

## 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	24/09/2018 13:37
Date Of Accident	23/09/2018 16:00
Exact Location Of Accident	RACE COURSE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1833L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DALBIR SINGH S/O SURAT SINGH
NRIC No	S1736592D
Email Address	DSINGHBAL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90309432
Alternative Phone No	OTHERS-90309432
<b>Vehicle Particulars</b>	
Manufacturer	RENAULT
Model	KADJAR-1.5 DCI EDC 6 S&S EU6 (M)
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	GA281802
Cover Note Number	30/11/2017 - 29/11/2018

### Driver

Name of Driver	DALBIR SINGH S/O SURAT SINGH
NRIC No	S1736592D
Date Of Birth	04/02/1966
Occupation	INDOOR
Date Of Driving Pass	22/07/1989
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90309432
Fax Number	
Contact Number	OTHERS-90309432
Email Address	DSINGHBAL@YAHOO.COM

Address	BLK 66 PUNGGOL WALK #05-35
Postcode	828783
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

#### 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	YL8414C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOON SHIAK KHEONG
NRIC/Passport Number	S1131750B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

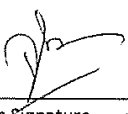
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

  
24/11/18  
9.30 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

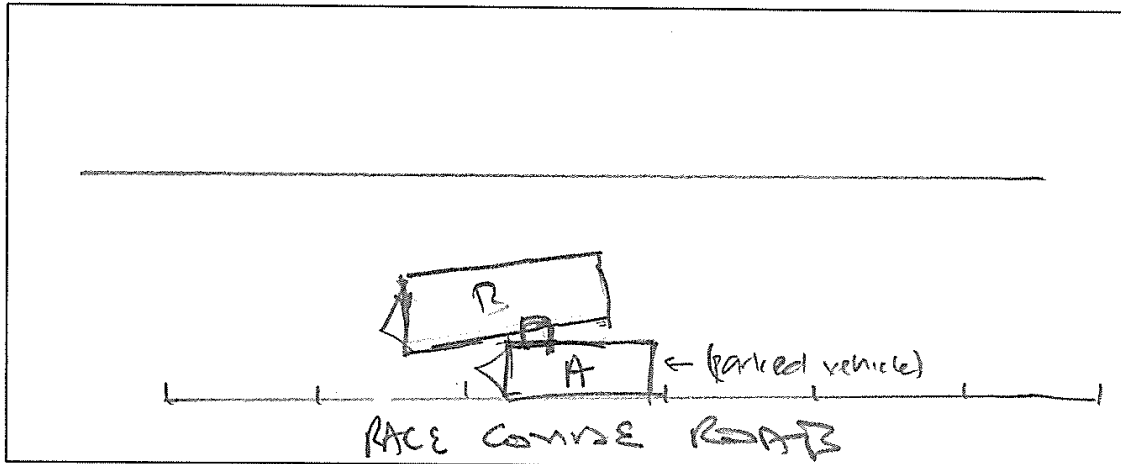
Name:

NRIC/FIN No.:



# Sketch Plan Pg. 2

Date of accident: 23 SEP 18 Time: 1600 hrs Location: Race Course Road  
 My Vehicle A: SLJ1833L Vehicle B: 9L P414 C Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~I~~ My vehicle, Vehicle A was parked and stationary along Race Course Road at about 1600 hrs.  
 Suddenly, a lorry, vehicle B drove very close to my vehicle and damaged my right hand mirror and signal.  
 I took photo of the accident and particulars of the driver.  
 Car B - Soon Shik Kneang  
 S1131350B

☒ 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 :

Email address :

& myself :

Email address : dsinghbal@yahoo.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.

