

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	31/10/2018 15:44
Date Of Accident	30/10/2018 20:15
Exact Location Of Accident	ALONG CENTRAL BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ2361L
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Insured/Policyholder

Name Of Registered Owner	SIMON CHUA KIM SONG
NRIC No	S6805987I
Email Address	SIMONJK39@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98248308
Alternative Phone No	OFFICE-98248308

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT CC-1.8 TSI (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	SIMON CHUA KIM SONG
NRIC No	S6805987I
Date Of Birth	21/02/1968
Occupation	INDOOR
Date Of Driving Pass	03/05/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98248308
Fax Number	
Contact Number	OFFICE-98248308
Email Address	SIMONJK39@GMAIL.COM

Address	132 EDGEDALE PLAINS #09-28
Postcode	
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
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)	3
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : SON 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

ATTACHED

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	SJV6845E
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)

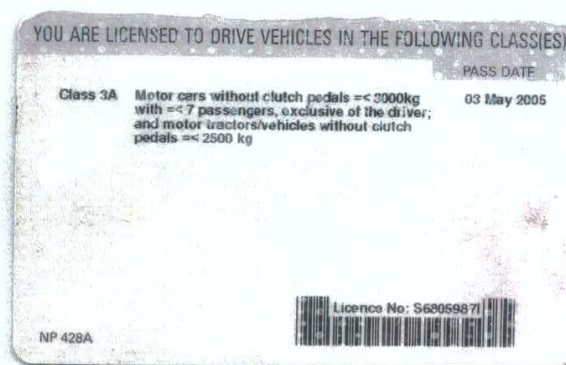
AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel:1800 8804888 Fax:-
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION		Policy No. : VPA/P1351809
Source	: (01) 13820 ARF AP) PTE LTD (VW-ENHANCED)	
Insured	: SIMON CHUA KIM SONG	
Address	: BLK 132 EDGEDALE PLAINS #09-28 SINGAPORE 820132	
Business/Profession	: BUSINESS DEVELOPMENT 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 01/03/2018 To 28/02/2019 (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 906.42	
Prem W/Shop 15.00%	Disc : SGD 135.96	
Safe Driver 5.00%	Disc : SGD 45.32	
GST 7.00%	: SGD 50.76	
Annual Premium	: SGD 775.90	
Total Payable	: SGD 775.90	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SKJ2361L	
Type Of Use	: Private Car	
Make/Model	: VOLKSWAGEN PASSAT 1.8	
Year of Manufacture	: 2012	Seating Capacity (excl. Driver) : 04
Body Type	: SALOON	Engine C.C. : 1798
Engine No.	: CDA390220	
Chassis No.	: WVVZZZ3CZDP033938	
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	
<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	SIMON CHUA KIM SONG	
2	TANG MEE SIE	

Driver & Owner



HP: 98248308

email: simonjk39@gmail.com.

Pax: 3 (driver, children (boy & girl))

Weather: Clear

Condition: Wet.

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:

3/10/2018
14:24

GIAEMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

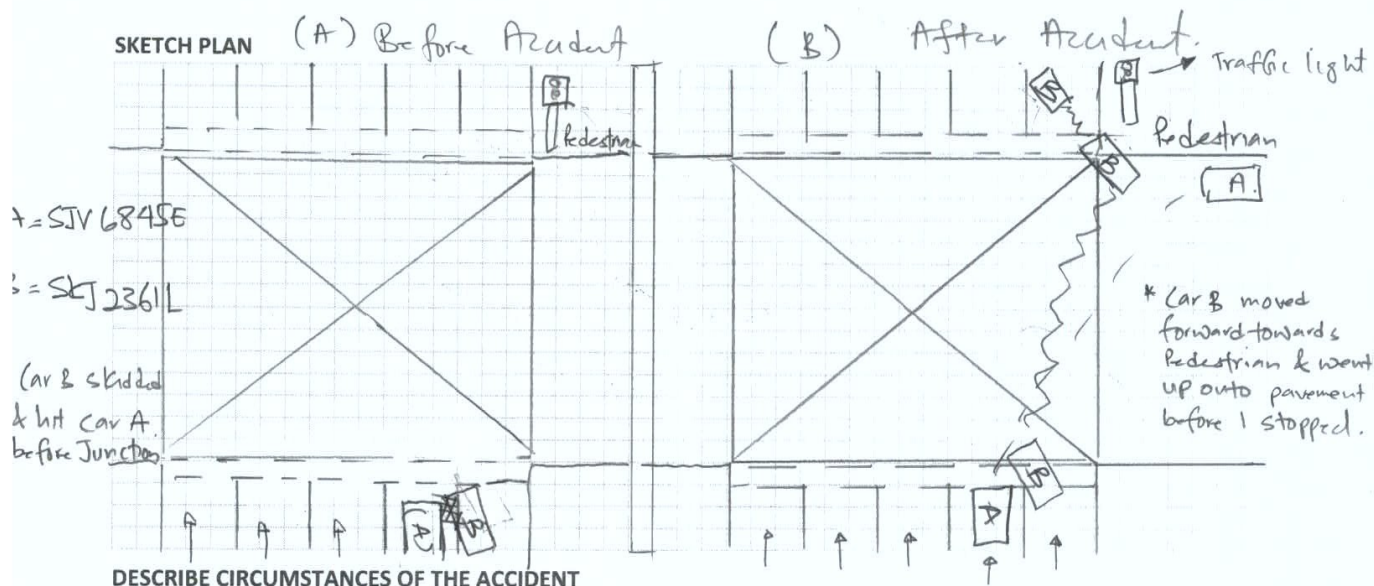
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #4 Pg. 1



I was driving my vehicle (SKJ 2361L) dated 30/10/2018 around 8.10 - 8.15pm along Central Blvd. The condition was slippery and slightly wet, while driving my car, it skidded across. I ~~was~~ to drive onto the painted road marker.

When skidded, it knocked onto the car beside me (SJV 6845E) and ~~the car~~ my car moved forward to the group of pedestrians waiting at the traffic junction. At this point of time, I did my utmost to avoid hitting any pedestrian by swerving my steering wheel to the left side as it slightly went up the ~~pavement~~ pavement and turn to the left to stop the car.

I found there a chip on the right back of tail light due to the small stone that flew over it.

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_v2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Date: 31/10/12

To: Owner of Vehicle Number: SKJ 23 61 L

The following has been advised to you via your workshop, VAG Singapore through their staff, James.

Please tick the applicable box if you had been advice on the content as seen below:

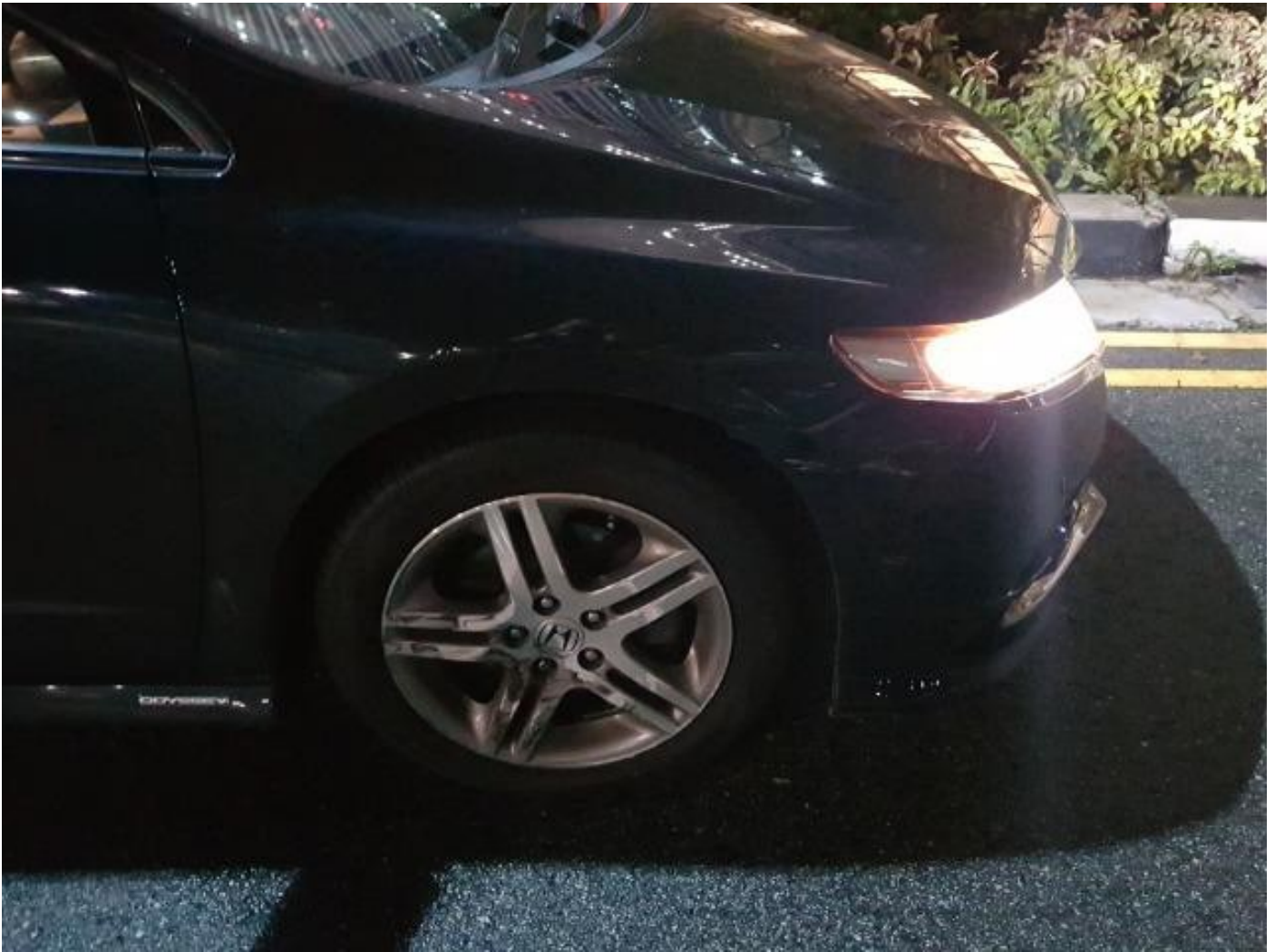
- ☐ () You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
 - ☐ () You had been advised by the workshop on the liability and 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:

Simon Chua
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



Accident Photo



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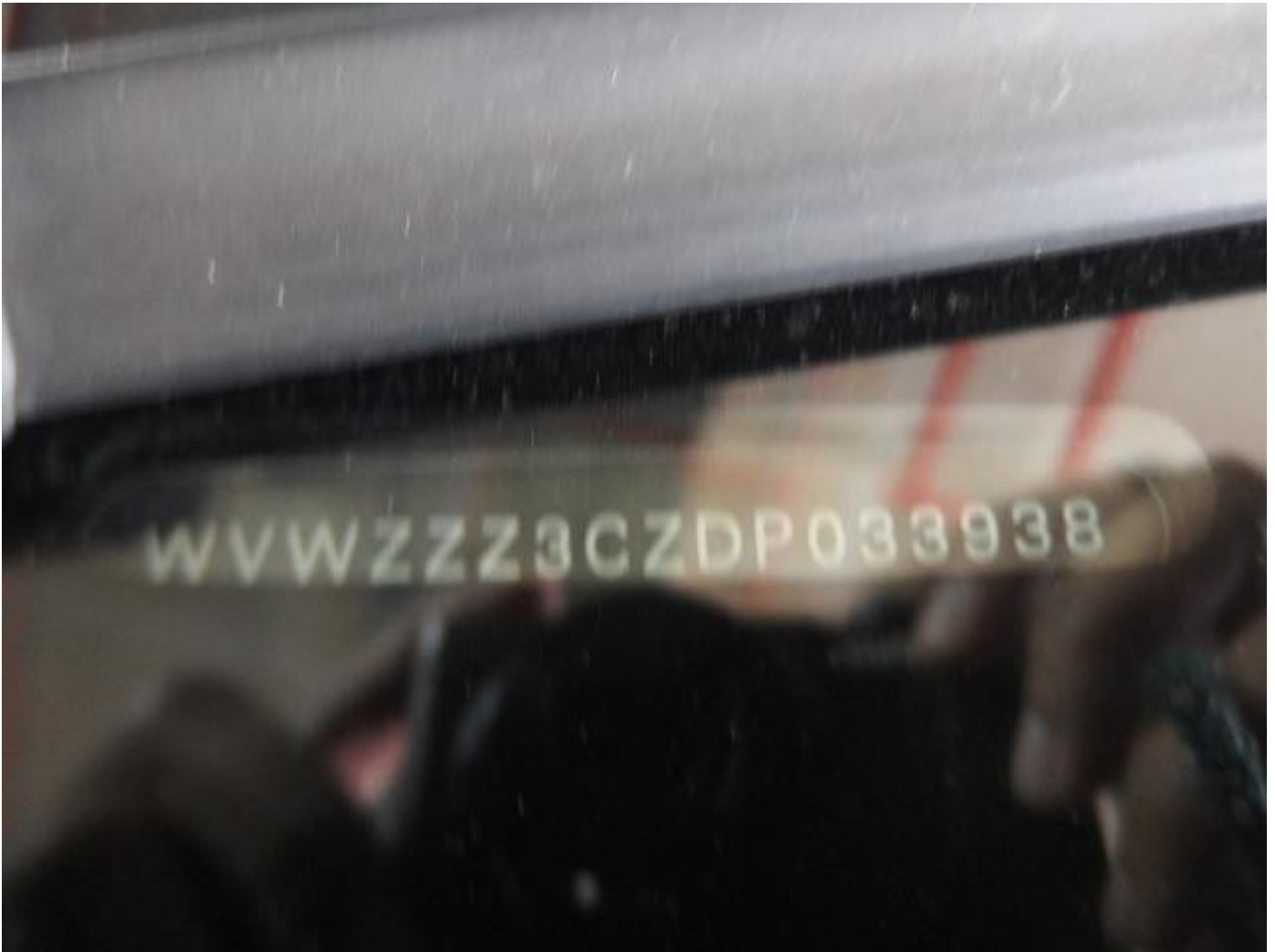
Accident Photo



Accident Photo



Accident Photo



Accident Photo

