

## 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	20/08/2018 11:33
Date Of Accident	18/08/2018 14:30
Exact Location Of Accident	OPEN SPACE CAR PARK OF DEMPSEY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8708R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG CHOY THIM
NRIC No	S6838394C
Email Address	ILUVALBERTLEONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86868394
Alternative Phone No	OTHERS-86868394

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC-2.0 (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?	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	GA071014
Cover Note Number	04/11/2017 - 03/11/2018

### Driver

Name of Driver	LEONG CHOY THIM
NRIC No	S6838394C
Date Of Birth	07/10/1968
Occupation	INDOOR
Date Of Driving Pass	02/12/1986
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-86868394
Fax Number	
Contact Number	OTHERS-86868394
Email Address	ILUVALBERTLEONG@GMAIL.COM

Address	1 SIMEI STREET #01-15
Postcode	529890
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : MISS NG 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 ATTACHED STATEMENT AND SKETCH PLAN

#### 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	SLS8807U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LAU TONG LEE
NRIC/Passport Number	S0189129D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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7. By the lodgment 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)**

Acc  
Vehicle: SJT  
R208R

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.:

20/08/18

## Sketch Plan Pg. 2

Date of accident: 18/08/18 Time: 1430hrs Location: Dempsey Rd open C/P compound  
My Vehicle A: SJT 8708R Vehicle B: SLS 8807 U Vehicle C: -  
SKETCH PLAN

A diagram showing a narrow channel defined by two horizontal lines. Inside the channel, two rectangular blocks with pointed tops are stacked vertically. The bottom block is labeled 'A' and the top block is labeled 'B'. To the right of the blocks, a large arrow points downwards, indicating the direction of the applied force.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to attach

Refer to Attach

☒ Claim OD/TP at Ah Lim Motor      ☐ Claim OD/TP at other workshop      ☐ Reporting Only

**Remarks :** Please forward a copy of my efile accident report to :

**My workshop :**

**Email address :**

**& myself** :

Email address : ihuvalbertleong@gmail.com

**Note :** Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Vehicle SUT  
8708R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

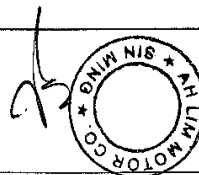
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 26108118

AH LIM MOTOR COMPANY



**Sketch Plan Pg. 3**


On 18/Aug/2018, my vehicle SJT8708R was traveling slowly with the precinct of Dempsey Road compound.

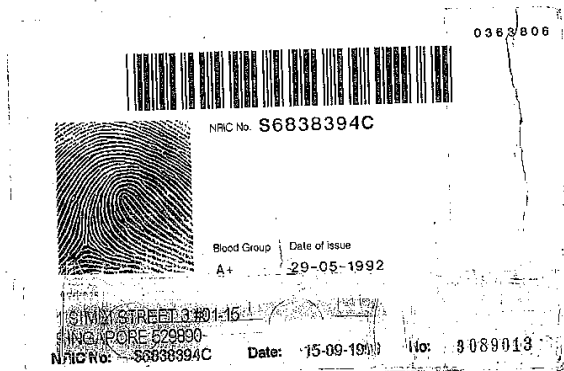
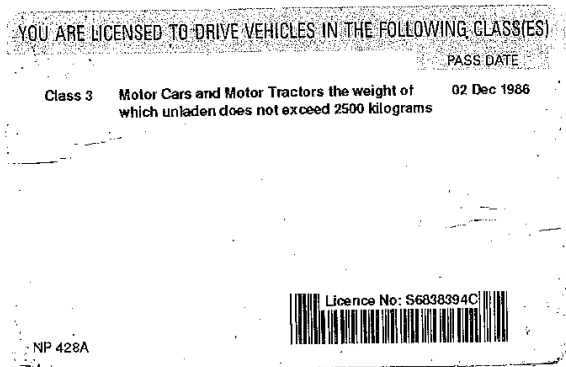
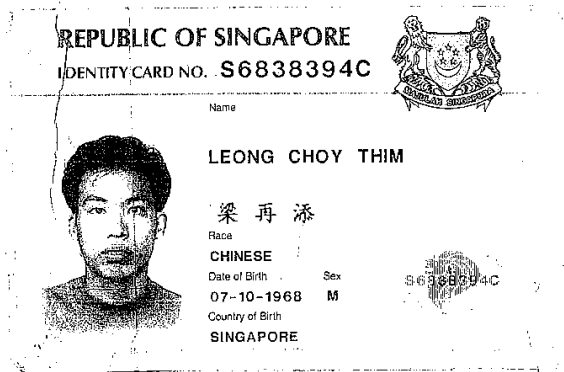
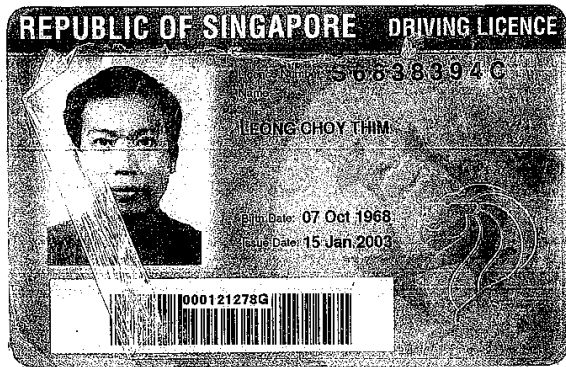
Suddenly, there was a vehicle SLS8807U sped through on my right. I immediately performed an emergency brake but there was a slide collision.

