

## 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	20/08/2018 10:57
Date Of Accident	18/08/2018 20:40
Exact Location Of Accident	JUNCTION RIVERVALE DRIVE & PUNGGOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8916D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHOON KHIANG DONALD
NRIC No	S1318803C
Email Address	BRANDONLEESJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90101001
Alternative Phone No	OFFICE-96843502

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA038897
Cover Note Number	07/05/2018 - 06/05/2019

### Driver

Name of Driver	LEE SHAO JIE BRANDON
NRIC No	S8831899D
Date Of Birth	05/09/1988
Occupation	INDOOR
Date Of Driving Pass	09/05/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96843502
Fax Number	
Contact Number	
Email Address	BRANDONLEESJ@GMAIL.COM

Address	192C RIVERVALE DRIVE #05-950
Postcode	543192
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FIANCE OF OWNER'S DAUGHTER
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	2
Was any body injured in the Accident?	NO
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TAN KIAT YING AUDREY 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

REFER TO ATTACHED SKETCH AND STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU2547K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BAK SOO HA
NRIC/Passport Number	S0082640E
Contact Number	97848822
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.

Vehicle: **SJK**  
**8916 D**

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.:

*[Signature]*

20/8/18

*[Signature]*

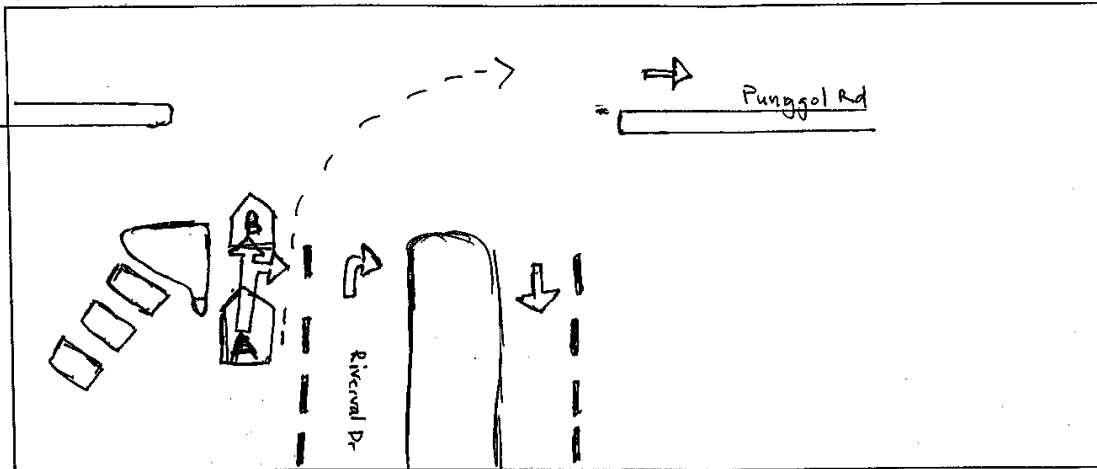


**Ma Lu**  
20/08/18

# Sketch Plan Pg. 2

Date of accident: 18/8/18 Time: 2038HR Location: Traffic Light, cross junction of Rivervale Dr and Punggol Rd  
 My Vehicle A: SKK8916D Vehicle B: SKU2547K Vehicle C: /

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A intending to turn right onto punggol road, on the 2nd lane which has both straight and turn right arrow. In front of vehicle B was bus 86 which has turning right as the green arrow light just started to blink. Vehicle B suddenly accelerated <sup>crossing the stop line</sup> and e-brake as well, ~~causing~~ causing me to e-brake.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : brandonleesj@gmail.com

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.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Vehicle SKK 8916D

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:





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

TAN CHOON KHIANG DONALD  
 BLK 213 SERANGOON AVENUE 4  
 #15-66  
 SINGAPORE 550213

**Renewal**

date  
**26/04/2018**

your servicing distributor  
**TECK CHYE JEFFREY LEE / 03963**

your servicing distributor contact

## Policy Schedule

### Your SmartDrive Comprehensive Peace

**Your policy snapshot**

<b>Policyholder name</b>	<b>TAN CHOON KHIANG DONALD</b>	<b>Policy number</b>	<b>VA1 / GA038897</b>
<b>Cover</b>	<b>Comprehensive</b>	<b>FIN / NRIC</b>	<b>S1318803C</b>
<b>Period of Insurance</b>	from <b>07/05/2018</b> to <b>06/05/2019</b> (both dates inclusive)		

