#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	25/07/2018 12:02			
Date Of Accident	24/07/2018 10:15			
Exact Location Of Accident	BEACH RD TWDS BRAS BASAH RD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJG8288D			
Insured/Policyholder				
Name Of Registered Owner	LIM AH HOO			
NRIC No	S0117430D			
Email Address	LIM1881@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-96329383			
Alternative Phone No	OFFICE-NOPHONE			
Vehicle Particulars				
Manufacturer	MERCEDES-BENZ			
Model	S300L			
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	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	GA082722			
Cover Note Number				
Driver				
Name of Driver	LIM AH HOO			

Name of Driver LIM AH HOC
NRIC No S0117430D
Date Of Birth 14/09/1946
Occupation INDOOR
Date Of Driving Pass 09/02/1977

Driving Experience 41 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96329383

Fax Number

Contact Number OFFICE-NOPHONE
EMail Address LIM1881@GMAIL.COM

54 THOMSON GREEN Address

574930 Postcode

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 - 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 NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

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 ATTACH

# 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 PA204J

Vehicle Make/Model/Colour

**Details Of Properties** 

BUS Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1 SKETCH PLAN

#### IMPORTANT NOTICE

Vehiac: - SJG

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:

- 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)
  - (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
- 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.
- 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.
- 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.

BANKER SHOWN IN THE

Policyholder's Signature
Date & Time: 25/7/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pe

Name:

NRIC/FIN No.:

# Sketch Plan Pg. 2

/ehicle A: SUG 8288D	Vehicle Β: <u>PA</u>	3043	Vehicle C:	
CH PLAN				
				j
Bras Basa	" TEL	,	Bras Basah	
	(o)	4	sras bushn	
——————————————————————————————————————		4		
			· · · · · ·	
	A.D.	l N	eables	
	EA CH ROAD	4	Asie	
	5 4			
	2 E			
COURT CIRCLES COTTANTO	ACCIDENT			
CRIBE CIRCUMSTANCES OF THE A	ACCIDENT	<del> </del>		1
Report pls	reger to	The	attadnet	
- V		<del></del>		
		· · · · · · · · · · · · · · · · · · ·		
				ļ
	HERENOVE .			
				·
□ Claim OD/TP at Ah Lim Mot	tor [] Claim 🐠/Ti	at other wor	kshop	ing Only
☐ Claim OD/TP at Ah Lim Mot	*		kshop	ing Only
-	•		kshop	ing Only
Remarks: Please forward a copy My workshop : Email address :	•		kshop	ing Only
Remarks: Please forward a copy My workshop: Email address: & myself:	of my efile accident repo	ort to:	kshop Report	ing Only
Remarks: Please forward a copy My workshop: Email address: & myself: Email address: [Im 188	of my efile accident repo	ort to:		
Remarks: Please forward a copy My workshop: Email address: & myself: Email address:	of my efile accident reposes  81 @ gmail. Com	ort to:	to submit own damag	
Remarks: Please forward a copy My workshop: Email address: & myself: Email address:  Note: Please take note that your you own policy. Kindly check with	of my efile accident reposes  8   Q gmail. Com  insurer have 14 days tim th your own insurer for in	ort to:  neframe for you nore informatio	to submit own damago	
Remarks: Please forward a copy My workshop: Email address: & myself: Email address:  Note: Please take note that your you own policy. Kindly check with	of my efile accident reposes  8   Q gmail. Com  insurer have 14 days tim th your own insurer for in	ort to:  neframe for you nore informatio	to submit own damago	
Remarks: Please forward a copy My workshop: Email address: & myself: Email address:  Note: Please take note that your you own policy. Kindly check with	of my efile accident reposes  8   Q gmail. Com  insurer have 14 days tim th your own insurer for in	ort to:  neframe for you nore informatio	to submit own damago	claim under
Remarks: Please forward a copy My workshop: Email address: & myself: Email address: [Im 188] Note: Please take note that your you own policy. Kindly check with	of my efile accident reposes  8   Q gmail. Com  insurer have 14 days tim th your own insurer for in	ort to:  neframe for you nore informatio	to submit own damago	claim under
Remarks: Please forward a copy My workshop: Email address: & myself: Email address:  Note: Please take note that your you own policy. Kindly check with ECLARATION We declare the foregoing particulars an	of my efile accident repo	ort to:  neframe for you nore informatio	to submit own damagen. SJG	e claim under
Remarks: Please forward a copy My workshop: Email address: & myself: Email address: [Im 188] Note: Please take note that your you own policy. Kindly check with	of my efile accident reports of my efile accident reports of mail. Commissurer have 14 days times the your own insurer for more true in every respect.	neframe for you nore information	to submit own damago	e claim under

