

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	12/09/2018 10:38
Date Of Accident	07/09/2018 09:35
Exact Location Of Accident	CARPARK AT BLK278 BISHAN ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR700K
Insured/Policyholder	
Name Of Registered Owner	CHAN WAN HONG
NRIC No	S7315063I
Email Address	WHPERSONAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98441478
Alternative Phone No	OFFICE-98441478

Vehicle Particulars

Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 2DR GAS/D SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	GA101572
Cover Note Number	

Driver

Name of Driver	CHAN WAN HONG
NRIC No	S7315063I
Date Of Birth	15/04/1973
Occupation	INDOOR
Date Of Driving Pass	28/03/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98441478
Fax Number	
Contact Number	OFFICE-98441478
Email Address	WHPERSONAL@GMAIL.COM

Address	NIL
Postcode	
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : NIL 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 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	SMC7737S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97338300
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN


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1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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.:

Accident Sketch Plan

SKETCH PLAN

* I wish to highlight the following:

(i) I was driving on the correct side of the road in the car park whilst the other driver came from the wrong side against the supposed traffic flow.

(ii) She hit the side of my front bumper but her car was not damaged.

(iii) She was very apologetic and did not even ask for my driving licence details and wanted to settle privately.

(iv) Please see the attached SMS correspondence where she has not denied it was her fault and liability.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(v) see attached documents for the accident scene

I was driving out of the car park at Bishan St. 22 (Block 278) on the left side of the car park. The car in front, instead of turning out of the car park, went forward. After it moved forward, I drove forward towards the exit of the car park (also on the left side of the exit road). As I moved closer to the exit, a Toyota SUV came from the right side (i.e. the wrong side of the car park going in the opposite direction) and hit my car bumper on the front left corner. We came out and examined the damage. Only my car was damaged and not the other driver's. She was extremely apologetic and asked that she settle payment for my damage privately, which I agreed. She gave me her driver's licence particulars and did not even ask for mine as she was the party who had hit my car. Subsequently, I went to my workshop on Monday 10/09/18 to get a quote for the repairs. After informing her about the quote, she changed her mind and asked to claim on the insurance. ~~I have~~ She has since not returned my calls. Please refer to my SMS messages with her as attached...

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:

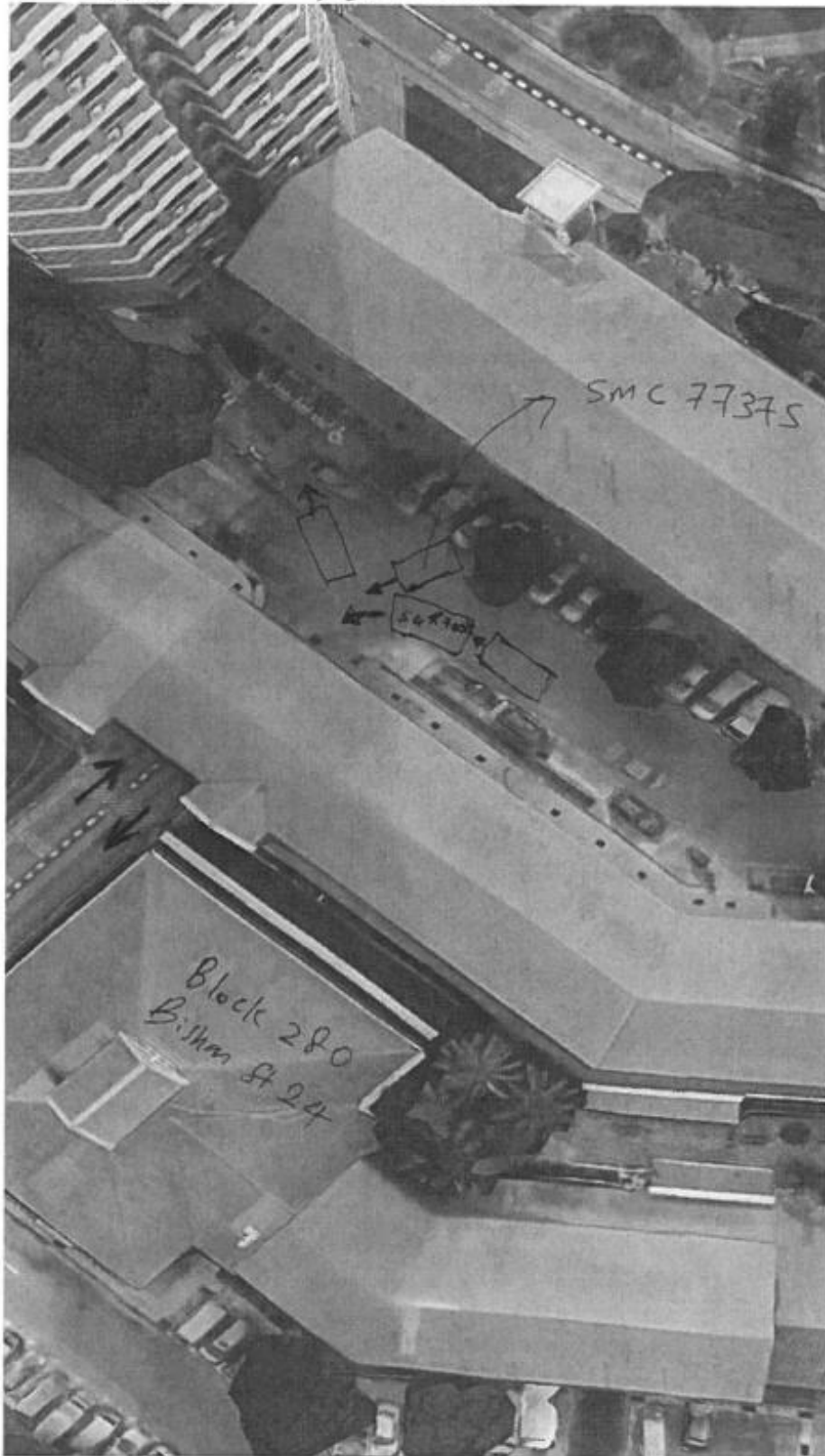
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

