

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	22/11/2018 13:54
Date Of Accident	21/11/2018 17:55
Exact Location Of Accident	JUNCT RD OF SENGKANG EAST RD & COMPASSVALE STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL5011P
Insured/Policyholder	
Name Of Registered Owner	TAN BENG BENG
NRIC No	S7327118E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97990666
Alternative Phone No	OFFICE-97990666

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	VA1/GA061767
Cover Note Number	

Driver

Name of Driver	TAN BENG BENG
NRIC No	S7327118E
Date Of Birth	26/07/1973
Occupation	INDOOR
Date Of Driving Pass	16/03/1998
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97990666
Fax Number	
Contact Number	OFFICE-97990666
Email Address	NOEMAIL

Address	BLK 79E TOA PAYOH CENTRAL #31-73
Postcode	315079
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	CHAIN COLLISION
Weather Conditions	DRIZZLING.
Road Surface	SLIGHTLY 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: : JAYVEN TAN 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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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	SDP3738D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TONG HOCK CHUAN
NRIC/Passport Number	S7146798H
Contact Number	97498970
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

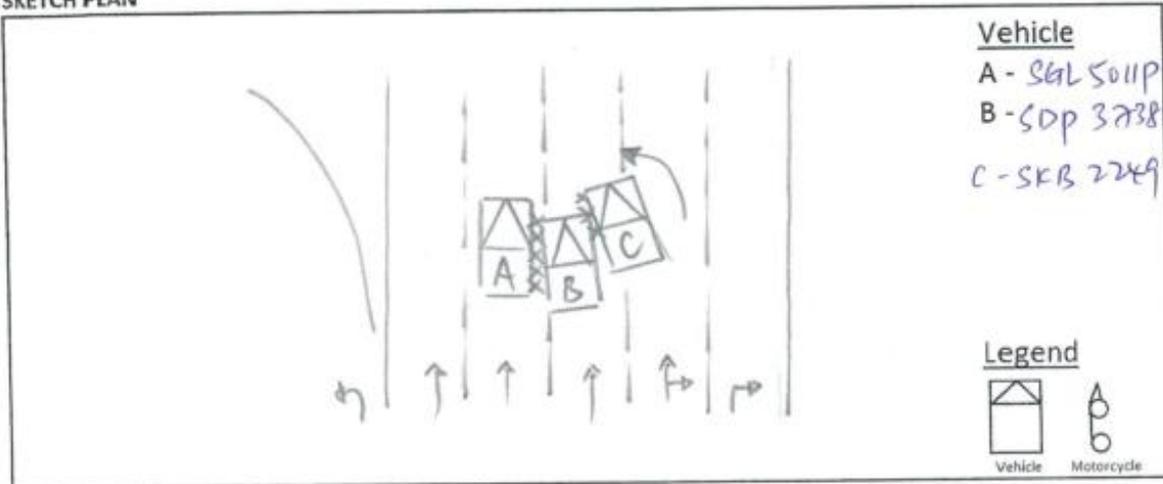
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01ST NOV, 2014 ABOUT 5:55pm, I WAS TRAVELLING ON SENG KANG EAST RD TOWARDS PUNGGOL. WHEN I WAS ABOUT TO CROSS THE JUNCTION AT ANCIORVALE ST, A CAR SDP 3738D BANG ONTO THE RIGHT SIDE OF MY CAR. UPON ALIGHTING AND PART EXCHANGING PARTICULARS WITH THE DRIVER, I REALISED HE HAD HIT A CAR ON HIS RIGHT WHICH IS TURNING OUT (SKB2249X) AND THAT'S WHY HE SWERVED TO HIS LEFT AND HIT MY CAR.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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



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

TAN BENG BENG (CHEN MINGMING)
 BLK 79E TOA PAYOH CENTRAL
 #31-73
 SINGAPORE 315079

Renewal

date
07/09/2018

your servicing distributor
GRINWEI ALLIANCE PTE LTD / 04383

your servicing distributor contact
6579 5514/5515

Policy Schedule

Your SmartDrive Comprehensive Private APW

Your policy snapshot

Policyholder name	TAN BENG BENG (CHEN MINGMING)	Policy number	VA1 / GA061767
Cover	Comprehensive	FIN / NRIC	S7327118E
Period of Insurance	from 19/09/2018 to 18/09/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 835.28
7% GST	SGD 58.47
Final Premium	SGD 893.75

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Private 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
- Personal accident benefit of up to \$30,000 for you or your named drivers while driving
- Medical and dental expenses up to \$500 per person for either you as the driver or your authorised driver and a passenger
- Basic Own Damage Excess Reduction for AXA Premium Workshop
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess

Add-on Benefits

- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	TOYOTA COROLLA ALTIS 1.6	Year of manufacture	2006
Vehicle registration number	SGL5011P	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1598
Seating capacity (excl driver)	4	Engine number	3224596893
Off-Peak car	No	Chassis number	MR053ZEC107129654

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 0.00
Windscreen Excess	SGD 100.00

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7327118E



Name
TAN BENG BENG
(CHEN MINGMING)

Race
CHINESE

Date of Birth
26-07-1973

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7327118E

Name
TAN BENG BENG
(CHEN MINGMING)

Birth Date: 26 Jul 1973

Issue Date: 28 Oct 2003




000958440K

A0047098



NRIC No: S7327118E



Sex and Group Date of Issue
19-08-2003

APT BLK 79E TOA PAYOH CENTRAL #31-73
SINGAPORE 315079

NRIC No: S7327118E Date: 23/07/2008 (R) No: 5990320

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	08 Jun 1992
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Jun 1998

NP 428A



Common Statement

C) SKB 2249 X.

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 21/11/18 Time: 1755 2 Exact location of accident: Junt Rd of Songkang E Rd & Compassvale St.

3 Injuries even if slight: No Yes

4 Material damage: To vehicles other than vehicles A and B: No Yes To objects other than vehicles: No Yes

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B): _____ Vehicle Video Camera Available: No Yes

Registration No. (VEHICLE A) SGL 5011P

6 Insured / policyholder (see insurance cert.): Name: Tan Beng Beng Address: _____ NRIC / Passport no.: S732718E Tel no. (from 9am till 5pm): 9799 0666 HP: _____

7 Vehicle: Make, type: _____

8 Insurance company: AXA C TPFT TPO Does the policy cover damage to vehicle A? No Yes Policy No.: VAI/KA 061767

9 Driver: Same as Owner Name: _____ NRIC / Passport no.: _____ Class of licence: 3 HP: _____ Gender: Male Female

12 CIRCUMSTANCES Put a cross (X) in each of the relevant boxes applicable to your vehicle.

- Chain Collision
- Collided into Bicycle
- Collided into Motorcycle
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Hit
- Collision - Opening Door of Vehicle
- Collision - Runabout
- Collision - U-Turn
- Drink Driving / Drug Influence
- The Behaviour of Lighting
- Towed
- Hit and Run / Vanishing / Damaged whilst Parked
- Hit by Falls Tree / Other Objects
- No Collision
- Side Swipe
- Theft

Registration No. (VEHICLE B) SDP 3738D

6 Insured / policyholder (see insurance cert.): Name: _____ Address: _____ NRIC / Passport no.: _____ Tel no. (from 9am till 5pm): _____ HP: _____

7 Vehicle: Make, type: _____

8 Insurance company: C TPFT TPO Does the policy cover damage to vehicle B? No Yes Policy No. (if available): _____

9 Driver (See driving licence) (if different from insured B above): Name: Ting Hock Chuan NRIC / Passport no.: S71462984 Class of licence: 97998930 HP: _____ Gender: Male Female

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Please include: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf. Do not alter anything in the statement after signing. Subsequently, each driver should take one copy. For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Topmax

INDIVIDUAL STATEMENT (Part II) <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop Email / Fax (if any)</small> _____																									
Insured	1 Occupation (if more than one, state all) _____ Email: _____ 2 Vehicle registration no. _____ C.C. _____ If commercial vehicle, state permissible carrying capacity _____																										
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner _____ state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____ 4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____ 5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____ 6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)																										
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/> Was driver an employe of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> 8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____ 9 Full details of all driving convictions including pending prosecutions in the last 36 months <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	Offence	Penalty																						
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Injured persons	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">10 Name(s), address(es) and approximate age(s)</th> <th style="width: 20%;">Injuries sustained</th> <th style="width: 20%;">If vehicle occupants, state in which vehicle</th> <th style="width: 10%;">Were seat belts being worn?</th> <th style="width: 25%;">Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>		10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																							
Damage to property in vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s) _____ Vehicle registration no. or details of property _____ Nature of damage _____ Insurer's name and address (if known) _____																										
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____ 13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____																										
Accident details	14 Weather conditions Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others <input checked="" type="checkbox"/> <i>Drizzling</i> 15 Road surface Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others <input checked="" type="checkbox"/> <i>Slightly wet.</i> 16 Speed of vehicles A _____ km/hr B _____ km/hr 17 What warnings were given by driver or other party? _____ 18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/> 19 What lights were displayed on your vehicle/the other vehicle(s)? _____ 20 If your vehicle is commercial, state weight of load carried at time of accident _____ 21 State how accident happened, width of roads, speed limits, etc (Refer to attached) <i>1) Jayven Pan. (M)</i> 22 State number of Passengers (including Driver) <input type="checkbox"/> <i>2</i>																										
Declaration	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ <i>[Signature]</i> Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____																										

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

