

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	03/08/2018 15:01
Date Of Accident	03/08/2018 10:00
Exact Location Of Accident	NTU NIE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT2255E
Insured/Policyholder	
Name Of Registered Owner	KO HE KIA
NRIC No	S1386220F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97289234
Alternative Phone No	OTHERS-93393009

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 VTI
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	GA103295
Cover Note Number	30/05/2018 - 29/05/2019

Driver

Name of Driver	KO SHENG WEI JEREMY
NRIC No	S8819471C
Date Of Birth	08/06/1988
Occupation	INDOOR
Date Of Driving Pass	16/01/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93393009
Fax Number	
Contact Number	OTHERS-97289234
Email Address	GERMINC@GMAIL.COM

Address	BLK 365C UPPER SERANGOON ROAD #11-1078
Postcode	533365
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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 THE 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	SKQ7294C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG JIAN MING
NRIC/Passport Number	S9127629A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

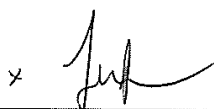
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:



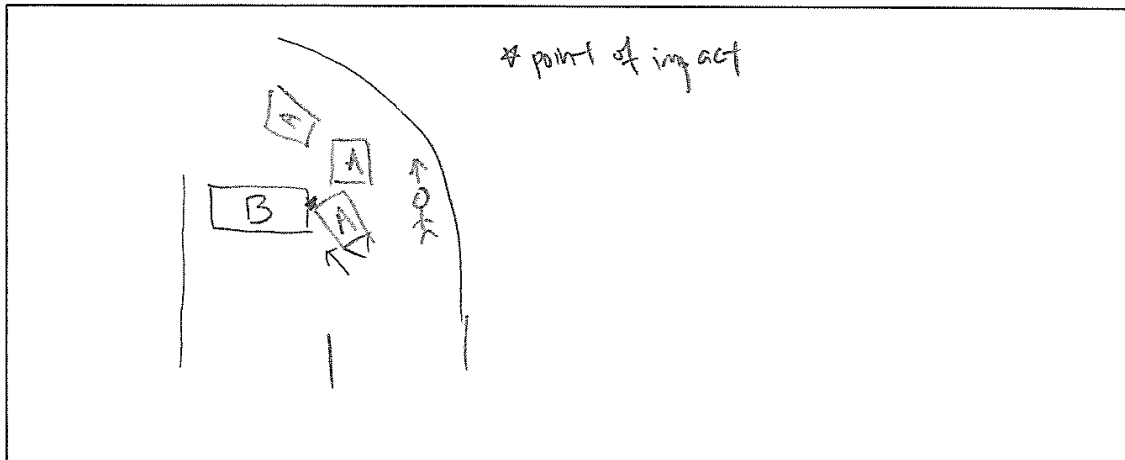
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

Date of accident: 3/8/2018 Time: 10 am Location: NTV, N2E, Carpark 5
 My Vehicle A: SQT 2255E Vehicle B: SKQ7294C Vehicle C: WA
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going into the curve, then realized it was a dead end.
I reversed backwards, noticed a lady on my right, so I turned my wheel to the right to avoid her.
I did not notice a car (stationary) parked on my left.
My left front bumper, hit his license plate and his bumper became badly damaged.
My own car only has superficial scratches.
NTV security guards helped me to look for the driver of the vehicle.
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only </div> <p>Remarks : Please forward a copy of my efile accident report to :</p> <p>My workshop : _____</p> <p>Email address : _____</p> <p>& myself : _____</p> <p>Email address : <u>germine@gmail.com</u></p> <p>Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.</p>

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: <u>3/8/2018 2:50pm</u>	 Reporting Person's Signature Name: _____ NRIC/FIN No.: _____
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AH LIM MOTOR COMPANY



redefining / insurance

KO HE KIA
BLK 562 HOUGANG ST 51
#09-438
SINGAPORE 530562

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

Renewal

date
02/05/2018

your servicing distributor
GUOQING TERRY HUANG / 04852

your servicing distributor contact
91278514

Policy Schedule**Your SmartDrive Third Party Only Third Party****Your policy snapshot**

Policyholder name	KO HE KIA	Policy number	VA2 / GA103295
Cover	Third Party Only	FIN / NRIC	S1386220F
Period of Insurance	from 30/05/2018 to 29/05/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 479.68
7% GST	SGD 33.58
Final Premium	SGD 513.26

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Third Party Only Third Party Benefits

- Legal Liability

Vehicle details

Make & Model of Vehicle	HONDA CIVIC 1.8 VTI	Year of manufacture	2006
Vehicle registration number	SGT2255E	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1799
Seating capacity (excl driver)	4	Engine number	R18A11027965
Off-Peak car	No	Chassis number	JHMFD16206S208479

Insured's Estimated Market Value	Not Applicable
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

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

Windscreen Excess	Not Applicable
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Drivers details


Driver type	Driver name	Date of birth	Driving experience
Main Driver	KO HE KIA	05/10/1959	39 year(s)

Additional clauses & endorsements to your policy

Nil

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8819471C




Name
KO SHENG WEI, JEREMY
(XU SHENGWEI)
许胜伟

Race
CHINESE

Date of birth 08-06-1988 Sex M

Country of birth
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8819471C

Name
KO SHENG WEI, JEREMY
(XU SHENGWEI)

Birth Date: 08 Jun 1988

Issue Date: 16 Jan 2008

Dlc

No injury.

No rider.

1px

93393009 |


97289234

2nd Entry


Ng Jian Ming

SA127629A

3780008



NRIC No. S8819471C



Date of issue
24-09-2005

APT BLK 365C UPPER SERANGOON ROAD #11-1078
SINGAPORE 533365

NRIC No: S8819471C Date: 06/02/2017

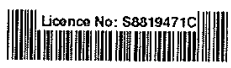
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 16 Jan 2008

NP 428A

Licence No: S8819471C



Sketch Plan Pg. 5

To Whom It May Concern,

Accident involving my vehicle no. SGT2255E on 3/3/18 (date) with
SGA7294C (other vehicle no) along HTM, NIE CONPAK

I, KO HE KIN Nric No. S13862201

Owner of vehicle no. SGT2255E am aware of the accident of my vehicle on
3/3/18 (Date) while car was driven by KO SENG WEI, Jeremy

Nric No. S891447C. I hereby, authorise him / her to make the report.

X

Ko He Kin

Name KO HE KIN

Date: 03/08/18

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.

X

Name

Date:

Sketch Plan Pg. 6



redefining / insurance

Date: 03/03/18

To: Owner of Vehicle Number: SAT 2255E

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 Repairing Only - _____

Signed and acknowledge by:

[Signature]

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



Accident Photo

