

## 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	06/08/2018 14:39
Date Of Accident	04/08/2018 18:30
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY9911H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH YEU CHERN
NRIC No	S0028652D
Email Address	SYCSEAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96288681
Alternative Phone No	OFFICE-96288681

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS 1.6

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	VPA/P1931160
Cover Note Number	

### Driver

Name of Driver	SEAH YEU CHERN
NRIC No	S0028652D
Date Of Birth	08/10/1952
Occupation	INDOOR
Date Of Driving Pass	26/06/1974
Driving Experience	44 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96288681
Fax Number	
Contact Number	OFFICE-96288681
Email Address	SYCSEAH@GMAIL.COM

Address	BLK 117 BISHAN STREET 12 #10-27
Postcode	570117
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 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

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	SJS6991G
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU KAM YUEN
NRIC/Passport Number	S6964979C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

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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.:

### SKETCH PLAN

Please refer to the attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from Balestier Road toward CTE on 29/08/2018 at about 0630pm  
Will Saw crossing the junction between Balestier Road and CTE.

I suddenly feel there was a bang from my Left Side.

I immediately stop my car to investigate.

I found that the vehicle "STG 6991 G" coincides to my car left rear door.

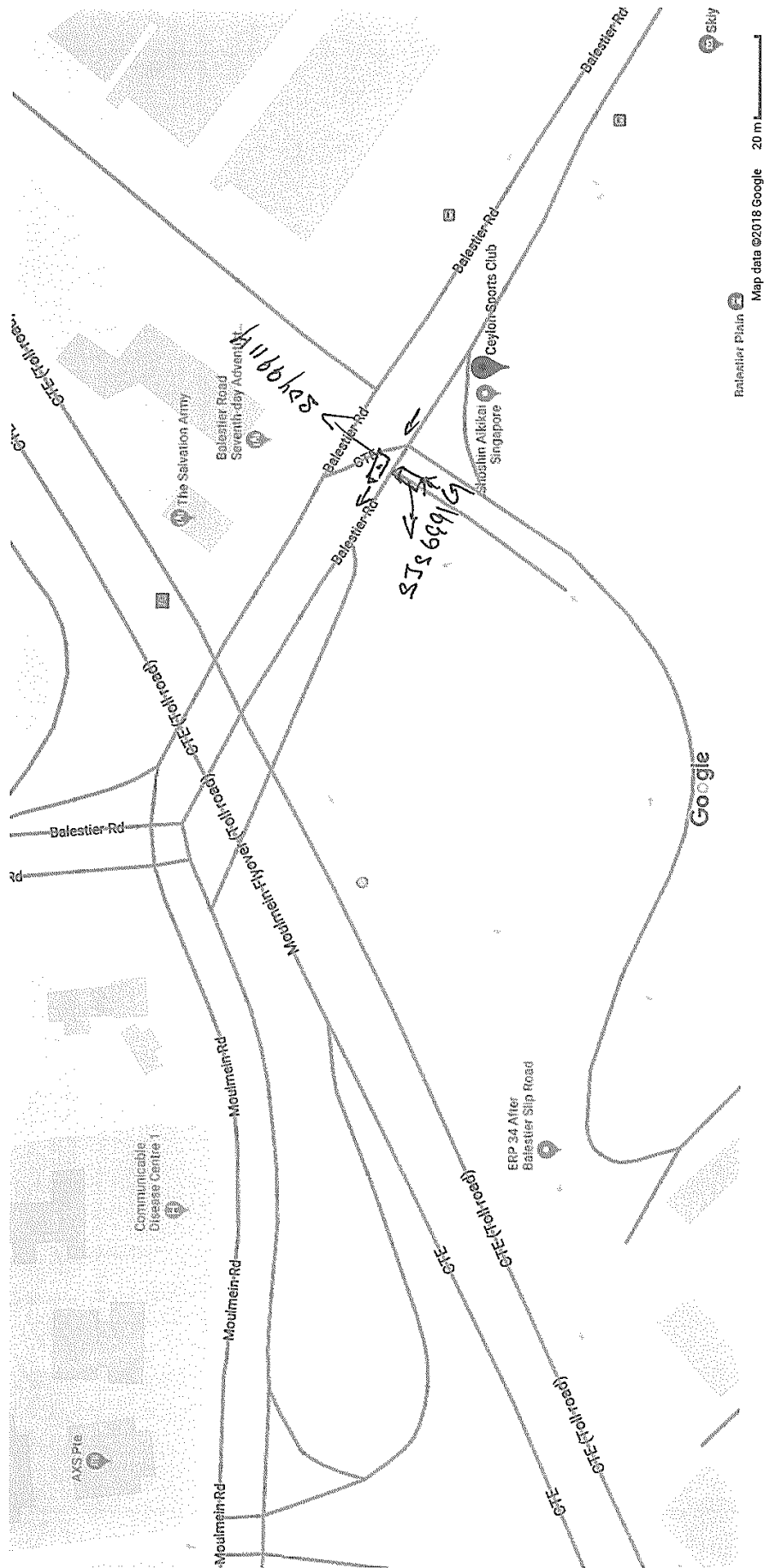
## DECLARATION

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:



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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0028652D





Name  
SEAH YEU CHERN  
谢玉珍  
Race  
CHINESE  
Date of Birth 08-10-1952 Sex F  
Country of Birth SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number S0028652D  
Name  
SEAH YEU CHERN  
Birth Date 08 Oct 1952  
Issue Date 28 Apr 2003



0308632



NRIC No. S0028652D



Blood Group B+ Date of issue 11-04-1992

Address  
APT. BLK 117 BISHAN STREET 12 #10-27  
SINGAPORE 570117


NRIC No. S0028652D Date: 07-12-1995 No: 1842517

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Jun 1974

NP 428A