**Premium breakdown**

Gross Premium after 20% NCD	SGD 1,729.15
Total Discounts	- SGD 146.80
7% GST	SGD 110.76
<b>Final Premium</b>	<b>SGD 1,693.11</b>

**Your benefits highlights**

(refer to Policy Wording for full terms and conditions)

**SmartDrive Comprehensive Peace Benefits**

- 24/7 Towing & Transportation in Singapore or Overseas
- 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)

**Duo Protector Pack Benefits**

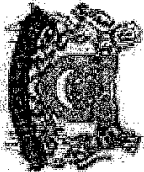
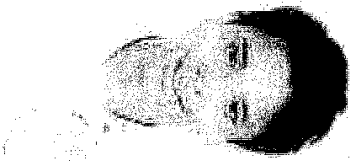


- Daily transport allowance up to \$150 for a maximum of ten (10) days
- Monthly allowance of \$3,000 for each injured person for you and your first named driver up to 18 months in the event of total permanent disablement
- Personal accident benefit of up to \$60,000 per person for you and your first additional named driver
- Medical and dental expenses up to \$5,000 per person for you and your first additional named driver
- Basic Own Damage Excess Reduced by \$200

**Add-on Benefits**

- Courtesy car Standard in Singapore up to ten (10) days
- Phone assistance and roadside support
- Personal accident benefit of up to \$20,000 per passenger

**Vehicle details**

<b>Make &amp; Model of Vehicle</b>	<b>HONDA FIT 1.3</b>	<b>Year of manufacture</b>	<b>2008</b>
<b>Vehicle registration number</b>	<b>SJK8916D</b>	<b>Type of Use</b>	Private use
<b>Body type</b>	HATCHB	<b>Engine capacity (c.c.)</b>	1339
<b>Seating capacity (excl driver)</b>	3	<b>Engine number</b>	L13A4146647
<b>Off-Peak car</b>	No	<b>Chassis number</b>	GE61133696

REPUBLIC OF SINGAPORE		IDENTITY CARD NO. S8831899D			
		Name		LEE SHAO JIE, BRANDON	
李 劭 杰		Race		CHINESE	
05-09-1988		Date of birth		05-09-2003	
SINGAPORE		Country of birth		SINGAPORE	
M		Sex		M	
		Date of issue		05-09-2003	
APT BLK 192C RIVERVALE DRIVE		Address		APT BLK 192C RIVERVALE DRIVE	
#05-850		Address		#05-850	
SINGAPORE 543192		Address		SINGAPORE 543192	
		INRIC No.		S8831899D	
				339339	

Driver's Particulars Pg. 3

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8831899D**

Name: **LEE SHAO JIE, BRANDON**

Birth Date: **05 Sep 1988**

Valid Date: **23 Jun 2011**

001975579H



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

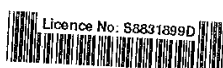
		EFFECTIVE DATE
C	Class 2B Motorcycles =< 200 CC	23 Jun 2011
	Class 3 Motor cars =< 3800 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	09 May 2012

S8831899D

S / No. 9000167360

428A

Licence No: S8831899D



# Driver's Particulars Pg. 4



redefining / insurance

Date: 20/08/2018

To: Owner of Vehicle Number: SJK8916D

The following has been advised to you via your workshop, Ah Lim Motor Co through their staff, Ma Li.

Please tick the applicable box if you had been advice on the content as seen below:

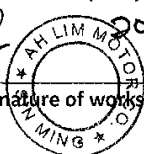
- ( ☒ ) You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ( ☐ ) You had been advised by the workshop on the liability and 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:

[Signature]

Name and signature of policyholder/authorised driver

[Signature]



20/08/18

Name and signature of workshop personnel including company stamp



To Whom It May Concern,

Accident involving my vehicle no SJK8916D on 18/08/2018 with SKU2547K along Rivervale Drive.

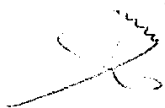
I, Donald Tan Choon Kiang, NIRC S1318803C owner of vehicle no SKJ8916d am aware of the accident of my vehicle on 18/08/2018 while car was driven by Lee Shao Jie, Brandon NIRC S8831899D. I hereby authorise him/her to make the report.



\_\_\_\_\_  
Name: Donald Tan Choon Kiang  
Date: 20/08/2018

-----  
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.



\_\_\_\_\_  
Name: Donald Tan Choon Kiang  
Date: 20/08/2018

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Additional photos given by driver





Additional photos given by driver



Additional photos given by driver



Additional photos given by driver



Additional photos given by driver



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