

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	27/08/2018 14:22
Date Of Accident	25/08/2018 19:10
Exact Location Of Accident	MARDE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE3302C
Insured/Policyholder	
Name Of Registered Owner	WEE MING HONG
NRIC No	S8714688Z
Email Address	SHARPER_88@LIVE.COM
Mobile Phone No	(LOCAL) +65-81180321
Alternative Phone No	OTHERS-81180321

Vehicle Particulars

Manufacturer	BMW
Model	528I-2.0 D/AB 2WD 4DR GAS/D NAV (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	GA298228
Cover Note Number	28/11/2017 - 27/11/2018

Driver

Name of Driver	WEE MING HONG
NRIC No	S8714688Z
Date Of Birth	01/06/1987
Occupation	INDOOR
Date Of Driving Pass	07/03/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81180321
Fax Number	
Contact Number	OTHERS-81180321
Email Address	SHARPER_88@LIVE.COM

Address	BLK 210 PASIR RIS ST 21 #03-328
Postcode	510210
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 - 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?	YES
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)	2
Passenger 1	NAME: : TAN LIHUI GENDER: : MALE

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	GBC4158M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WEE MING HONG
Approximate Age	
Injuries Sustain	BODY UNWELL
Injured person in which vehicle?	SKE3302C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAN LUHUI
Approximate Age	
Injuries Sustain	BODY UNWELL
Injured person in which vehicle?	SKE3302C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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: 27/2/18

13.00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

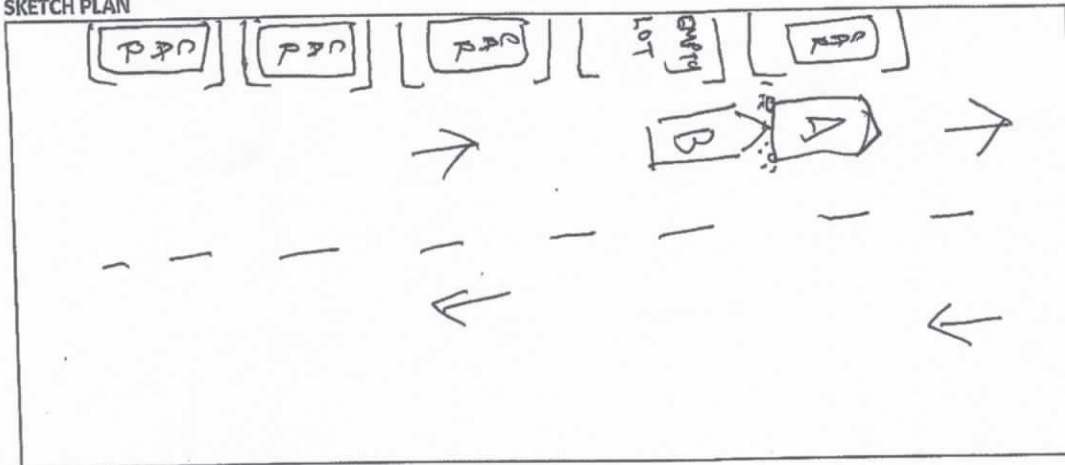
Reporting Police Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 25/8/18 Time: 19:10 Location: Mawde Road
 My Vehicle A: SKE 3302C Vehicle B: GBC 4158M Vehicle C: —
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting to park my vehicle with hazard lights on and the vehicle B collided at the back of vehicle A.

☐ 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 : Alfred Auto Services & Supplies
 Email address : alfredauto@hotmail.com
 & myself :
 Email address : sharpen880@live.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.

Policyholder's Signature
 Date & Time: 13:00
27/8/18
 GIARMIC SketchPlanForm_V3

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



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

AH LIM MOTOR COMPANY



redefining / insurance

WEE MING HONG
BLK 210 #03-328
PASIR RIS STREET 21
SINGAPORE 510210

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

New business

date
28/11/2017

your servicing distributor
TH INSURANCE AGENCY PTE LTD /
05058

your servicing distributor contact
65155333

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	WEE MING HONG	Policy number	VA1 / GA298228
Cover	Comprehensive	FIN / NRIC	S8714688Z
Period of Insurance	from 28/11/2017 to 27/11/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 40% NCD	SGD 1,176.89
Total Discounts	- SGD 304.14
7% GST	SGD 61.09
Final Premium	SGD 933.84

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential 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

Add-on Benefits

- Basic Own Damage Excess Doubled

Vehicle details

Make & Model of Vehicle	BMW 528 I	Year of manufacture	2012
Vehicle registration number	SKE3302C	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1997
Seating capacity (excl driver)	4	Engine number	A2560058N20B20A
Off-Peak car	No	Chassis number	WBAXG32050C593486

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	AUTOTRUST CREDIT PTE LTD

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

Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 200.00

Drivers details

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8714688Z



Name

WEE MING HONG
(WEI MINGHONG)

魏 铭 宏

Race

CHINESE

Date of birth

01-06-1987

Sex

M

S8714688Z



Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8714688Z

Name

WEE MING HONG
(WEI MINGHONG)

Birth Date: 01 Jun 1987

Issue Date: 07 Mar 2007



8113032

01c

My driver + passenger.

No rider.

nan.

TAN LIHU (P)

5800039



NRIC No. S8714688Z



Date of issue

15-09-2017

Address

APT BLK 210 PASIR RIS STREET 21
#03-328
SINGAPORE 510210

0866

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 07 Mar 2007



Licence No: S8714688Z

NP 428A



redefining insurance

Date: 27/8/18

To: Owner of Vehicle Number: 5ICE 3302 C

The following has been advised to you via your workshop, AH UM MOER COMPANY through their staff, Zila.

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 Clear Third Party & Own workshop

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp