

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 liability.
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	11/10/2018 14:10
Date Of Accident	20/09/2018 13:00
Exact Location Of Accident	BLK 630-629 ANG MO KIO AVE 6 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9108R
Insured/Policyholder	
Name Of Registered Owner	TAN TOH MOK
NRIC No	S1057949Z
Email Address	EDWARDTAN888@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96943417
Alternative Phone No	OTHERS-96943417

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E230
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA015864
Cover Note Number	

Driver

Name of Driver	TAN TOH MOK
NRIC No	S1057949Z
Date Of Birth	07/06/1947
Occupation	INDOOR
Date Of Driving Pass	16/03/1971
Driving Experience	47 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96943417
Fax Number	
Contact Number	OTHERS-96943417
Email Address	EDWARDTAN888@GMAIL.COM

Address	22 KALIDASA AVENUE
Postcode	2678
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?	
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: : WIFE 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	SHB8305M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIM KOK YONG
NRIC/Passport Number	S0765666A
Contact Number	9795 5276
Address	BLK 645 ANG MO KIO AVE 6
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN B/C 630 629 ANG MO KIO AVENUE 6

④ SGT 9108 R
③ CHB 8305 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20 Sep, I made a right bend on the corporate bend. After turning, I heard a scrapping sound and realized that my right side (passenger side) ~~scrapped~~ the tax: ~~left~~ side's _{right} was damaged with the.

DECLARATION

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

Fran

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.:

Individual Statement

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 20-09-2018 13:00pm Time: 13:00pm Location of Accident: ANG MO KIO AVE 6 OPEN CARPARK

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SST 9108R
Name of Policyholder: TAN TOH MOIC
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S10579492
Address: 22 KALIDASA AVENUE (S789401)
Contact Number: Tel: Hp 96943417
Occupation: INDOOR

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: MERCEDES E230
Type of Vehicle: ☒ Private Use
Exact Purpose for which vehicle was being used at the time of accident: REPORTING
Are you claiming under your own insurance policy? ☒ Yes ☐ No
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: VAI/GAO15864

DRIVER

Name of Driver: =
NRIC/ FIN/ Passport: =
Date of Birth: 07-06-1947
Occupation: INDOOR
Driving Pass Date: 16-03-1971
Gender: ☒ Male ☐ Female
Contact Number: Tel: Hp 96943417
Address: 22 KALIDASA AVENUE (S789401)
Email Address: =
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured: OWNER

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): INSURED TURN - HIT TP
Weather Conditions: ☒ Clear ☐ Raining ☐ Others
Road Surface: ☐ Wet ☒ Dry ☐ Others
Damage Area: 07 wife

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No: 1
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

edward tan888@gmail.com

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

ST9108R

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHB 8305M

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

Chim Kok Yang
S 0765666A
9795 5276

Blk 645 Ang Mo Kio Ave 6

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

Individual Statement

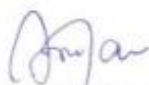
SKETCH PLAN

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.
- (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.:

Individual Statement



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Date: 11/10/2018

To: Owner of Vehicle Number SJT 9108R

The following has been advised to you via your workshop, SH Auto through their staff, _____

Please tick the applicable box if you had been advised 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 Reporting Only

Signed and acknowledge by:

Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp

IDENTITY CARD & DRIVING LICENCE

3406481



NRIC No: S1057949Z



Road Group: B+ Date of issue: 21-09-1994

Address:
22 KALIDASA AVENUE
SINGAPORE 2678

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

PASS DATE


Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

16 Mar 1971


NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1057949Z



Name: TAN TOH MOK




Race: CHINESE Sex: M
Date of Birth: 07-06-1947
Country of Birth: SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1057949Z

Name: TAN TOH MOK



Birth Date: 07 Jun 1947
Issue Date: 29 Jun 2004



CERTIFICATE OF INSURANCE



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 TOH MOK
22 KALIDASA AVENUE
SINGAPORE 789401

Renewal

date
19/01/2018

your servicing distributor
INSMART (INSURANCE) AGENCY PTE
LTD / 11618

your servicing distributor contact
6749 6110

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	TAN TOH MOK	Policy number	VA1 / GA015864
Cover	Comprehensive	FIN / NRIC	S1057949Z
Period of Insurance	from 13/02/2018 to 12/02/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 981.74
Total Discounts	- SGD 52.34
7% GST	SGD 65.06
Final Premium	SGD 994.46

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 waiver
- Personal accident benefit of up to \$ 100,000.00 for you and your named drivers
- Courtesy car Standard in Singapore up to ten (10) days
- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	MERCEDES E230	Year of manufacture	2007
Vehicle registration number	SJT9108R	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	2497
Seating capacity (excl driver)	4	Engine number	27292230761422
Off-Peak car	No	Chassis number	WDB21105228241845

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	Nil

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

Windscreen Excess	Not Applicable
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

