SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	01/08/2018 17:33
Date Of Accident	01/08/2018 08:40
Exact Location Of Accident	HOUGANG AVE 3 TO UBI
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ5479M
Insured/Policyholder	
Name Of Registered Owner	OPT RENOVATION CONTRACTOR
Co Reg No	53128960E
Email Address	OPT_RENO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96857807
Alternative Phone No	OFFICE-96857807
Vehicle Particulars	
Manufacturer	BMW
Model	730LI AT ABS D/AB 2WD 4DR NAV HID SR
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	GA262862
Cover Note Number	31/08/2017 - 30/08/2018
Driver	
Name of Driver	ONG PANG TEE
NRIC No	S7143744B
Date Of Birth	01/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96857807
-ax Number	

OPT RENO@YAHOO.COM.SG

Address BLK 988C BUANGKOK GREEN #17-75

Postcode 533988

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 RAINING
Road Surface WET

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ONG MING FENG

GENDER: : MALE

NO

NO

2

NO

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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 SLJ1280G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KUAH GEOK HONG

NRIC/Passport Number S7833215H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 19

Date of accident:	1-8-19	} Time: 840an L	ocation: 40	ugang AVE 3 to WSI
	Qxv7	9M Vehicle B: SLV	12809	yeng AVE 3 to WSI
SKETCH PLAN				
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Claim OD/TP a	it Ah Lim M	otor 🔲 Claim OD/TP at	other worksh	op Reporting Only
	orward a cop	y of my efile accident report	to:	
My workshop : Email address :				
& myself :				
Email address :				
Note: Please take	note that you	ır incurer have 14 days timefr	ame for you to s	ubmit own damage claim under
		ith your own insurer for more		abilit own damage claim under
DECLARATION				
	ng particy/ars	are true in every respect.		
CONTRACT	6/) //m.		
3006 UBI ROA	1 1/1	/		(0.10) X
Policyholder's Signature	711//	Driver's Signature	Re	eporting Centre Personnel's Signature
Date & Time:	//	(If driver is not the policyholder) Date & Time:		ame:
		Date of time,	171	RIC/FIN No.: AH LIM MOTOR COMPANY

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.

OPT RF10VAT ON CONTRACTOR 3006 UBI ROAD 1 #03-396 S(408780)

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

(If driver is not the policyholder) Date & Time: E 10 0

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

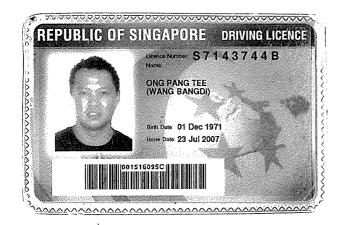
To Whom It May Concern,

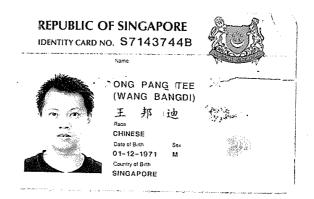
Accident involving my vehicle no. 51Q5479M 00 (18/18 (date) with 81712867 (other vehicle no) along flougary Are 3 lows. 1, OPT Renovation Contractor Nric No. 53128960E

Owner of vehicle no. 5 CQ SY 79 M am aware of the accident of my vehicle on 1/8/18 (Date) while car was driven by Ong Rang Tel.

Nric No. 57143744 .

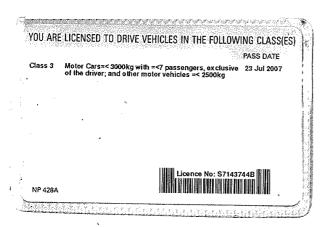
hereby, authorise him / her to make the report. Χ To fill in if there is a OD claim I am aware of the circumstances and agreeable to claim my own insurance for the above accident.





HP: 9685 7807

Friend. OPT-Reno@Yaloo.com.sy





Ong very teng (m)

Rain cy. No Ca No Total: 2. 1. Aug. 2018 15:38

THONG LEE TRADING 62566298

NO. 0420 T.



redefining / insurance

OPT RENOVATION CONTRACTOR 3006 UBI ROAD 1 #03-396 SINGAPORE 540870

AXA Insurance Pte Ltd 1800 880 4888 (Within Singapore) (63) 6880 4888 (International) (65) 6880 4740 E customer.care@ara.com.s§ Q were allegonist

Hew business

date 31/08/2017

your servicing distributor TKG (SINGAPORE) ENTERPRISE / 03138

your servicing distributor contact 96609269-KRISTY

Policy Schedule

Your SmartDrive Comprehensive Peace

Your policy snapshot

Policyholder name Cavet

OPT REHOVATION CONTRACTOR

Policy number FIN / NRIC

VA1 / GA282862 53128960E

Period of Insurance

Comprehensive from 31/08/2017 to 30/08/2018 (both dates inclusive)

Gross Premium after 50% NCD 7% GST Final Premium SGD 1.248.13 SGD 87.37 SGD 1.335,50

Your benofits highlights

- fonver Compatibility Peaces Bentills.

 24/7 Towing & Transportation in Bingapore or Oversess Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Loss of Personal Effects in Singapore up to \$3,000
- Delivery of repaired car to your preferred location
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

- Piolent Chark Black (N. 1994) Basic Own damage excess walver
- No Claim Discount Protector

A Breaklits Personal accident benefit of up to \$ 50,000,00 for you and your named drivers

Car Accessories up to \$2,000.

Vehicle détails

Make & Model of Vehicle

BMW 730 LI AT ABS D/AB 2WD 4DR Year of manufacture NAV HID SR WITH SUN ROOF

2010

Vohicle registration number Body type Seating capacity (excl driver)

Off-Reak car

SLQ5479M SALOON Nο

Type of Use Engine capacity (c.c.) Engine number Chassis number_

Private use 2996 06737359N52B30AF

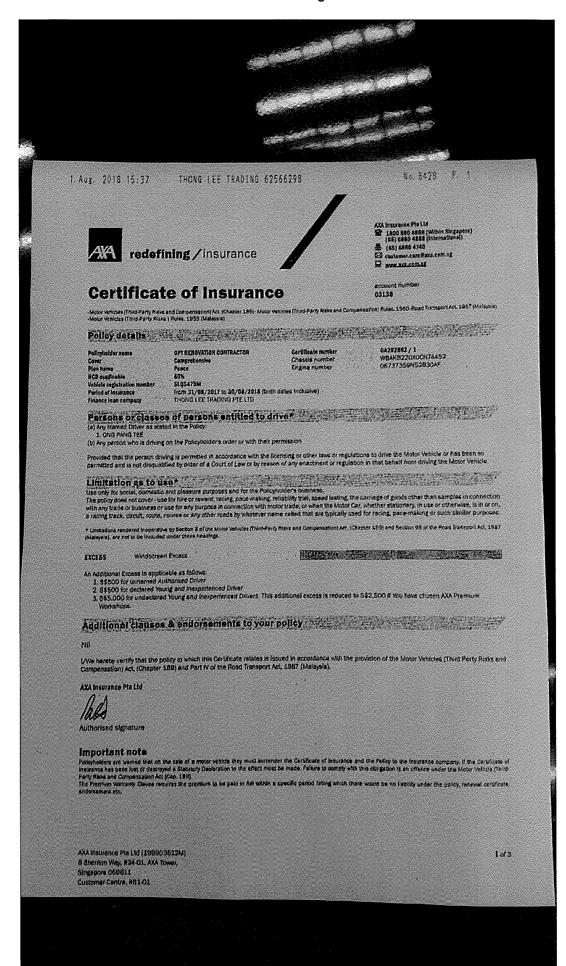
WBAKB220X0CN74452

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 THONG LEE TRADING PTE LTD

1 of 2

AXA Insurance Pte Ltd (199903512M) B Shenton Wey, N24-01, AXA Tower, Singapore 068811 Customer Centre, VB1-01



Ê	WA	redefining / insurance		
Da	te:	ner of Vehicle Number: SLQ SY79 M		
		owing-has-been advised to you via your workshop, Ah Lim Motor Company through their		
		ila(/ Eileen / Mui Hong.		
Please tick the applicable box if you had been advice on the content as seen below:				
٦,	7	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 <i>any combination</i> 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 <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		
Sig	gned a	and acknowledge by:		
	•	7 30,15 UEL 11 11 11 11 11 11 11 11 11 11 11 11 11		
Na	ime a	nd signature of policyholder/authorised driver		
Name and signature of workshop personnel including company stamp				