Dhs  
 Policyholder's Signature  
 Date & Time: 24/9/18  
9.30am

Dhs  
 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

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

DALBIR SINGH  
 BLOCK 66, #05-35  
 PUNGGOL WALK  
 A TREASURE TROVE  
 SINGAPORE 828783

## New business

date  
 20/10/2017

your servicing distributor  
 META AGENCY PTE LTD / 15277

your servicing distributor contact  
 63346210

## Policy Schedule

Your SmartDrive Comprehensive Flexi+

## Your policy snapshot

Policyholder name	DALBIR SINGH	Policy number	VA1 / GA281802
Cover	Comprehensive	FIN / NRIC	S1736592D
Period of Insurance	from 30/11/2017 to 29/11/2018 (both dates inclusive)		

## Premium breakdown

Gross Premium after 50% NCD	SGD 1,174.46
Total Discounts	- SGD 354.17
7% GST	SGD 57.42
<b>Final Premium</b>	<b>SGD 877.71</b>

## 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
- Delivery of repaired car to your preferred location
- Daily Transport Allowance of \$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)

## Add-on Benefits

- Personal accident benefit of up to \$ 100,000.00 for you and your named drivers
- No Claim Discount Protector

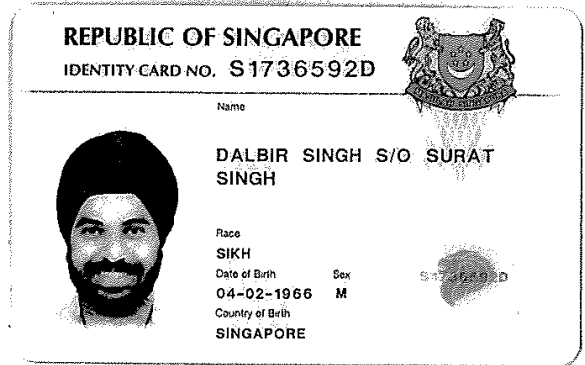
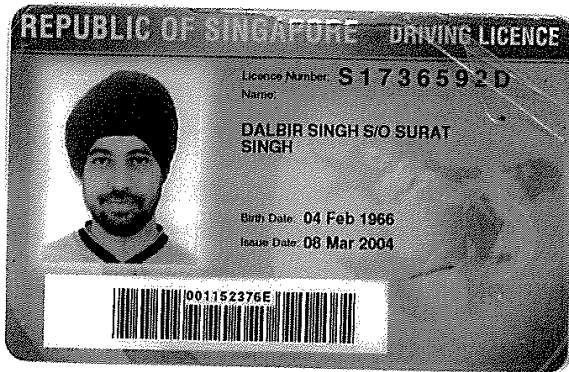
## Vehicle details

Make & Model of Vehicle	RENAULT KADJAR 1.5T DCI EDC 6AT S&AMP;S SR EU6	Year of manufacture	2016
Vehicle registration number	SLJ1833L	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	1461
Seating capacity (excl driver)	4	Engine number	K9KF647D046670
Off-Peak car	No	Chassis number	VF1RFE00X56343629

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	HL BANK

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

1 of 2



9030 9432

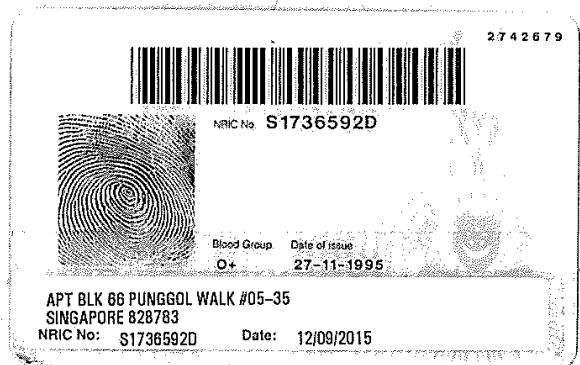
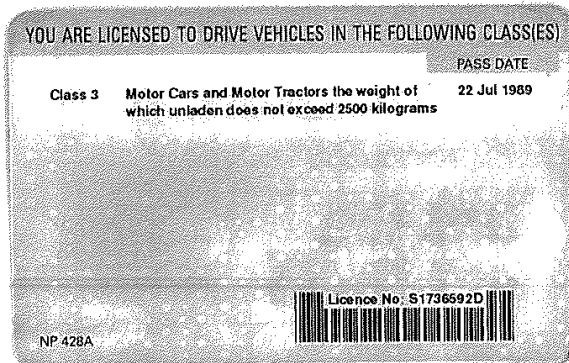
N/C

No sign.

