

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	27/07/2018 11:52
Date Of Accident	26/07/2018 13:30
Exact Location Of Accident	STEVEN RD TWDS ORCHARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE6908T
Insured/Policyholder	
Name Of Registered Owner	LIM HOCK WANG
NRIC No	S1682602B
Email Address	EDWARD.LIM@SWTS.COM
Mobile Phone No	(LOCAL) +65-92702493
Alternative Phone No	OTHERS-92702493

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER 2.4
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	GA090304
Cover Note Number	17/02/2018 TO 16/02/2019

Driver

Name of Driver	TANG PAULINE
NRIC No	S1460688B
Date Of Birth	22/03/1961
Occupation	INDOOR
Date Of Driving Pass	15/07/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92702493
Fax Number	
Contact Number	
Email Address	MRS LIM PAULINE@YAHOO.COM.SG

Address	APT BLK 539 HOUGANG ST 52 #08-50
Postcode	530539
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 - MAJOR/MINOR RD
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: : TENG SIEW KIM GENDER: : FEMALE
Passenger 2	NAME: : MAID GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN & POLICE -NOTICE OF COMPLIANCE

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	SHC364P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR ONG
NRIC/Passport Number	

Contact Number	91705517
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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 liability.
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. 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: 27/7/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



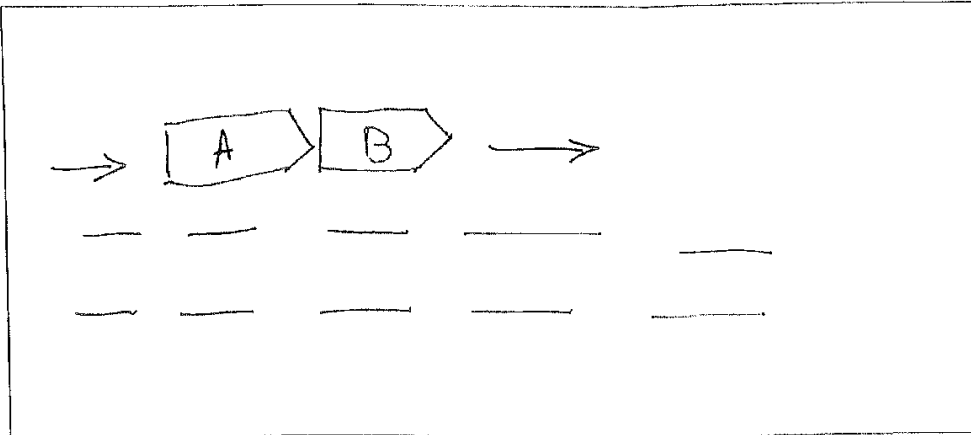
Mei W

27/7/18

Sketch Plan Pg. 2

Date of accident: 26/7/18 Time: 11:30pm Location: Steven Road towards Orchard Rd -
 My Vehicle A: SDE 6908 T Vehicle B: S HC 364 P Vehicle C: /

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I bend down to look for my handcream -
 unexpectedly my car had moved forward towards
 the toy Comfort Delgro pumpkin - took the
 photos but to report the matter.

☐ 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 : edward.lim@snts.com

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

27/7/18
 Policyholder's Signature
 Date & Time:

27/7/18
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

27/7/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 27/7/18

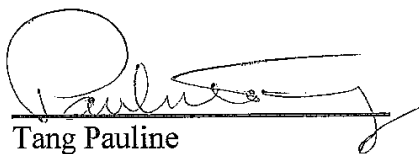
ANNEX E

NOTICE OF COMPLIANCE

This is to confirm that Tang Pauline, Add: Blk 539 Hougang St 52 #08-50 NRIC: S1460688B, Tel: 92702493 has reported to the Police on a non-injury traffic accident which occurred along Steven Road towards Orchard Rd, in front of Tanglin Community Club in 3rd Lane on 26/7/2018 at about 1330hrs involving the following vehicles:

- 1) SDE6908T – Car (Complainant's vehicle)
- 2) SHC364P – ComfortDelgro Yellow Taxi, 91705517

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276.