Licence No. S0028652D



# Sketch Plan Pg. 5

AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel:(65)63387288 Fax:(65)63382522  
Website:www.axa.com.sg  
GST Registration Number: 199903512M  
customer.service@axa.com.sg



Private Cars COMP  
POLICY SCHEDULE  
NEW BUSINESS  
Original

<b>POLICY INFORMATION</b>		Policy No. : VPA/P1931160
Source	: (01) 14885 BMS-AXA TOYOTA NB	
Insured	: SEAH YEU CHERN	
Address	: BLK 117 BISHAN STREET 12 #10-27 SINGAPORE 570117	
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 25/04/2017 To 24/04/2019 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
<b>PREMIUM</b>		
Premium After 50.00% : SGD 1,052.80		
NCD		
GST 7.00%	:	SGD 73.70
Annual Premium	:	SGD 1,126.50
Total Payable	:	SGD 2,252.99
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type Of Cover	: Comprehensive	
Regn No.	: SDY9911H	
Type Of Use	: Private Car	
Make/Model	: TOYOTA ALTIS 1.6	
Year of Manufacture	: 2017	Seating Capacity (excl. Driver) : 05
Body Type	: SALOON	Engine C.C. : 1598
Engine No.	: 1ZRY342851	Chassis No. : MR053REH104561302
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	: As specified in Certificate of Insurance	
Hire Purchase	: UNITED OVERSEAS BANK LIMITED	
<u>Extra Coverage (Premium Breakdown)</u>	<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector		
Basic Own Damage Excess	:	SGD 500.00
<u>Named Drivers</u>		
1 SEAH YEU CHERN		
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
Sales Agent ID : BSTL047 -----		

Sketch Plan Pg. 6

Date: 06/08/2018

To: Owner of Vehicle Number: SDY9911H

The following has been advised to you via your workshop, CDGE through their staff, [Signature]

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 event 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 as there is no other option except to indent it from overseas.

☒ The Estimation waiting time for the spare parts to arrive is 1-2  
The estimated arrival time does not include the repair period.

☒ You will be driving the vehicle out despite being advised by the workshop mechanical personnel that the vehicle may not be road worthy.

☒ For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out r using any combination of genuine, original parts and/or original equipment manufc (OEM) parts.

☒ You had been advised by the workshop of the Twelve (12) months warranty for Own f repairs on workmanship related to the accident.

☒ For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.

☐ Others \_\_\_\_\_

Signed and acknowledge by:

\_\_\_\_\_  
Name and signature of policyholder/ authorised driver

[Signature]  
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





**Accident Photo**



Accident Photo



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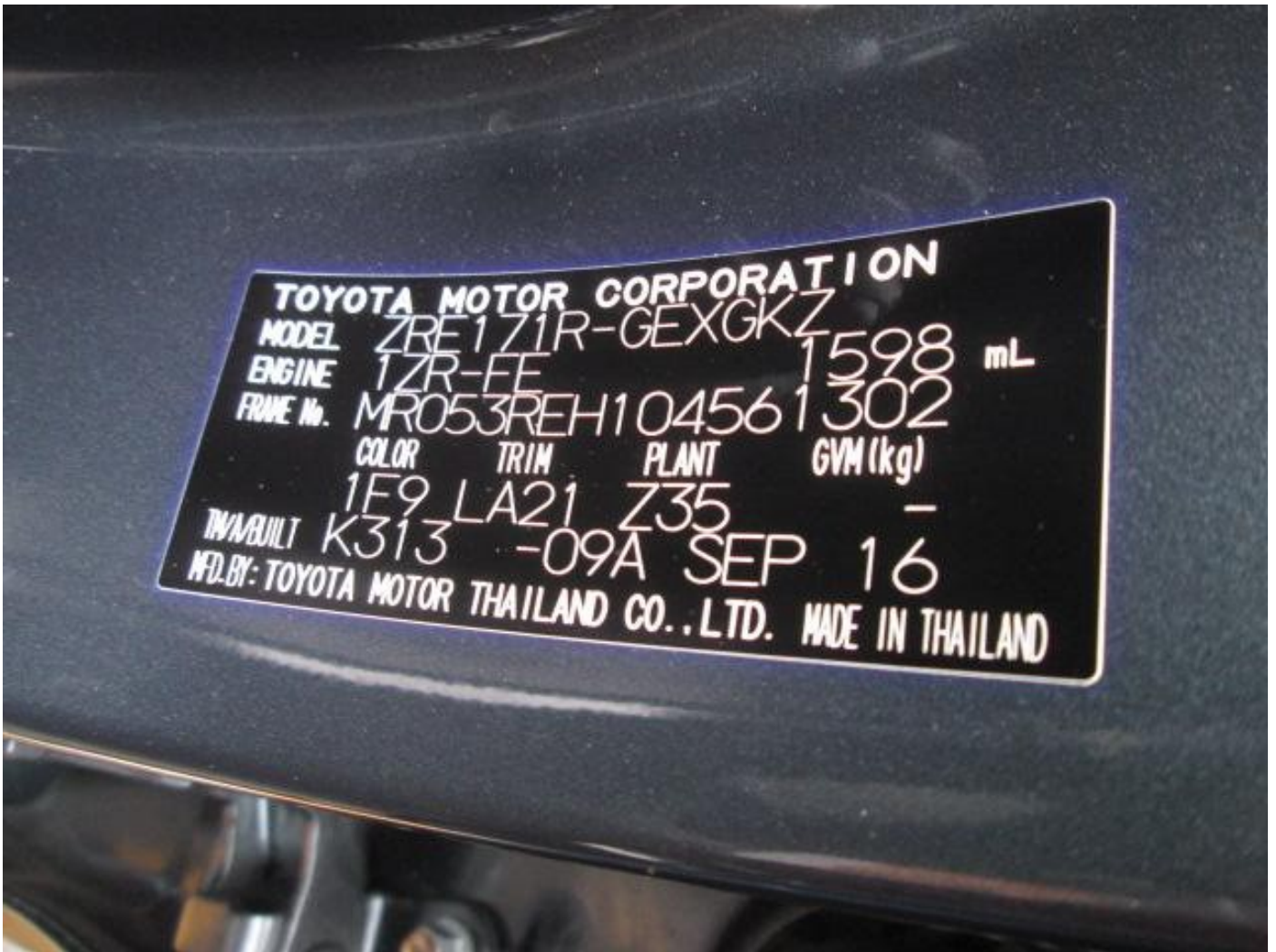
**Accident Photo**



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