

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	01/10/2018 18:46
Date Of Accident	29/09/2018 17:15
Exact Location Of Accident	ALONG SELETAR WEST LINK TOWARDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3470G
Insured/Policyholder	
Name Of Registered Owner	JANICE ANN JOSEPH
NRIC No	S8842782C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90469992
Alternative Phone No	OTHERS-90469992

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA 7 SEATER
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	GA090839/1
Cover Note Number	

Driver

Name of Driver	JACEY CHEW BOON SEE
NRIC No	S9707201I
Date Of Birth	28/02/1997
Occupation	INDOOR
Date Of Driving Pass	07/08/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	+65-90269764
Fax Number	
Contact Number	
EEmail Address	JACEY_2802@HOTMAIL.COM

Address	BLK 601 ELIAS ROAD #04-246
Postcode	510601
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	
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: : PASSENGER
	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 TO STATEMENT

Attachment(s)

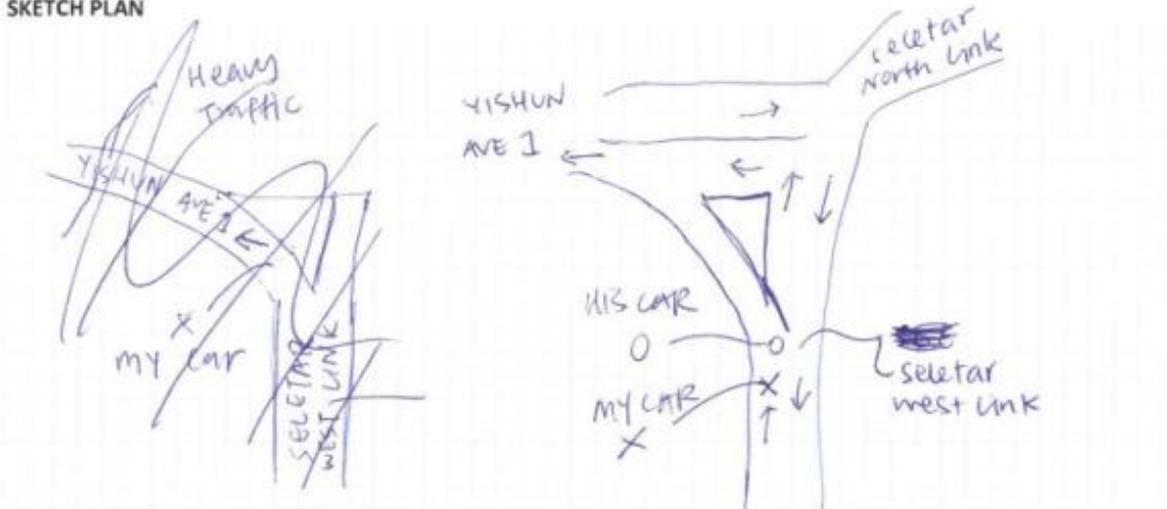
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE9313U
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SALEH BIN NAKDIMAN
NRIC/Passport Number	S1493301H
Contact Number	9772 8964
Address	BLK 438 YISHUN AVENUE 11 #06-178 S(760438
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving Along Seletar West Link towards Yishun. - heading to my boyfriend's house. There was heavy traffic and the cars were inching forward. I saw the car in front moving and I released my brake slightly to move forward. For some reason, the car in front, SLE9313U, Car Driver, Mr Saleh Bin Naddimon suddenly jammed his brakes and despite depressing my brake, my car lightly tapped his car. No one was injured in the incident including the driver, Mr Saleh Bin Naddimon.

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: 1/10/2018
6:30 PM

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

Individual Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident: 29/09/2018 Time: 17:15pm Location of Accident: Along Seletar West Link towards Yishun Ave 1

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SJY3470G
 Name of Policyholder: Janice Ann Joseph
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S8842782C
 Address: Blk 762A Woodlands Crescent #13-307 S9731782
 Contact Number: Tel: 9046 9992
 Occupation: indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: TOYOTA Previa 7 Seater
 Type of Vehicle: Sedan MPV CRV Van Lorry Bus Motorcycle Others
 Exact Purpose for which vehicle was being used at the time of accident: private use
 Are you claiming under your own insurance policy? Yes No Remarks: Reporting
 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: GA090839/1

DRIVER

Name of Driver: Jacen Chew Boon See
 NRIC/ FIN/ Passport: S9767201I
 Date of Birth: 28-02-1997
 Occupation: indoor
 Driving Pass Date: 07-08-2017
 Gender: Male Female
 Contact Number: Tel: 9026 9764
 Address: Blk 601 Elias Road #04-246 S1510601
 Was driver an employee of the insured's Company? Yes No
 If No, relationship of Driver with the Insured:

Vehicle Number of Drivers Own Vehicle (if applicable):
 Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc): > rear (1m) Insured Hit TP (Front to Rear)
 Weather Conditions: Clear Raining Others
 Road Surface: Wet Dry Others
 Damage Area:

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:
 Was notice of intended Prosecution given? No Yes
 If Yes, against whom?

jacen-2802@hotmail.com

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SJY3470G

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

SLE9313U
TOYOTA ARIS

Saleh Bin Nakdiman
S1493201H
9772 8964
Blk 438 Kishun Avenue 11 #06-178 S(760938)

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?
Was Injured conveyed to hospital by ambulance?

Yes No
 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?
Was Injured conveyed to Hospital by Ambulance?

Yes No
 Yes No

Declaration

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

Signature of Policy Holder
(Company Check if applicable)

Jacey

Date & Time

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

Date & Time 1/10/2018, 6.30 PM

Individual Statement

SKETCH PLAN

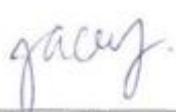
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8. **Consent under the Personal Data Protection Act (PDPA)**

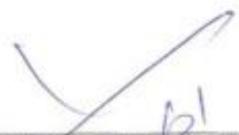
I understand, acknowledge, agree and consent that:

- (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: 9/10/2018
6-30 PM



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

Individual Statement

recifining

Date 01/10/2018

To: Owner of Vehicle Number SJ13470G

The following has been advised to you via your workshop, BH Auto through their staff, Yap

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.

Other Reporting Only

Signed and acknowledge by

JACEY CHEW, jacey

Name and position of policyholder/authorised driver



Name and position of workshop personnel including company stamp

IDENTITY CARD & DRIVING LICENCE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8842782C



Name
JANICE ANN JOSEPH

Race
INDIAN
Date of birth
26-10-1988 Sex
F S8842782C
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S97072011
Name: JACEY CHEW BOON SEE
Birth Date: 28 Feb 1997
Issue Date: 07 Aug 2017
002711551H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S97072011



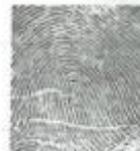
Name
JACEY CHEW BOON SEE

周文茜
Race
CHINESE
Date of birth
28-02-1997 Sex
F S97072011
Country of birth
SINGAPORE

4436973



MRIC No. S8842782C



Date of Issue
09-07-2009

APT BLK 782A WOODLANDS CRESCENT #13-307
SINGAPORE 731782

No: S8842782C Date: 20/07/2011

4079588



MRIC No. S97072011



Date of Issue
30-08-2012

Address
APT BLK 601 ELIAS ROAD
#04-246
SINGAPORE 510601

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

Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg

EFFECTIVE DATE

07 Aug 2017



Licence No: S97072011

NP 425A

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

Certificate of Insurance

account number
03813

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)
-Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	JANICE ANN JOSEPH	Certificate number	GAD90839 / 1
Cover	Comprehensive	Chassis number	JTEGD54M30A023324
Plan name	Private MPV APW	Engine number	2AZH561038
NCD applicable	50%		
Vehicle registration number	SYJ3470G		
Period of Insurance	from 23/02/2018 to 22/02/2019 (both dates inclusive)		
Finance loan company	HENLY ENTERPRISES CO (PTE) LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 0.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company, if the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

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

1 of 3

AUTHORIZATION FORM

1/10/2018

To AXA Insurance Pte Ltd

I **Janice Ann (S8842782C)** - Owner of SJY3470G hereby authorise, **Jacey Chew Boon See - S97072011**,
(driver at the time of accident) to report the accident that occurred on 29th September 2018.

Regards,

A handwritten signature in black ink, appearing to be 'Janice Ann', written in a cursive style.

Janice Ann

90469995

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHA18127406 Vehicle Registration No: STY34709
Name (as shown in NRIC) : Jacey Chew Boon See NRIC/FIN/Passport No : S9707201I
(*Vehicle Driver / Vehicle Owner)(* Please delete as appropriate
Address : Blk 601 Elias Road #04-246 Singapore 15106011
Contact (Tel) : Mobile No. : 9026 9764
Email Address : jacey-2802@hotmail.com
Date of Accident : 29/09/2008 Time of Accident : 17:15pm
Place of Accident : Along Seletar West Link Towards Yishun Ave 1
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add Authorization Form
[Multiple blank lines for additional information]

Policyholder / Driver's Signature
Date:

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