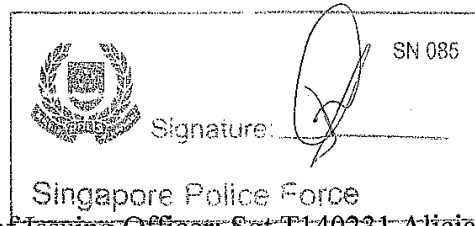


Tang Pauline

Date: 26/07/2018

S/D: 50

Police Post/Unit: Hougang NPC



Name of Issuing Officer: Sgt T140231 Alicia

Original – to be issued to informant
Duplicate - to be retained at police post or unit



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

LIM HOCK WANG
 BLK 539 HOUGANG STREET 52
 #08-50
 SINGAPORE 530539

Renewal

date
11/01/2018

your servicing distributor
BASLE INSURANCE AGENCY / 00804

your servicing distributor contact
62812889

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	LIM HOCK WANG	Policy number	VA1 / GA090304
Cover	Comprehensive	FIN / NRIC	S1682602B
Period of Insurance	from 17/02/2018 to 16/02/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 40% NCD	SGD 1,320.75
Total Discounts	- SGD 70.39
7% GST	SGD 87.53
Final Premium	SGD 1,337.89

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 at your preferred location and get \$50 cash reward with no excess
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Dua Protector Pack Benefits

- Daily transport allowance up to \$150 for a maximum of ten (10) days
- Monthly allowance of \$3,000 for each injured person for you and your first named driver up to 18 months in the event of total permanent disablement
- Personal accident benefit of up to \$60,000 per person for you and your first additional named driver
- Medical and dental expenses up to \$5,000 per person for you and your first additional named driver
- Basic Own Damage Excess Reduced by \$200

Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers
- Personal accident benefit of up to \$20,000 per passenger

Vehicle details

Make & Model of Vehicle	mitsubishi outlander 2.4 CVT	Year of manufacture	2014
Vehicle registration number	SDE6908T	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	2360
Seating capacity (excl. driver)	6	Engine number	4B12PG7273
Off-Peak car	No	Chassis number	JMYXTGF3WFZ001557

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	MAYBANK

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 2

Driver's Particulars Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1460688B**

Name: **TANG PAULINE**

Birth Date: **22 Mar 1961**
Issue Date: **10 Mar 2004**

001157403C





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1460688B**

Name: **TANG PAULINE**

邓宝玲

Race: **CHINESE**
Date of Birth: **22-03-1961** Sex: **F**
Country of Birth: **SINGAPORE**



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


Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
15 Jul 1994


NP 428A



0299023



NRIC No. **S1460688B**



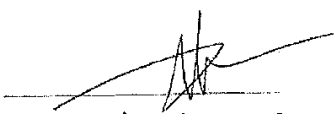
Blood Group: **O-** Date of issue: **01-04-1992**

APT BLK 539 HOUGANG STREET 52 #08-50
SINGAPORE 530539
NRIC No: S1460688B Date: 03-05-2000 No: 3749187

To Whom It May Concern,

Accident involving my vehicle no SDE6908T on 1330 hrs (date) with
SHC 364P (other veh no) along Steven Rd twas Orchard Rd

I, Lim Hock Nang NRIC No : S1682602B
owner of vehicle no - SDE6908T am aware of the accident of my vehicle on
26/7/18 (Date) while car was driven by Tang Pauline
IC No : S1460688B . I hereby authorise him/her to make the report.


Name Lim Hock Nang
Date : 27/7/18

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

Date

Policy Holder's LA & Briefings Pg. 2



redefining / Insurance

Date: 27/7/18

To: Owner of Vehicle Number: SDE 6908T

The following has been advised to you via your workshop, An Lim Motor Co through their staff, Mei Li

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 Reporting only

Signed and acknowledge by:

LIM HECK WANG

Name and signature of policyholder/authorised driver

AN LIM MOTOR CO
27/7/18
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





scene





scene



scene



scene