location of accident.



Accident Sketch Plan

Block 278 Bishan St. 22



Common Statement

BH 973
2

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident 7/09/18
Time 9.35pm

Location of Accident carpark at Block 27A Bishan St. 22/
Block 280 Bishan St. 24

INSURED/ POLICY HOLDER (VEHICLE A)
Vehicle Registration Number
Name of Policyholder
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)
Address
Contact Number
Occupation

SGR7001c.
Chan Wan Hong
S 73150631

Tel: Hp 9844 1478.

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model
Type of Vehicle
Exact Purpose for which vehicle was being used at the time of accident
Are you claiming under your own insurance policy?

☒ Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others

Private use

☐ Yes ☒ No Remarks 3rd party.
☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company
Type of Policy
Fleet Policy
Policy Number

☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☐ Yes ☒ No
ACA
GA101572.

DRIVER

Name of Driver
NRIC/ FIN/ Passport
Date of Birth
Occupation
Driving Pass Date
Gender
Contact Number
Address
Email Address

11
11
15/04/1973.
Indoor.
28/03/1999.
Hp 11

☒ Male ☐ Female
Tel: Hp 11

Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured
Vehicle Number of Driver's Own Vehicle (if applicable)
Insurance of Driver's Own Vehicle (if applicable)

☐ Yes ☒ No

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc.)
Weather Conditions
Road Surface
Damage Area

☒ Clear ☐ Raining ☐ Others
☐ Wet ☒ Dry ☐ Others

2 paces.

OTHER INFORMATION

Was there any foreign vehicle(s) involved?
Was anybody injured in the accident? (Including Witness)
Was any other vehicle(s) or property damaged?
Was there any camera video footage (in car)?

☒ No ☐ Yes
☒ No ☐ Yes
☐ No ☒ Yes
☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?
If Yes, please state which police station & Report No
Was notice of intended Prosecution given?
If Yes, against whom?

☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes

whpersonal@gmail.com

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time


redefining / insurance

CHAN WAN HONG
884 YIO CHU KANG ROAD
#01-01
DORMER PARK
SINGAPORE 787070

AXA Insurance Pte Ltd
☎ 1800 888 4688 (Within Singapore)
(95) 8880 4688 (International)
☎ (65) 6888 4748
✉ customer.care@axa.com.sg
www.axa.com.sg

Renewal

done
23/03/2018

your servicing distributor
JETTA INSURANCE AGENCY PTE LTD /
04058

your servicing distributor contact
67791183

Policy Schedule

Your **SmartDrive Comprehensive Flexi**

Your policy snapshot

Policyholder name	CHAN WAN HONG	Policy number	WLI / GA181572
Cover	Comprehensive	FIN / NRIC	S73150631
Period of insurance	from 28/04/2018 to 27/04/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 890.75
7% GST	SGD 62.35
Total Premium	SGD 953.10

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi 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
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

Protector Plus Pack Benefits

- Daily transport allowance up to \$100 for a maximum of ten (10) days
- Reimbursement of 110% of your car's market value in the event of total loss (without Basic Own Damage Excess)
- Delivery of repaired car to your preferred location
- Renewal premium discount of 5% if you are accident-free during last year

Add-on Benefits

- Personal accident benefit of up to \$50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	BMW 320i COUPE	Year of manufacture	2018
Vehicle registration number	SGR7008	Type of Use	Private use
Body type	COUPE	Engine capacity (c.c.)	1995
Seating capacity (incl driver)	4	Engine number	0491728N468208D
Off-Peak car	No	Chassis number	WBAKD52090E492356

Insured's Estimated Market Value Limitation to use	Market Value at the time of Loss (including accessories and spare parts) As per Certificate of Insurance
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AXA Insurance Pte Ltd (199903512/0)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

AXA FROM

 refining \rightarrow ω_{ref} (°C)Date 11/01/18

To Owner of Vehicle Number SGR 700 K

The following has been advised to you via your workshop: 3 A Auto Coursework through the staff: Science

PLEASE tick the applicable box if you had been advised on the contents 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.

1. *Introduction*

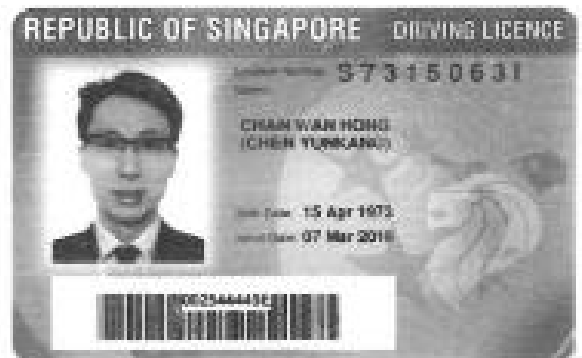
Tr. Qantas @ BH Auto Workshop.

Support and any enquiries to:

Name and signature of policyholder/authorized driver

Name and signature of all workshop personnel including nursery-staff:

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



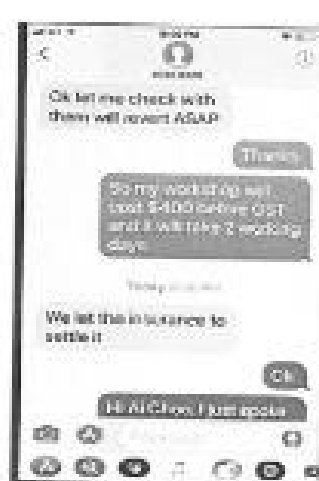
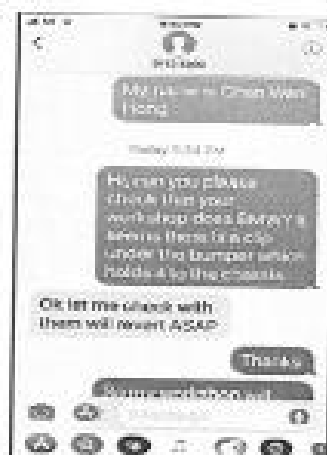
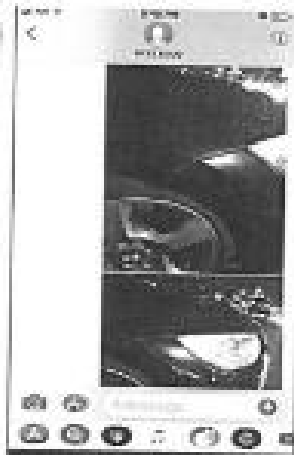
Accident Photo



Accident Photo



Accident Photo



Accident Photo