Both drivers alighted from the vehicles to inspect the damages.

Damages were on the right side of the bumper and fender of SGT8707R & left side scratch on the bumper of SLS8807U.

I have queried the driver of SLS8807U on why was he speeding in the carpark compound. The driver of SLS8807U replied that he is a PHV driver and he was rushing to the booking to pick up his passenger.

  
Leong Choy Thim  
S 6838394/c  
20/08/2018





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

LEONG CHOY THIM  
 1 SIMEI STREET 3  
 #01-15 EASTPOINT GREEN  
 SINGAPORE 529890

**Renewal**

date  
 10/10/2017

your servicing distributor  
**YARRA TRADING & SERVICES / 03842**

your servicing distributor contact  
**62951986**

## Policy Schedule

**Your SmartDrive Comprehensive Private MPV APW**

### Your policy snapshot

<b>Policyholder name</b>	<b>LEONG CHOY THIM</b>	<b>Policy number</b>	<b>VA1 / GA071014</b>
<b>Cover</b>	<b>Comprehensive</b>	<b>FIN / NRIC</b>	<b>S6838394C</b>
<b>Period of Insurance</b>	from <b>04/11/2017</b> to <b>03/11/2018</b> (both dates inclusive)		

### Premium breakdown

Gross Premium after 50% NCD	SGD 884.43
Total Discounts	- SGD 47.15
7% GST	SGD 58.61
<b>Final Premium</b>	<b>SGD 895.89</b>

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Private MPV APW Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Loss of Personal Effects in Singapore up to \$3,000
- Daily Transport Allowance of \$50 for a maximum of five (5) days
- Double Personal Accidental Benefit for Young and Old Passengers
- Car Accessories up to \$2,500
- Medical and dental expenses up to \$500 per person for either you as the driver or your authorised driver and a passenger
- Waiver of Named Young or Inexperienced Driver Excess
- Basic Own Damage Excess Reduction for AXA Premium Workshop
- Personal accident benefit of up to \$30,000 for you or one of your named drivers while driving and \$20,000 per passenger
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess

### Vehicle details

<b>Make &amp; Model of Vehicle</b>	<b>TOYOTA PICNIC 2.0 AUTO W/O ROOF RACK</b>	<b>Year of manufacture</b>	<b>2009</b>
<b>Vehicle registration number</b>	<b>SJT8708R</b>	<b>Type of Use</b>	Private use
<b>Body type</b>	MPV	<b>Engine capacity (c.c.)</b>	1998
<b>Seating capacity (excl driver)</b>	6	<b>Engine number</b>	1AZH379110
<b>Off-Peak car</b>	No	<b>Chassis number</b>	JTEGH23B000027081

<b>Insured's Estimated Market Value</b>	Market Value at the time of Loss (including accessories and spare parts)
<b>Limitation to use</b>	As per Certificate of Insurance
<b>Finance Loan Company</b>	OCBC BANK LIMITED

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

1 of 2

Sketch Plan Pg. 6



redefining / insurance

Date: 20/08/18

To: Owner of Vehicle Number: SWT 8708R

The following ~~has~~ been advised to you via your workshop, Mh Lim Motors Co. through their staff, Mh Lim.

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 ad claim at Mh Lim Motors

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

[Signature] 20/08/18

Name and signature of workshop personnel including company stamp






To Whom It May Concern,

Accident involving my vehicle no SJT8708R on 18/08/18 (date) with  
SLS 8807u (other veh no) along Dempsey Rd open C/P Compound

I, Leong Choy Thim NRIC No: 56838394/C


owner of vehicle no - SJT8708R am aware of the accident of my vehicle on  
                     (Date) while car was driven by                     

IC No:                     . I hereby authorise him/her to make the report.

  
Name Leong Choy Thim | S 6838394/C  
Date: 20/08/2018

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

  
Name Leong Choy Thim  
Date 20/08/2018

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





scene









scene





**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


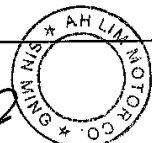
**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MACM18107331 Vehicle Registration No: SJT 8708R  
 Name (as shown in NRIC) : Leong Choy Thim NRIC/FIN/Passport No : S6838394 C  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 8686 8394  
 Email Address : iluvvalbertleong@gmail.com  
 Date of Accident : 18/08/2018 Time of Accident : 1430 hrs  
 Place of Accident : Open space CP of Dempsey Rd  
 Insurance Company : AXA Insurance Pte Ltd


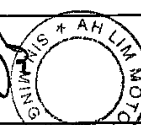
**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

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

To upload scene photos

Policyholder / Driver's Signature  
 Date: operator

Reporting Centre Personnel's Signature  
 Name: Mr. L  
 NRIC/FIN No.: 22/08/2018  
 Date: