

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	09/10/2018 14:00
Date Of Accident	09/10/2018 09:40
Exact Location Of Accident	ALONG KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB3696T
Insured/Policyholder	
Name Of Registered Owner	PANG CHAN PIAW
NRIC No	S7248728A
Email Address	DANPCP@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93689868
Alternative Phone No	OTHERS-93689868

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L A
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	P0613729
Cover Note Number	10/01/2018 - 09/01/2019

Driver

Name of Driver	PANG CHAN PIAW
NRIC No	S7248728A
Date Of Birth	30/12/1972
Occupation	INDOOR
Date Of Driving Pass	12/11/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93689868
Fax Number	
Contact Number	OTHERS-93689868
EEmail Address	DANPCP@YAHOO.COM.SG

Address	BLK 187 PUNGGOL CENTRAL #13-269
Postcode	820187
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	RAINING
Road Surface	WET

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: : CHRISTINE QUAH 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

REFER TO THE ATTACHED 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	SLS9988Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHUA BOON THAI
NRIC/Passport Number	S8275747C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 2

SKETCH PLAN

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

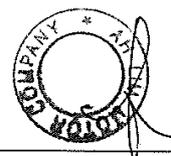
I understand, acknowledge, agree and consent that:

- (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.

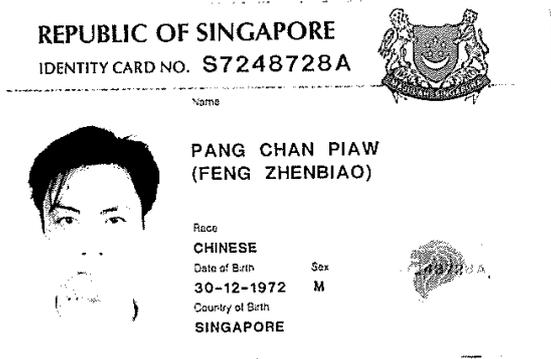


Policyholder's Signature
Date & Time:

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

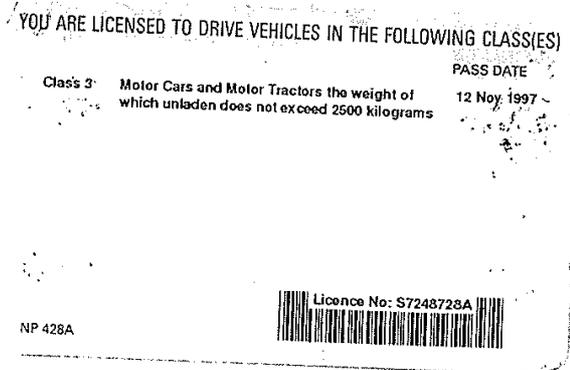
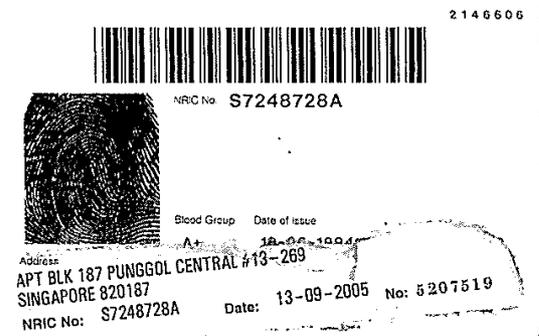


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Age: 9368 9868

Email danpcp@yahoo.com.sg



Raw
Wef
ng. No
Ca: No
Total, 2

Ms CHRISTINE QUAH
(P)

Sketch Plan Pg. 4

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



Private Cars COMP
 POLICY SCHEDULE
 RENEWAL
 Duplicate

POLICY INFORMATION		Policy No. : VPA/P0613729
Source	:	(01) 03365 WINNER INSURANCE AGENCIES PL
Insured	:	PANG CHAN PIAW
Address	:	187 #13-269 PUNGGOL CENTRAL SINGAPORE 820187
Business/Profession	:	MANAGER Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.
Period of Insurance	:	From 10/01/2018 To 09/01/2019 (Both Dates Inclusive)
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 50.00% NCD	:	SGD 1,095.52
Discount (5.00%)	:	SGD 54.78
GST 7.00%	:	SGD 72.86
Annual Premium	:	SGD 1,113.63
Total Payable	:	SGD 1,113.63
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	:	Comprehensive
Regn No.	:	SJB3696T
Type Of Use	:	Private Car
Make/Model	:	HONDA STREAM 1.8 A
Year of Manufacture	:	2007 Seating Capacity (excl. Driver) : 06
Body Type	:	MULTI - PURPOSE VEHICLE Engine C.C. : 1799
Engine No.	:	R18A12801100
Chassis No.	:	JHMRN68408S201102
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 400.00
Named Drivers		
1 PANG CHAN PIAW		
JG		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
HODA		

Sketch Plan Pg. 5



redefining / insurance

Date: 9/10/18

To: Owner of Vehicle Number: STB 3696 T

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 _____

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

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



Accident Photo



Accident Photo



Accident Photo

