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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/09/2018 10:04
Date Of Accident	18/09/2018 18:30
Exact Location Of Accident	TAMPINES AVE 9 TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD7197G
Insured/Policyholder	
Name Of Registered Owner	TONY FAN YOW TANG
NRIC No	S1503618D
Email Address	TONYFAN88@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-96184793
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	GA112185
Cover Note Number	

Driver

Name of Driver NG AI CHOO
NRIC No S1750457F
Date Of Birth 03/12/1966
Occupation INDOOR
Date Of Driving Pass 16/06/1987

Driving Experience 31 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96184793

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address NOEMAIL

Address 261 RIVER VALLEY ROAD #09-05

Postcode 238307

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

-

NO

NO

NO

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : FAN YOW TANG TONY

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH

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 SJD677H

Vehicle Make/Model/Colour PERODUA BEZZA BROWN

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TANG MUN KIAT

NRIC/Passport Number S7938291D

Contact Number

Address Postcode

Insurance Company Name AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 22

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SLD 7 1979
ACCIDENT DATE: 8 9 18

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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.

NOTE: DO NOTE THAT YOU MAY HAVE A **14-DAYS** TIMEFRAME FOR YOU TO SUBMIT AN OWN **DAMAGE** CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature
Date & Time: 1995

Driver's Signature

(If driver is not the policyholder) Date & Time: (A | A | A)

CHARN'S C

Reporting Centre Personnel's Signature

J**S**TOMCRAFT

NRIC/FIN No.:

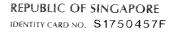
Sketch Plan #2 Pg. 1

SKETCH PLAN		
	Scotton Bi SLD71979 Tampines. Ave 9	
ESCRIBE CIRCUMSTANCES		
I am travelling	my car while turning.	
Behind hit	my car while turning.	
	,	
ÓWN DAMAGE () 2	DD DADTY OF ADAL A DEPOSITING ONLY () OWN WODWOOD (
OWN DAMAGE () 3	RD PARTY CLAIM (REPORTING ONLY () OWN WORKSHOP (
e declare the foregoing particu	lars are true in every respect.	
Jang	A form.	
cyholder's Signature	Driver's Signature CHARN'S CUSTOMCRAFT Reporting Centre Personnel's Signature	
e & Time: (4/4/8	(If driver is not the policyholder) Date & Time: 1919 NRIC/FIN No.:	

Sketch Plan #3 Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1503618D









TONY FAN YOW TANG

范 耀 登

CHINESE

26-11-1961

SINGAPORE

NG AI CHOO

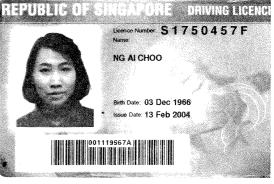
黄萝株

CHINESE 03-12-1966

SINGAPORE

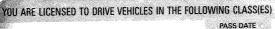
56457











Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

NP 428A

PASS DATE

16 Jun 1987

Sketch Plan #4 Pg. 1





FAN YOW TANG TONY 261 RIVER VALLEY ROAD #09-05 ASPEN HEIGHTS SINGAPORE 238307

Policy Schedule

Your SmartDrive Comprehensive Essential

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

16/05/2018

your servicing distributor

ESTEEM PERFORMANCE PTE LTD /

05570

your servicing distributor contact

64841221

Your policy snapshot

Policyholder name

FAN YOW TANG TONY Comprehensive

Policy number FIN / NRIC

VA1 / GA112185 S1503618D

Period of Insurance from 27/06/2018 to 26/06/2019 (both dates inclusive)

Premium breakdown

Gross Premium after 50% NCD Total Discounts 7% GST **Final Premium**

SGD 963.57 - SGD 51.37 SGD 63.85 SGD 976.05

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

Claim Protector Pack Benefits

- Basic own damage excess wajver
- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle Vehicle registration number Body type Seating capacity (excl driver) Off-Peak car

HONDA VEZEL 1.5 SLD7197G SALOON Δ

Year of manufacture Type of Use Engine capacity (c.c.) Engine number

2015 Private use 1496 L15B4034139 RU11114135

Insured's Estimated Market Value Limitation to use

Market Value at the time of Loss (including accessories and spare parts)

Chassis number

As per Certificate of Insurance

Finance Loan Company

Nil

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

Windscreen Excess Not Applicable

Drivers details

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

1 of 2



