

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	23/10/2018 11:46
Date Of Accident	22/10/2018 07:30
Exact Location Of Accident	LEFT TURN FROM HOLLAND ROAD TO FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL316X
Insured/Policyholder	
Name Of Registered Owner	LOW LI CHENG STEPHANIE
NRIC No	S6943957H
Email Address	JIMSTRPH.LONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96176211
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 TSI
Exact Purpose for which vehicle was being used at time of accident	
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	VPA/P1406126
Cover Note Number	

Driver

Name of Driver	LOW LI CHENG STEPHANIE
NRIC No	S6943957H
Date Of Birth	12/12/1969
Occupation	INDOOR
Date Of Driving Pass	12/01/1989
Driving Experience	29 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96176211
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	JIMSTRPH.LONG@GMAIL.COM

Address	BLK 6 TOH YI DRIVE #06-253
Postcode	590006
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)	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

-

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	SGV1236G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

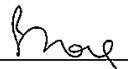
SKETCH PLAN

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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.

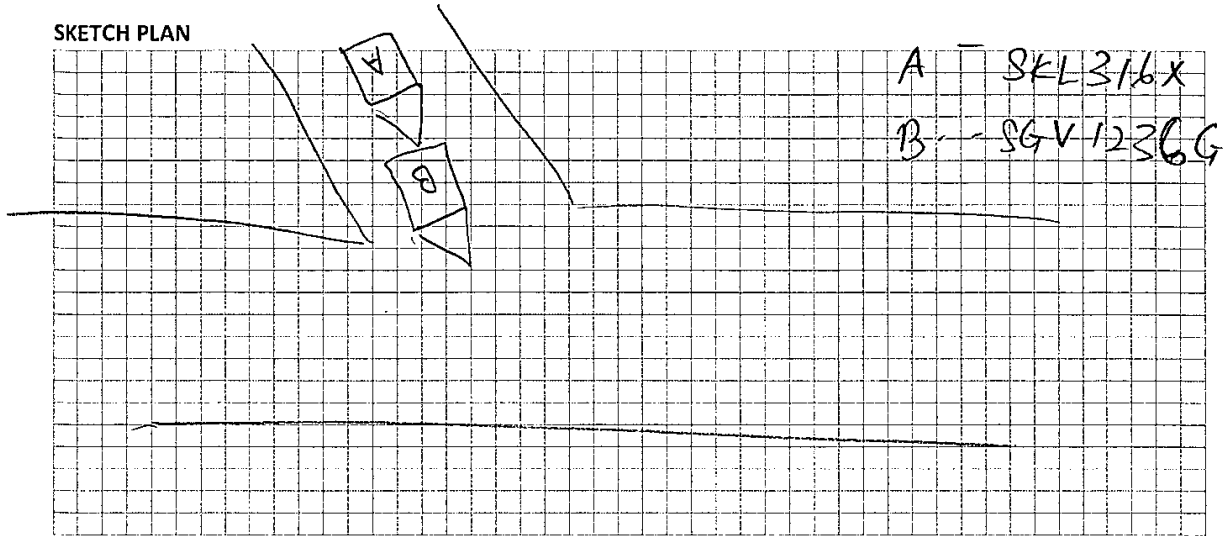
 23/10/2018
Policyholder's Signature
Date & Time: 11.55am

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKL 316 X	ACCIDENT DATE & TIME: 22/10/2018 7:55 AM
CONTACT NUMBER: 96176211	E-MAIL ADDRESS: jmksteph1ong@gmail.com
LOCATION: Left turn from Holland Road to Farrer Road	
<p>I was exiting Holland Road towards Farrer Road when and was checking oncoming traffic on the right. I accelerated to move off when traffic was clear but the car in front of me did not drive off hence causing a collision on the rear of the car in front (SGV 1236 G). I was alone at the time of accident and there was no injury from the incident.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Signature 23/10/2018
 Policyholder's Signature 11:55am
 Date & Time:

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

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

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

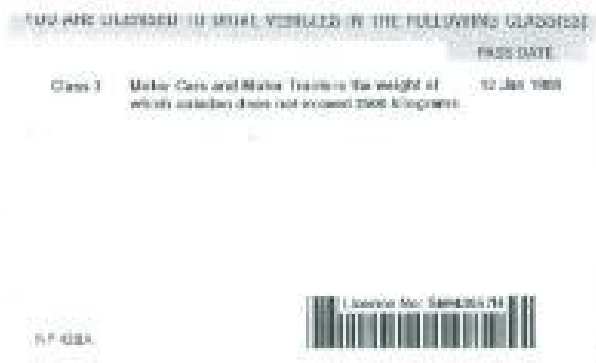
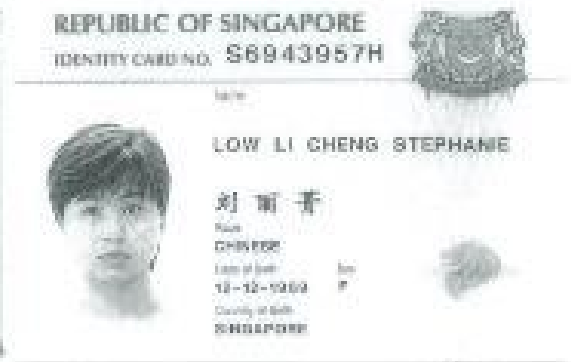
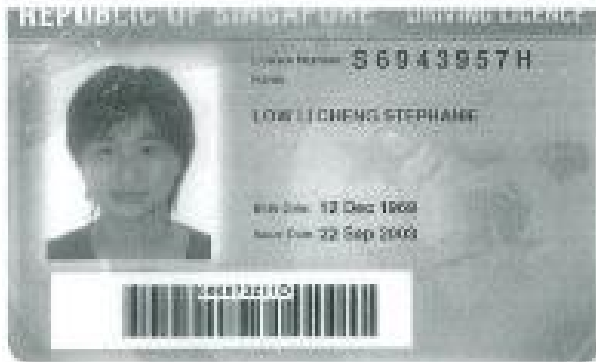


DUPLICATE
 COPY FOR FINANCE COMPANY

Private Cars COMP
 POLICY SCHEDULE
 RENEWAL
 Duplicate

POLICY INFORMATION		Policy No. : VPA/P1406126	
Source	: (01) 13820 ARF AP) PTE LTD (VW-ENHANCED)		
Insured	: LOW LI CHENG STEPHANIE		
Address	: BLK 6 TOH YI DRIVE #06-253 SINGAPORE 590006		
Business/Profession	: TEACHER Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance : From 31/07/2018 To 30/07/2019 (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% : SGD 963.17			
NCD			
Prem	W/Shop	Disc	: SGD 144.48
15.00%			
Safe	Driver	Disc	: SGD 48.16
5.00%			
GST	7.00%	: SGD 53.94	
Annual Premium		: SGD 824.47	
Total Payable		: SGD 824.47	
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	: Comprehensive		
Regn No.	: SKL316X		
Type Of Use	: Private Car		
Make/Model	: VOLKSWAGEN GOLF 1.4 TSI		
Year of Manufacture	: 2013	Seating Capacity (excl. Driver) : 04	
Body Type	: HATCHBACK	Engine C.C. : 1395	
Engine No.	: CXS005078		
Chassis No.	: WVVZZZAUZEW010884		
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	: DBS BANK LTD		
<u>Extra Coverage(Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
VW Replacement Car-Loss of Use			
Basic Own Damage Excess		: SGD	
<u>Named Drivers</u>			
1 LOW LI CHENG STEPHANIE			
2 LONG JIMMIE			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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