No rides.

open

194x



Sketch Plan Pg. 5



redefining / insurance

Date: 24/09/18

To: Owner of Vehicle Number: 9L518332

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 claim Third Party.

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

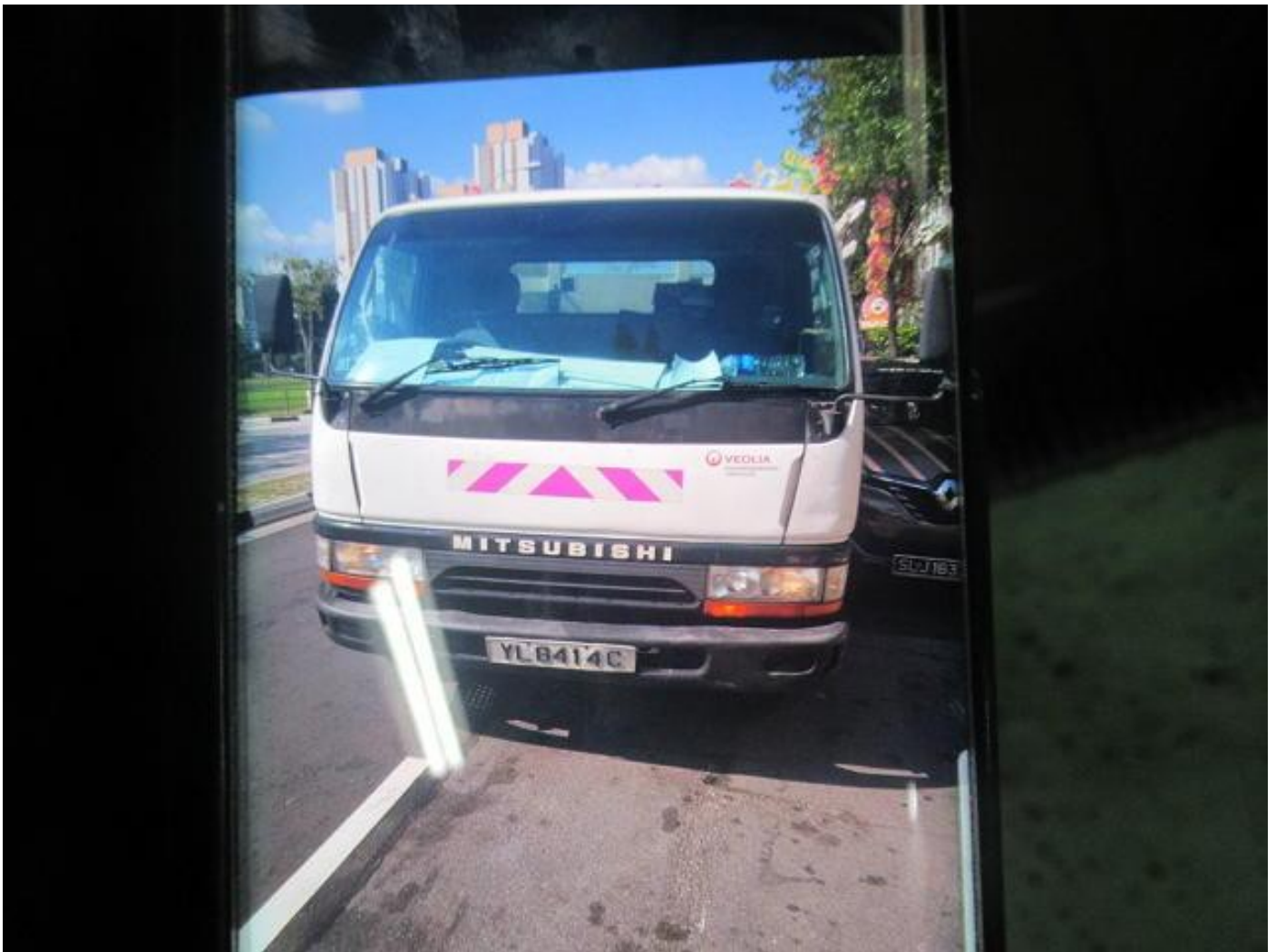


Accident Photo





Accident Photo



Accident Photo





Accident Photo

