

## 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	27/11/2018 11:19
Date Of Accident	27/11/2018 08:35
Exact Location Of Accident	ALONG JALAN ANAK BUKIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1324R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WATANABE MIZUKO
NRIC No	S2684726E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93696375
Alternative Phone No	OTHERS-93696375

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ASX 2.0 CVT (G) ABS D/AIRBAG SR HID 2WD
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	VA1/GA342925
Cover Note Number	

### Driver

Name of Driver	CHEE WEE SIONG
NRIC No	S6942320E
Date Of Birth	03/12/1969
Occupation	INDOOR
Date Of Driving Pass	28/12/1996
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98521914
Fax Number	
Contact Number	
Email Address	ALVINC@SINGNET.COM.SG

Address	341 UPPER BUKIT TIMAH ROAD #06-12
Postcode	588195
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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

PLEASE REFER TO STATEMENT

#### 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	SG5808S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	ONG KAH SEN
NRIC/Passport Number	S7684482H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

① ②

3

[illegible]

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

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

# Individual Statement

☐ Owner  
☒ Driver

## ACCIDENT STATEMENT

Date of Accident: 27/11/2018 Time: 8:35am Location of Accident: Along Jalan Anak Bukit

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SLX1324R  
Name of Policyholder: Watanabe Mizuko  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S2684726E  
Address: -  
Contact Number: Tel: 9369 6375  
Occupation: indoor

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Mitsubishi ASX 2.0CVT (GT) ABS D/AIRBAG SR HD  
Type of Vehicle: Saloon MPV CRV Van Lorry Bus Motorcycle Others P11 2ND  
Exact Purpose for which vehicle was being used: private use  
Are you claiming under your own insurance policy?  
Vehicle category: ☒ Yes ☐ No ☐ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: VA1/GTA 342925

### DRIVER

Name of Driver: Dee Wee Song  
NRIC/ FIN/ Passport: S6942320E  
Date of Birth: 03-12-1969  
Occupation: indoor  
Driving Pass Date: 28-12-1996  
Gender: ☒ Male ☐ Female  
Contact Number: Tel: 9852 1914  
Address: 341 Upper Bukit Timah Road #06-12 S6588195  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No

If No, relationship of Driver with the Insured:  
Vehicle Number of Driver's Own Vehicle (if applicable):  
Insurance of Driver's Own Vehicle (if applicable):

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc):  
Weather Conditions: ☒ Clear ☐ Raining ☐ Others  
Road Surface: ☐ Wet ☒ Dry ☐ Others  
Damage Area: ☒ Insured Hit ☐ TP (Front to Rear)

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes  
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any camera video footage (in car)? ☒ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station & Report No.:  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?:

elvinc@~~fire~~signnet.com.sg.

# Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SLX1324R

## DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SG5808S

Vehicle Make/ Model/ Colour

SMART BUN.

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

ONG KAH SEN

NRIC/ FIN/ Passport

5768 4480H

Contact Number / Email Address

Address

Name of Insurance Company

### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

## DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

## DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

## DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

## Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Date & Time

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

09/11/2018 1100.

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

## Individual Statement

### SKETCH PLAN

#### IMPORTANT NOTICE

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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)**

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.:

1100 / 27/11/2018.

## Individual Statement

Refining

Date 27/11/2008

To: Owner of Vehicle Number SLX1324R

The following has been advised to you via your workshop, PH AUTO through their staff, AP


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 Own Damage claim

Signed and acknowledge by

CHER WEE SENG  
Name and signature of policyholder/authorised driver

  
Name and signature of workshop personnel including company stamp

AUTHORIZATION FORM

Authorization Form

I, (Name) MIZUKO  
WATANABE of (NRIC) S26B4706E authorized

(Name) CHEE WEB SENG of (NRIC) S6P40320E to Repair/Reporting at

BH AUTO SERVICES PTE LTD located at BK1 Sin Ming Industrial Estate Sector C #01-111/113/115/117  
5575636

On behalf of me for my vehicle number ~~SLX 1324R~~ SLX 1324R.

My residential address is 341, #06-12, UH ST. TIMOTHY and THE HILLSIDE.  
contact number is 93696375.

Signature: Mizuko W  
Owner Name: MIZUKO WATANABE.

Signature: CP  
Witness Name: CHEE WEB SENG.



FRONT IDENTITY CARD (OWNER)



REAR IDENTITY CARD (OWNER)



# IDENTITY CARD & DRIVING LICENCE (DRIVER)

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S6942320E

Name: CHEE WEE SIONG

Birth Date: 03 Dec 1969

Issue Date: 04 Jan 2003

0001179035

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6942320E

Name: CHEE WEE SIONG

徐伟祥

Race: CHINESE

Date of Birth: 03-12-1969

Sex: M

Country of Birth: SINGAPORE

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

Class	Description	PASS DATE
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Dec 1996

NP 428A

License No: S6942320E

20423

NRIC No: S6942320E

341 UPPER BUKIT TIMAH ROAD #06-12  
SINGAPORE 588195

NRIC No: S6942320E

Date: 28/06/2018

# CERTIFICATE OF INSURANCE



redefining / insurance

WATANABE MIZUKO  
341  
UPPER BUKIT TIMAH ROAD  
#06-12  
SINGAPORE 588195

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

GA342925-461772

**SmartDrive Comprehensive**  
**Essential**  
**New business**  
**Original**

date  
**11/04/2018**

policy number  
**VA1 / GA342925**

your servicing distributor  
**S & M ALLIANCE PTE LTD / 04066**

## Tax Invoice (Client Copy)

### Your policy information

Policyholder name	: WATANABE MIZUKO
Period of Insurance	: from <b>11/04/2018</b> to <b>10/04/2019</b> (both dates inclusive)
Transaction Number	: AXA-MTR-SG-2018-461772
Effective Date	: <b>11/04/2018</b>

### Billing details

Gross Premium after 0% NCD	SGD 1,794.19
Total Discounts	- SGD 308.38
7% GST	SGD 104.01
<b>Total Payable</b>	<b>SGD 1,589.82</b>

### What you should do

- Please keep this Tax Invoice as reference for premium due.

AXA Insurance Pte Ltd

This is an auto-generated document thus no signature is required

Issued by 04066001-Martha Leow on 11/04/2018  
AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

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Accident Photo



Accident Photo



Accident Photo



Accident Photo





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