch Plan

### SKETCH PLAN


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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.:

# Common Statement

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident 21/7/2018 Time 11:22am Location of Accident ECP towards City near Fort Road

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number  
Name of Policyholder  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)  
Address  
Contact Number  
Occupation

SJC 3592D  
Gu chuang.  
S7775974C.  
Tel  
Hp 96422836

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model  
Type of Vehicle  
Exact Purpose for which vehicle was being used at the time of accident.  
Are you claiming under your own insurance policy?

☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ M/cycle ☐ Others  
Private used  
☒ Yes ☒ No Remarks  
☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company  
Type of Policy  
Fleet Policy  
Policy Number

Axa  
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
☐ Yes ☒ No  
GA 280269.

### DRIVER

Name of Driver  
NRIC/ FIN/ Passport  
Date of Birth  
Occupation  
Driving Pass Date  
Gender  
Contact Number  
Address  
Email Address  
Was driver an employee of the Insured's Company?  
If No, relationship of Driver with the Insured  
Vehicle Number of Driver's Own Vehicle (if applicable)  
Insurance of Driver's Own Vehicle (if applicable)

Sun Guang xu.  
S7876724C  
29/04/1975.  
13/05/2008  
13/05/2008  
Hp 9627 2108.  
Tel  
☒ Male ☐ Female  
☐ Yes ☒ No

GENERAL INFORMATION OF THE ACCIDENT  
Type of Collision (E.g. Chain Collision/ Head-On, etc)  
Weather Conditions  
Road Surface  
Damage Area

3pax.  
☒ Clear ☐ Raining ☐ Others  
☐ Wet ☒ Dry ☐ Others

### OTHER INFORMATION

Was there any foreign vehicle(s) involved?  
Was anybody injured in the accident? (Including Witness)  
Was any other vehicle(s) or property damaged?  
Was there any camera video footage (in car)?

☒ No ☐ Yes  
☒ No ☐ Yes  
☐ No ☒ Yes  
☐ No ☒ Yes

### DETAILS OF POLICE ACTION

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

☒ No ☐ Yes  
☒ No ☐ Yes

sssgy@hotmail.com

## Common Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

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 \_\_\_\_\_

SH7971J.  
Lim Chor Choon Edmund.  
S1109057E.

#### 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

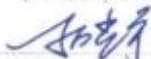
Name \_\_\_\_\_  
NRIC/ FIN/ Passport \_\_\_\_\_  
Address \_\_\_\_\_  
Approximate Age \_\_\_\_\_  
Injuries Sustained \_\_\_\_\_  
If Vehicle Occupants, state in which vehicle? \_\_\_\_\_  
Were Seat Belts Worn? ☐ Yes ☐ No  
Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

### 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 \_\_\_\_\_



Date & Time \_\_\_\_\_

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

# AXA FROM

Workshop: TP @ BH Auto Workshop

Date: 21/07/18

To: Owner of Vehicle Number: SJC 359DJ

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

Please tick the applicable box if you had been advised on the content as shown 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 indemnify 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 procuring 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 taking the vehicle out despite being advised by the workshop mechanic/technician 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 after market/ reproduction 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 repairs.
- ☐ 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 the Own Damage claim.

Other: TP @ BH Auto Workshop

Signature of authorised signatory:

Name and Signature of policyholder/authorised driver:

Name and Signature of workshop personnel (including company stamp)




**redefining / insurance**

60, CHUNGANG  
782 #17-08  
RAFFLES ROAD  
SINGAPORE 220714

AXA Insurance Pte Ltd  
☎ 1800 880 4888 (Toll-free Singapore)  
☎ (65) 6880 4888 (International)  
☎ (65) 6880 4148  
✉ [customerservice@axa.com.sg](mailto:customerservice@axa.com.sg)  
🌐 [www.axa.com.sg](http://www.axa.com.sg)

#### New business

date  
17/10/2017

your servicing distributor  
J & T PLANNING SERVICES / 908890

your servicing distributor contact  
92572029

## Policy Schedule

Your SmartDrive Comprehensive Flexi

### Your policy snapshot

Policyholder name	GU CHUNGANG	Policy number	W41 / SA288259
Cover	Comprehensive	TIN / NRIC	S7775979C
Period of Insurance	from 30/10/2017 to 29/10/2018 (both dates inclusive)		

### Premium breakdown

Gross Premium after 40% NCD	S\$0 1,347.02
Total Discounts	- S\$0 77.10
Tax GST	S\$0 80.98
<b>Final Premium</b>	<b>S\$0 1,349.90</b>

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Flexi Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen (p/g/l preferred) and get \$50 cash reward with no excess
- Locker Damage
- Legal Liability
- Replacement of Your Emission
- Medical and dental expenses up to \$1,000 per person for you, your spouse/children and your immediate family members
- Damage cost of 100% of your new market value (in the event of total loss due to flood without Basic Own Damage Excess)

#### Additional Benefits

- Coverage for Standard in Singapore up to 30 (30) days
- No Claim Discount Protector

### Vehicle details

Make & Model of Vehicle	SEATAT OUTBACK 2.5	Year of registration	2015
Vehicle registration number	SAC38928	Type of Use	Private Use
Body type	SUV	Engine capacity (cc)	2498
Seating capacity (incl driver)	4	Engine number	FE257041007
OTR Price (OT)	NA	Chassis number	IF 2868MC2F0C13405

Insured's Estimated Market Value  
Limit of indemnity  
Finance Lender Company

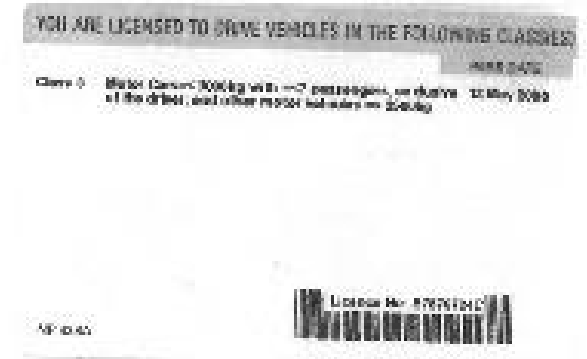
Market value at the time of Loss (including accessories and spare parts)  
As per Certificate of Insurance  
LIMITED OVERSEAS BANK LIMITED

### Excess applicable (refer to Policy Wording for more information)

Basic Own Damage Excess	S\$0 500.00
Windscreen Excess	S\$0 100.00

AXA Insurance Pte Ltd (196301551274)  
8 Shenton Way, #01-01, AXA Tower  
Singapore 068811  
Customer Centre, #01-01

## Driving License



Identification Card

4045360

NRIC No. **S7775974C**

Date of issue  
**16-05-2007**

**262 BALESTIER ROAD #17-03**  
**SINGAPORE 329714**

NRIC No: **S7775974C**      Date: **03/12/2016**



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S77775974C**

**GU CHUNGUANG**

**古 春 光**

Race  
**CHINESE**

Date of birth  
**21-02-1977**

Country of birth  
**CHINA**

Sex  
**F**



Accident Photo



Accident Photo





Accident Photo







Accident Photo



Accident Photo



Accident Photo