#### Sketch Plan Pg. 3

- I was travelling in my vehicle (Registration Plate: SJG 8288D) along Beach Road in the direction of Bras Basah Road at approximately 1015 hrs on 24<sup>th</sup> July 2018.
- 2) Upon reaching the junction of Beach Road and Bras Basah Road, I had stopped at the right lane due to the traffic lights being red at the junction, with a private bus with the labels of "Khim Seah Enterprise Pte Ltd" (Registration Plate: PA 204J) stopping on the left side of my vehicle.
- 3) When the traffic lights turned green, I began my turn onto the right most lane of Bras Basah Road in the direction of Raffles Boulevard.
- 4) Mid-way through executing this turn, I heard a loud "Bang" and concurrently felt an impact emitting from the rear left side of my vehicle before pulling over on the right most lane of Bras Basah Road to investigate the cause of this impact.
- 5) After checking for damages, I noticed that the front right/end of private bus (Registration Plate: PA 204J) had collided with the rear left end of my vehicle (Registration Plate: SJG 8288D). Damages to both my vehicle and the private bus can be seen in Exhibit 1 and Exhibit 2 respectively.
- 6) I did not manage to obtain the identity of the private bus driver, however photographs of the personnel can seen in Exhibit 3 should there be a need to verify his driving license with the relevant authorities

WIM AH HOD 25/7/2018

#### Policy Holder-Driver's Particulars & Briefings Pg. 1





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

1500 - 880 - 4741

Renewal

date

15/12/2017

your servicing distributor SIX PHASE E & T / 00925

**Policy Schedule** 

Your SmartDrive Comprehensive Private APW

your servicing distributor contact

65523600

Your policy snapshot

Policyholder name

LIM AH HOO 54 THOMSON GREEN

THOMSON HILLS SINGAPORE 574930

LIM AH HOO

**Policy number** 

VA1 / GA082722

Comprehensive

FIN / NRIC

S0117430D

Period of Insurance

Cover

from 06/01/2018 to 05/01/2019 (both dates inclusive)

Premium breakdown

Gross Premium after 50% NCD

SGD 1,405.80

**Total Discounts** 

- SGD 74,95 SGD 93.16

7% GST Final Premium

SGD 1,424.01

# Your benefits highlights

(refer to Policy Wording for full terms and conditions)

- 24/7 Towing & Transportation in Singapore or Overseas
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Loss of Personal Effects in Singapore up to \$3,000
- Daily Transport Allowance of \$50 for a maximum of five (5) days
- Personal accident benefit of up to \$30,000 for you or your named drivers while driving
- Medical and dental expenses up to \$500 per person for either you as the driver or your authorised driver and a passenger 0
- Basic Own Damage Excess Reduction for AXA Premium Workshop
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess

### Vehicle details

Make & Model of Vehicle Vehicle registration number

MERCEDES S300L SJG8288D SALOON

Year of manufacture Type of Use

2012 Private use

Body type Seating capacity (excl driver) Off-Peak car

Engine capacity (c.c.) Engine number Chassis number

2997 27294632049991 WDD2211542A481697

Insured's Estimated Market Value

Limitation to use Finance Loan Company Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance

Nil

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

Basic Own Damage Excess

SGD 0.00

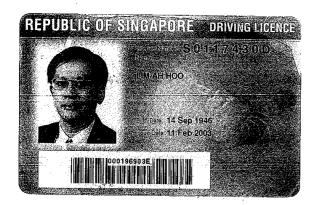
Windscreen Excess

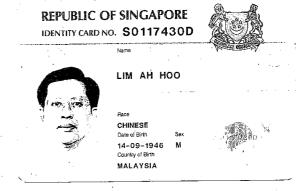
SGD 100.00

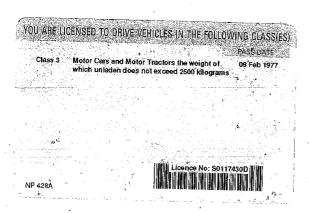
AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

1 of 2

# Policy Holder-Driver's Particulars & Briefings Pg. 2









# Policy Holder-Driver's Particulars & Briefings Pg. 3

AKA	redefining / insurance				
Date:	25/07/18				
To: Owr	ner of Vehicle Number: SJG 8288D				
The following has been advised to you via your workshop, Mr Lim Notor W through their staff, Me w					
Please t	ick the applicable box if you had been advice on the content as seen below:				
(V)	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.				
<b>(/</b> )	You had been advised by the workshop on the liability and merits of the case accordingly.				
V	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 <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.				
<b>/</b> )	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> 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:					
	and signature of policyholder/authorised driver				
( 1 × 311 ×					

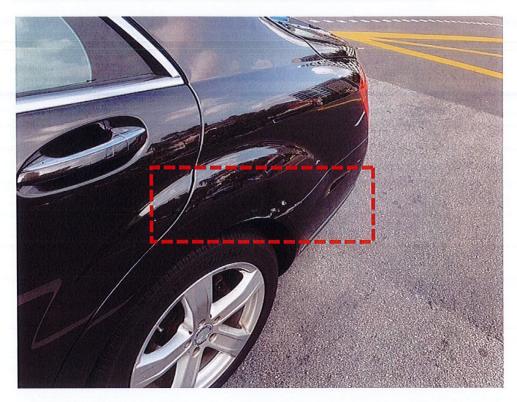


Exhibit 1 – Photo of damages to SJG 8288G (Rear left corner of vehicle)

# Additional Photos provided by Policy Holder-Driver Pg. 1

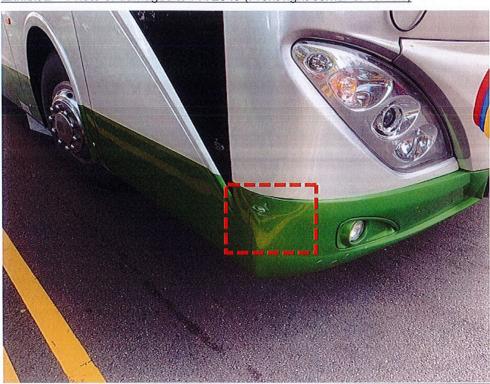
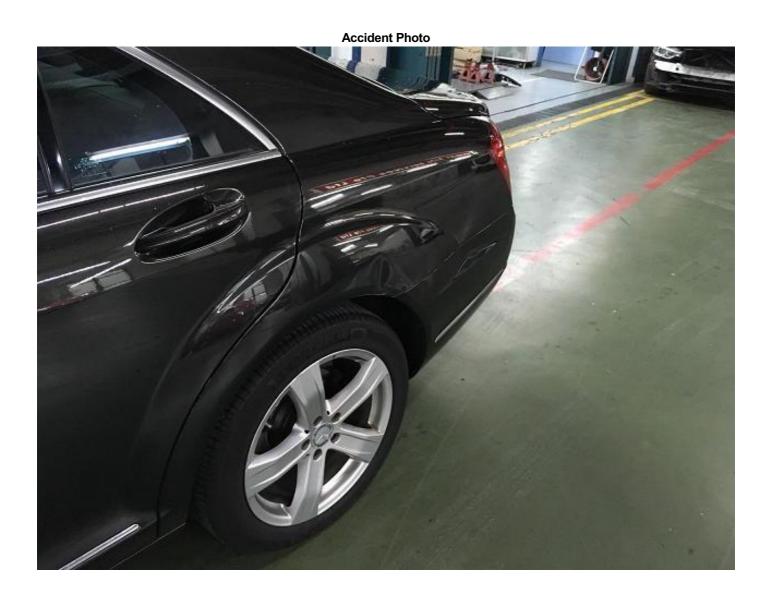


Exhibit 2 – Photo of damages to PA 204J (Front right corner of vehicle)



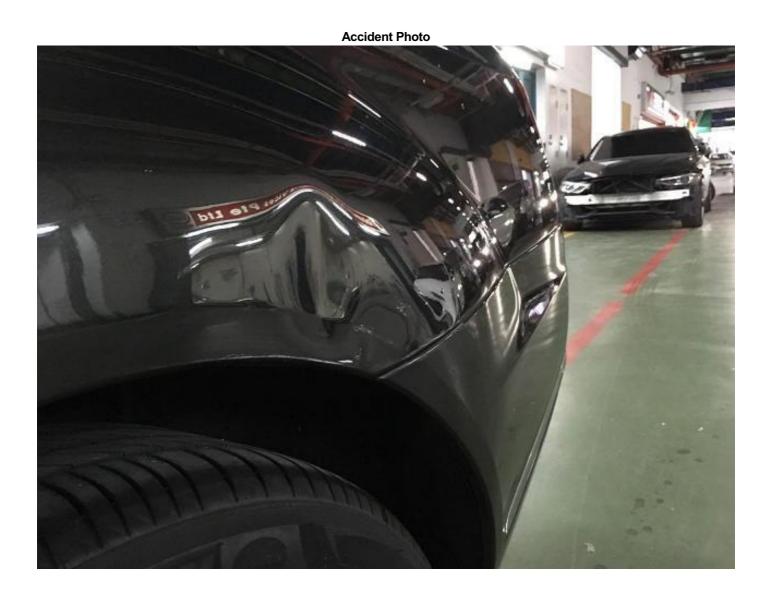




# **Accident Photo**







# **Accident Photo**



# **Accident Photo**

