

## 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 14:24
Date Of Accident	01/10/2018 09:45
Exact Location Of Accident	PIE TWDS CHANG INFRT OF LAMP POST BFR LORNIE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8181K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMY LIM HWEE MIN
NRIC No	S8025503I
Email Address	AMYLIMSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81811198
Alternative Phone No	OFFICE-81811198

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA-2.4 7-SEATER (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	P2008555
Cover Note Number	

### Driver

Name of Driver	EILEEN LIM HWEE KIAN
NRIC No	S7903426F
Date Of Birth	26/01/1979
Occupation	INDOOR
Date Of Driving Pass	27/10/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81810811
Fax Number	
Contact Number	
Email Address	EILEENLIMSG@GMAIL.COM

Address	BLK 642 ROWELL RD #25-119
Postcode	200642
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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

PLEASE REFER AS ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW3095S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG PENG CHUNG
NRIC/Passport Number	
Contact Number	91135156
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JSP1138
Vehicle Make/Model/Colour	HONDA

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	NG JIE PARNG
NRIC/Passport Number	A3214555
Contact Number	91399494
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SLN9448S
Vehicle Make/Model/Colour	MITUSBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YUNNI ACDIANA SUSILO
NRIC/Passport Number	S7784287Z
Contact Number	91991776
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

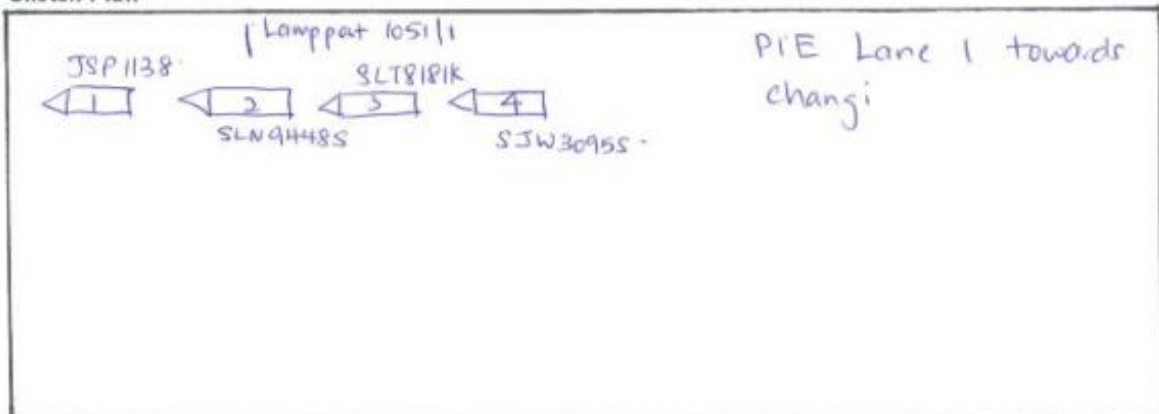
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available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

car 1 JSP 1138 CRV E braked.

Travelling on Lane 1 of PIE towards Changi. Car 2 SLN 9448S Outlander E-Braked, my car 3rd car SLT 8181K jammed brake, hit car 2, car 4 SJW 30958 hit me from behind.

Accident happened on Lane 1 of PIE Towards Changi, in front of Lamp post 10511. Before Lornie Road Exit (20B).

3 unknown male approached the accident drivers to offer services to claim insurance.

Adam meng 92254072 Rico 60 Auto Services Pte Ltd.

Wan Wei xuan 92203218 Jack cars Enterprise Pte Ltd


Bryan Tan 93898124 Auto werke Automotive.


I have not had an accident in such a manner where people e braked for no apparent reason.

### Declaration

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

 11/10/2018  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



Authorisation Letter

To : Whom this may concern

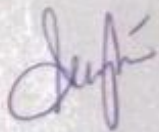
01/10/2018

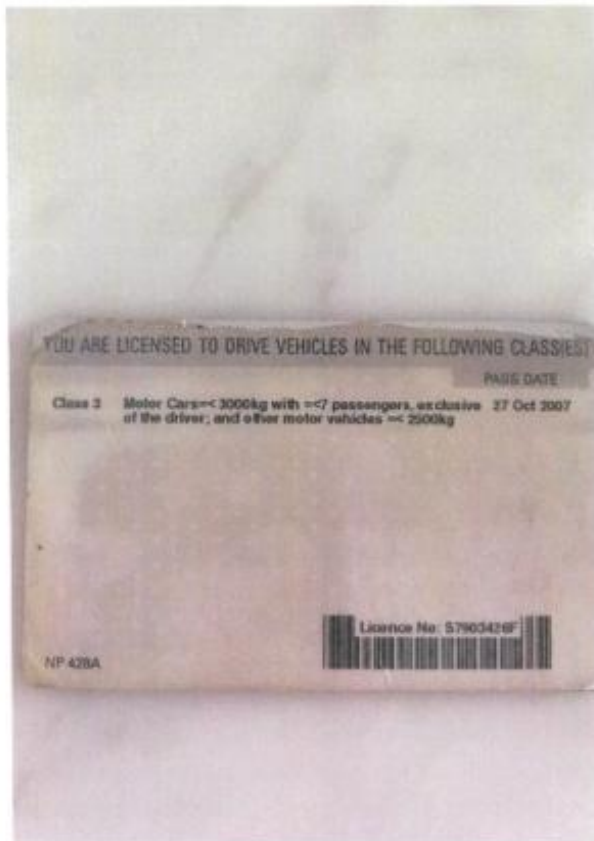
Re : Authorisation Letter

Dear Sir/mdm,

I, Lim Hwee Min Amy NRIC S8025503I, the vehicle owner of SLT8181K hereby authorise Lim Hwee Kian Eileen NRIC S7903426F to report the accident that happened on 01/10/2018 and to make all other necessary arrangements. Please feel free to call me at 87811198 should you need further verifications. Thank You.

Yours Sincerely,











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 / BANK

Private Cars COMP  
 POLICY SCHEDULE  
 NEW BUSINESS  
 Duplicate

<b>POLICY INFORMATION</b>		Policy No. : VPA/P2008555
Source	: (01) 14885 BMS-AXA TOYOTA NB	
Insured	: LIM HWEE MIN AMY	
Address	: BLK 642 ROWELL ROAD #25-119 SINGAPORE 200642	
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 20/10/2017 To 19/10/2019 (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 40.00% NCD	: SGD 1,236.45	
GST 7.00%	: SGD 86.55	
Annual Premium	: SGD 1,323.00	
Total Payable	: SGD 2,646.01	
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type Of Cover	: Comprehensive	
Regn No.	: SLT8181K	
Type Of Use	: Private Car	
Make/Model	: TOYOTA PREVIA AERAS 2.4	
Year of Manufacture	: 2017	Seating Capacity (excl. Driver) : 07
Body Type	: MULTI - PURPOSE VEHICLE	Engine C.C. : 2362
Engine No.	: 2AZ4A98552	Chassis No. : JTEGD56M107152902
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	: UNITED OVERSEAS BANK LIMITED	
Basic Own Damage Excess	: SGD 500.00	
<b>Named Drivers</b>		
1 LIM HWEE MIN AMY		
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
Sales Agent ID : BSTU047		
-----		
Sales Draft Number One : 8059-1508740310715		
BTY		

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



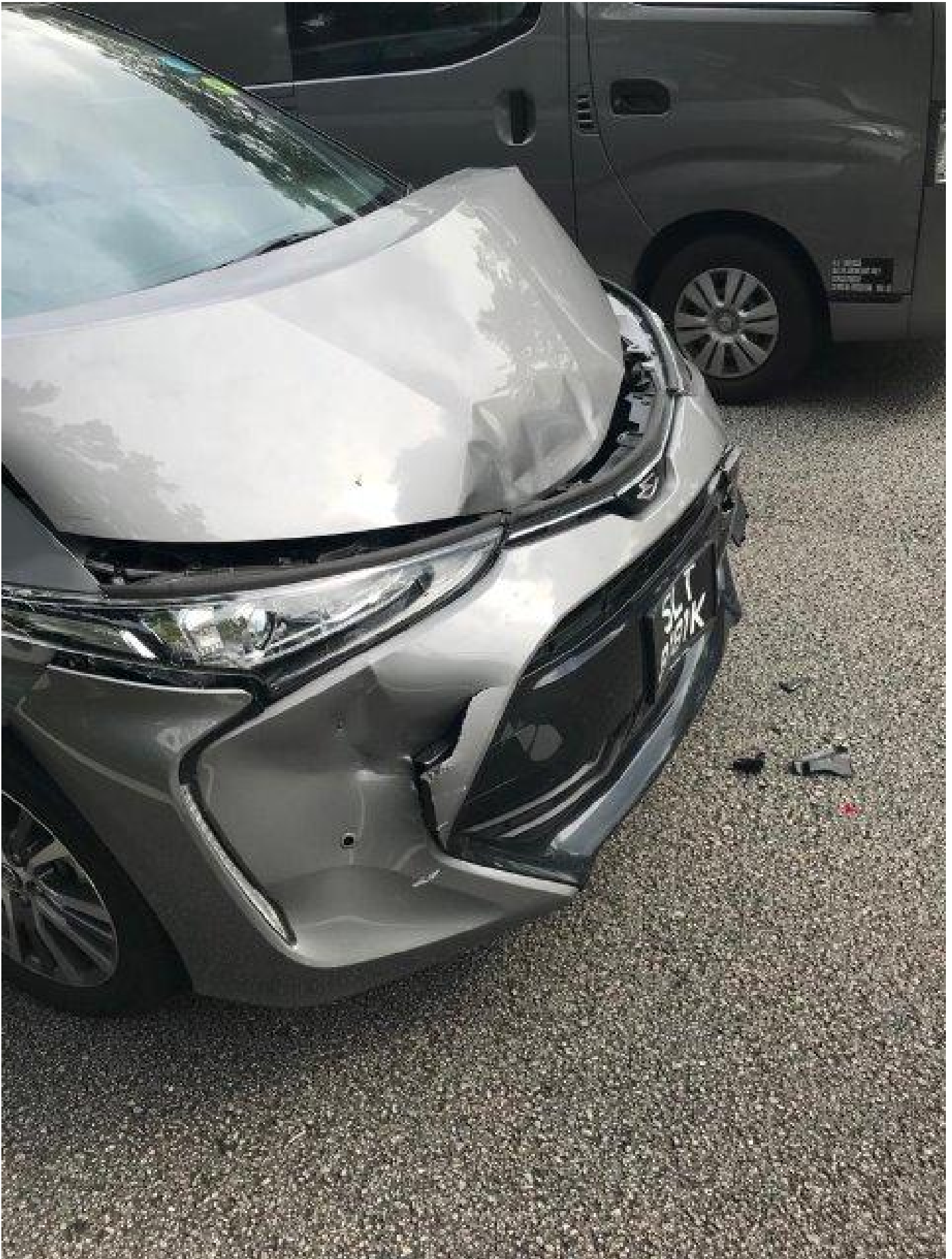
Accident Photo



Accident Photo



Accident Scene Photo





Accident Scene Photo



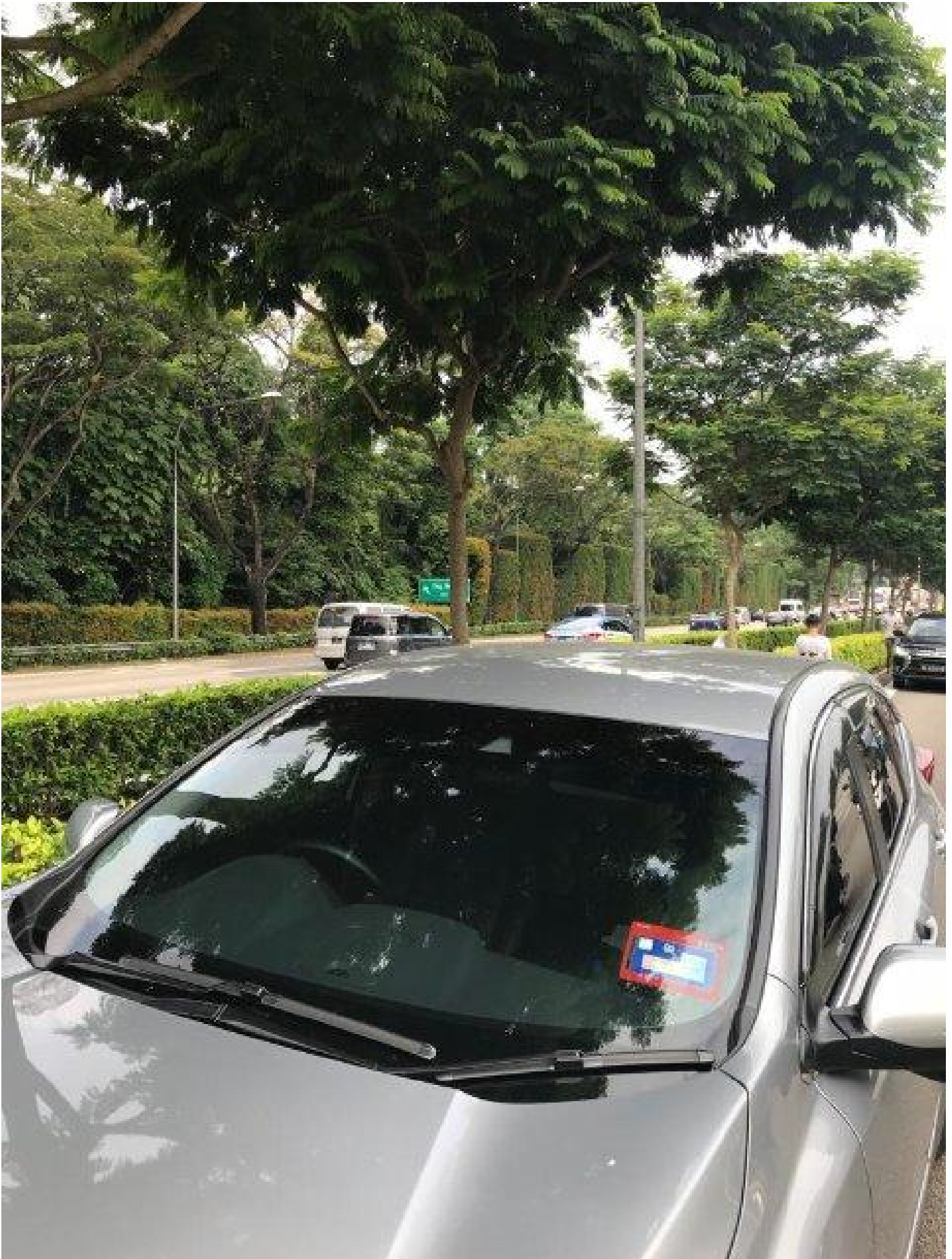
Accident Scene Photo



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