

## 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	02/08/2018 16:45
Date Of Accident	02/08/2018 10:05
Exact Location Of Accident	BENOI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP6281Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO BEE HUA
NRIC No	S7404017I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97613101
Alternative Phone No	OFFICE-97613101

### Vehicle Particulars

Manufacturer	MAZDA
Model	3

Exact Purpose for which vehicle was being used at time of accident

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
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA078699
Cover Note Number	

### Driver

Name of Driver	TEO BEE HUA
NRIC No	S7404017I
Date Of Birth	30/01/1974
Occupation	INDOOR
Date Of Driving Pass	11/05/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97613101
Fax Number	
Contact Number	OFFICE-97613101
Email Address	NOEMAIL

Address	BLK 222A SUMANG LANE #12-225
Postcode	821222
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 - 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

VEHICLE B SUDDENLY JAM BRAKE. I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR.

#### 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	SLB1950Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 Pg. 1

### SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

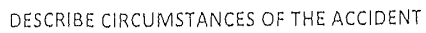
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAIN



DECLARATION

~~A~~

Policyholder's Signature  
Date & Time:

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



redefining Insurance

Date: 02/08/2018

To: Owner of Vehicle Number: 88P 62812

The following has been advised to you via your workshop, SME MOTOR PTB LTD through their staff, \_\_\_\_\_.

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.

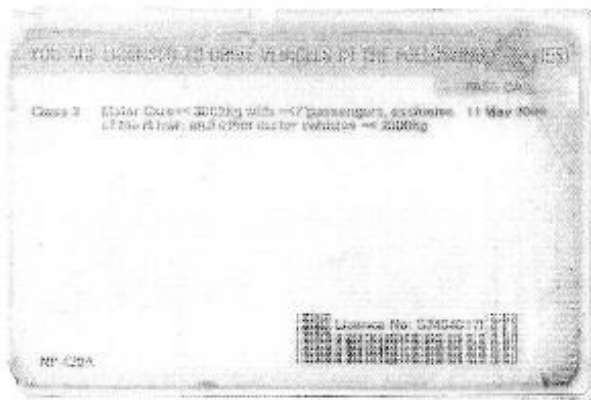
☐ Others \_\_\_\_\_

Signed and acknowledge by:

X  
Name and signature of policyholder/authorised driver

\_\_\_\_\_  
Name and signature of workshop personnel including company stamp

# Driving License



## INSURANCE



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

TEO BEE HUA  
 BLK 53 #12-029  
 LENCOK BAHRI  
 SINGAPORE 150053

### Renewal

date  
 27/11/2017

your servicing distributor  
 WATERBANK AGENCIES / 04049

your servicing distributor contact  
 93853766

## Policy Schedule

Your SmartDrive Comprehensive Private APW

### Your policy snapshot

Policyholder name	TEO BEE HUA	Policy number	VA1 / GA078699
Cover	Comprehensive	FIN / NRIC	S74040171
Period of Insurance	from 21/12/2017 to 20/12/2018 (both dates inclusive)		

### Premium breakdown

Gross Premium after 50% NCD	SGD 673.63
Total Discounts	- SGD 85.92
7% GST	SGD 44.64
Final Premium	SGD 632.35

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Private APW Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Guaranteed Repairs for breaks (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 \$20,000 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 authorized driver and a passenger
- 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	MAZDA 3 1.6 SALOON	Year of manufacture	2006
Vehicle registration number	S6P6281Z	Type of Use	Private Use
Body type	SALOON	Engine capacity (c.c.)	1589
Seating capacity (incl driver)	4	Engine number	75513607
Off-Peak car	No	Chassis number	JM6BK108270328190

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	N/A

### 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 (199503512 V)  
 8 Shenton Way, #21-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #01-01

1 of 2

Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo

