

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	17/08/2018 14:14
Date Of Accident	16/08/2018 13:50
Exact Location Of Accident	WHITESAND CP B2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6350X
Insured/Policyholder	
Name Of Registered Owner	YONG CHU POONG
NRIC No	S2007267I
Email Address	LEELY38@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90186604
Alternative Phone No	OFFICE-90186604

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2119251
Cover Note Number	

Driver

Name of Driver	LEE SWEE KOON
NRIC No	S0116939D
Date Of Birth	13/12/1950
Occupation	INDOOR
Date Of Driving Pass	23/09/1971
Driving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91281026
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	209 JALAN LOYANG BESAR #01-23
Postcode	509489
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	3
Passenger 1	NAME: : LLE LIN YING GENDER: : FEMALE
Passenger 2	NAME: : YONG CHU POONG GENDER: : FEMALE

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

PLEASE REFER AS ATTACHED

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	SKD3508Y
Vehicle Make/Model/Colour	VW/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROYSTON
NRIC/Passport Number	
Contact Number	98270588
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

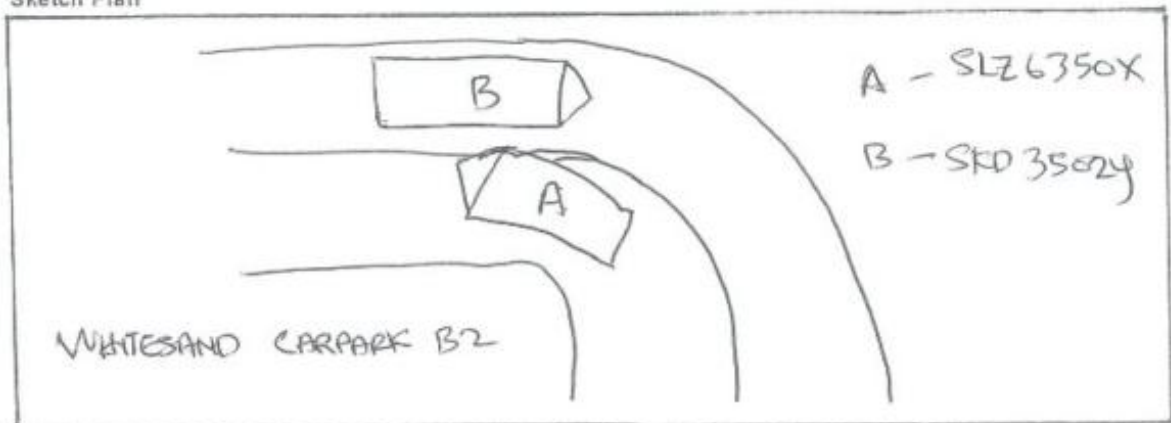
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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.

fsgw 17/8/18
Policyholder's Signature / Date &
Time 11:50 AM

Deca 17/8/18 11:50 AM
Driver's Signature (If driver is not the policyholder) / Date
& Time

[Signature]
Witnessed by Reporting Centre
Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

~~Vehicle touch while turning at a bend in the carpark.~~

we are turning up the bend of the carpark and during our turn the other vehicle coming down the ramp had a collision. Our driver front part hit into his back right side.

Declaration

We declare the foregoing particulars are true in every respect.

J. Oly 17/2/18 11am
Policyholder's Signature / Date & Time

Law 17/08/18 11:09 am
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Accident Sketch Plan

Subject:

Date:

17 Aug 2018

To whom it may concern.

I, Yong Chu Poong (S2007267I) authorised Lee Ling Ying (S7118653J) on matters regarding my car insurance for SL26350X.

Best Regards,

楊曙楓

2007267-I

INSURANCE PTE LTD
 J 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

POLICY INFORMATION		Policy No. : VPA/P2119251	
Source	: (01) 14885 BMS-AXA TOYOTA NB		
Insured	: YONG CHU POONG		
Address	: 209 JALAN LOYANG BESAR #01-23 SINGAPORE 509489		
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 14/05/2018 To 13/05/2020 (Both Dates Inclusive)			
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 50.00% : SGD 1,052.57			
NCD			
GST 7.00%	: SGD 73.67		
Annual Premium	: SGD 1,126.24		
Total Payable	: SGD 2,252.51		
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	: Comprehensive		
Regn No.	: SLZ6350X		
Type Of Use	: Private Car		
Make/Model	: TOYOTA SIENTA 1.5		
Year of Manufacture	: 2018	Seating Capacity (excl. Driver) : 06	
Body Type	: MULTI - PURPOSE VEHICLE	Engine C.C. : 1496	
Engine No.	: 2NRX319734		
Chassis No.	: MHFZ28H3000053624		
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			
<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 YONG CHU POONG			
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : BSTU028 -----			



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7718653J



LEE LIU YING
(LI LIUYING)

李 柳 莹

RACE

CHINESE

Date of Birth

15-06-1977

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2007267I



YONG CHU POONG

RACE

CHINESE

Date of Birth

10-10-1952

Sex

F

Country of Birth

JOHORE



4050990

NRIC No. S7718653J



Date of Issue

11-09-2007

200 JALAN LOYANG BESAR #01-23
SINGAPORE 600499

NRIC No. S7718653J

Date: 26/11/2017



0019328

NRIC No. S2007267I



Blood Group

O+

Date of Issue

19-06-1991

200 JALAN LOYANG BESAR #01-23
SINGAPORE 600499

NRIC No. S2007267I

Date: 26/11/2017



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

