

## 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	20/09/2018 10:39
Date Of Accident	20/09/2018 07:10
Exact Location Of Accident	ALONG SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3811Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IRENE ONG AH TOH
NRIC No	S7123064C
Email Address	IRENEONGAT@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96279057
Alternative Phone No	OFFICE-96279057

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2048414
Cover Note Number	

### Driver

Name of Driver	IRENE ONG AH TOH
NRIC No	S7123064C
Date Of Birth	02/07/1971
Occupation	INDOOR
Date Of Driving Pass	22/12/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96279057
Fax Number	
Contact Number	OFFICE-96279057
Email Address	IRENEONGAT@YAHOO.COM

Address	25 ANCHORVALE CRESCENT #09-32
Postcode	320109
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?	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: : RYAN YAP BING LI
	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

PLEASE REFER AS ATTACHED

#### 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	SGW2384A
Vehicle Make/Model/Colour	SUZUKI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WENDY LIU SIEW LIN
NRIC/Passport Number	S7308556Z
Contact Number	94514602
Address	BLK 317B ANCHORVALE RD #11-240
Postcode	542317
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

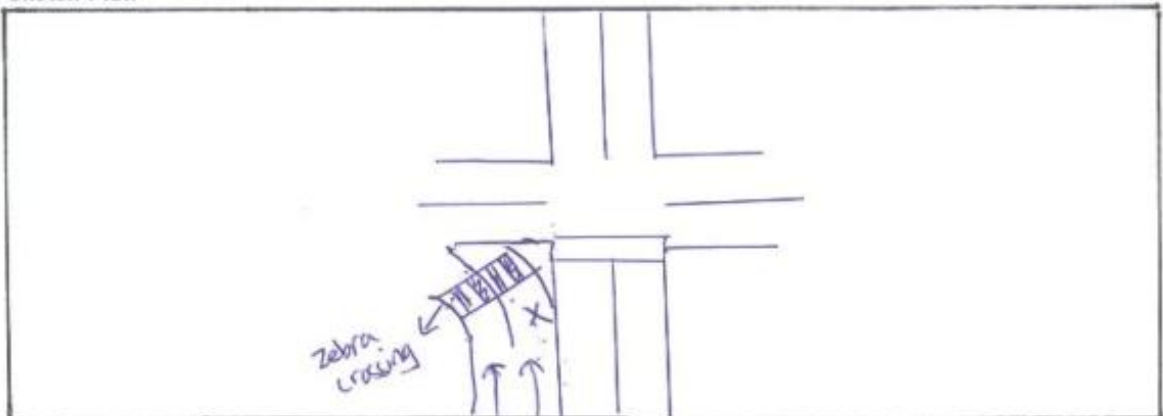
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

#### **Sketch Plan**



## Accident Sketch Plan

### Describe Circumstances of the Accident

I was driving on seng kang East way and will be turning left follow by taking extreme right lane after turning to Seng Kang East Rd.

I signal left and slow down as the traffic light at the junction was red and there is a zebra crossing at the turning lane.

There are 2 lane to turn hence 1 slowly turn to the right lane of the turning lane.

In a split of a second, the Suzuki appear and ~~a~~ swiftly change from the left to the right of the turning lane. Pedestrian are approaching the zebra crossing

There wasn't enough <sup>choice</sup> space. Therefore her ~~left~~ <sup>right</sup> back hit my front left.

### Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

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AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel:(65)63387288 Fax:(65)63382522  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.service@axa.com.sg



**DUPLICATE**  
 COPY FOR FINANCE COMPANY

**Private Cars COMP**  
**POLICY SCHEDULE**  
**NEW BUSINESS**  
**Duplicate**

<b>POLICY INFORMATION</b>		<b>Policy No. : VPA/P2048414</b>	
Source	: (01) 14885 BMS-AXA TOYOTA NB		
Insured	: IRENE ONG AH TOH		
Address	: 25 ANCHORVALE CRESCENT #09-32 SINGAPORE 544656		
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance : From 28/12/2017 To 27/12/2019 (Both Dates Inclusive)			
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>PREMIUM</b>			
Premium After NCD	0.00%	:	SGD 1,682.71
GST	7.00%	:	SGD 117.79
Annual Premium		:	SGD 1,800.50
Total Payable		:	SGD 3,601.00
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	: Comprehensive		
Regn No.	: SLV3811Z		
Type Of Use	: Private Car		
Make/Model	: TOYOTA SIENTA 1.5		
Year of Manufacture	: 2017	Seating Capacity (excl. Driver)	: 06
Body Type	: MULTI - PURPOSE VEHICLE	Engine C.C.	: 1496
Engine No.	: 2NRX259894		
Chassis No.	: MHFZ28H3400048829		
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
Hire Purchase	: HONG LEONG FINANCE LIMITED		
Basic Own Damage Excess		:	SGD 500.00
<b>Named Drivers</b>			
1 IRENE ONG AH TOH			
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : BSTL025			
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Sales Draft Number One : 8063-1514878163491			

Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

