### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/11/2018 09:41
Date Of Accident	23/11/2018 14:45
Exact Location Of Accident	TELOK BLANGAH RD AFT JUNCT SEAH IM RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA7128Y
Insured/Policyholder	
Name Of Registered Owner	CHEE KAM WING
NRIC No	S0228087F
Email Address	VINCENTCHEE87@GMAIL.COM

(LOCAL) +65-96737088

OFFICE-96737088

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer TOYOTA

Model COROLLA ALTIS-1.6 (A)

Exact Purpose for which vehicle was being used at

time of accident

NORMAL USAGE

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 P2085977

Cover Note Number

Driver

Name of Driver CHEE KAM WING

 NRIC No
 S0228087F

 Date Of Birth
 04/02/1950

 Occupation
 INDOOR

 Date Of Driving Pass
 31/12/1996

Driving Experience 21 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96737088

Fax Number

Contact Number OFFICE-96737088

EMail Address VINCENTCHEE87@GMAIL.COM

Address BLK 611 #12-183 CHOA CHU KANG ST 62

Postcode 680611

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 RAINING
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?

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 5

Number of Passengers (Including Driver)

Passenger 1

NAME: : TEO KWAN NYIN

GENDER: : FEMALE

Passenger 2 NAME: : LORENDA ZENG XUE EN

GENDER: : FEMALE

Passenger 3 NAME: : TEO KWAN FOONG

GENDER: : FEMALE

Passenger 4 NAME: : TEO KWAN TYRE

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER AS 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 SKQ5759G Vehicle Make/Model/Colour KIA/BLACK

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SEETOH GUAY CHEE

NRIC/Passport Number Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S1736985G 97711743

139 SERANGOON AVE 3 #04-07

556119

#### Accident Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

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- 7. By the ladgement 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 law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

Policyholder's Signature / Date &

Time

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

Wiressed by Reporting Centre Personnel

Sketch Plan

## **Accident Sketch Plan**

Describe Circumstances of the Accident
- Car accident involved my car, SLA 71287 and the other car SKQ 5797 G
· Place of accident:
Telak Blangeh Rd after junction Soul Im Rd.
Dete of accident: 23/11/18- beather: - raining.
After junction Soch Im Rd (LP 46-47) toward Telok Blangah Rd. My car SLA 71287 was at the first Lane.
Suddenly can SKO 5759 G Cut into my lane. causing my car porcing to the night road bloulder

Declaration

IWe declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel









RANCE PTE LTD
on Way, #24-01
ower. Singapore 068811
stomer Service Centre #B1-01
et:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



Private Cars COMP POLICY SCHEDULE NEW BUSINESS Original

POLICY INFORMATION Policy No.: VPA/P2085977	
Source	: (01) 14888 INCH-AXA RN(EP)
Insured	: CHEE KAM WING
Address	: BLK 611 CHOA CHU KANG ST 62 #12-183 SINGAPORE 680611
Business/Profession	: OTHER OCCUPATION
	Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.
Period of Insurance	: From 15/03/2018 To 13/03/2019 (Both Dates Inclusive)
Any subsequent perio	od for which the Insured shall pay and the Company shall newal premium.

### PREMIUM

Premium After 50.00%: SGD 941.14

NCD

GST 7.00% : SGD 65.87 Annual Premium : SGD 1,007.

Annual Premium : SGD 1,007.01 Total Payable : SGD 1,004.27

## RISK DETAILS THE MOTOR VEHICLE

Type Of Cover : Comprehensive

Regn No. : SLA7128Y
Type Of Use : Private Car

Make/Model : TOYOTA COROLLA ALTIS 1.6

Year of Manufacture : 2016 Seating Capacity (excl. Driver) : 05
Body Type : SALOON Engine C.C. : 1598

Engine No. : 12RY245669

Chassis No. : MR053REH104543900

Insured's Estimated : Market Value At The Time Of Loss

Market Value (including Accessories and Spare Parts)

Limitations as to Use : As specified in Certificate of Insurance

Extra Coverage (Premium Breakdown) Limits (SGD) Premium (SGD)

NCD Protector

Basic Own Damage Excess : SGD

### Named Drivers

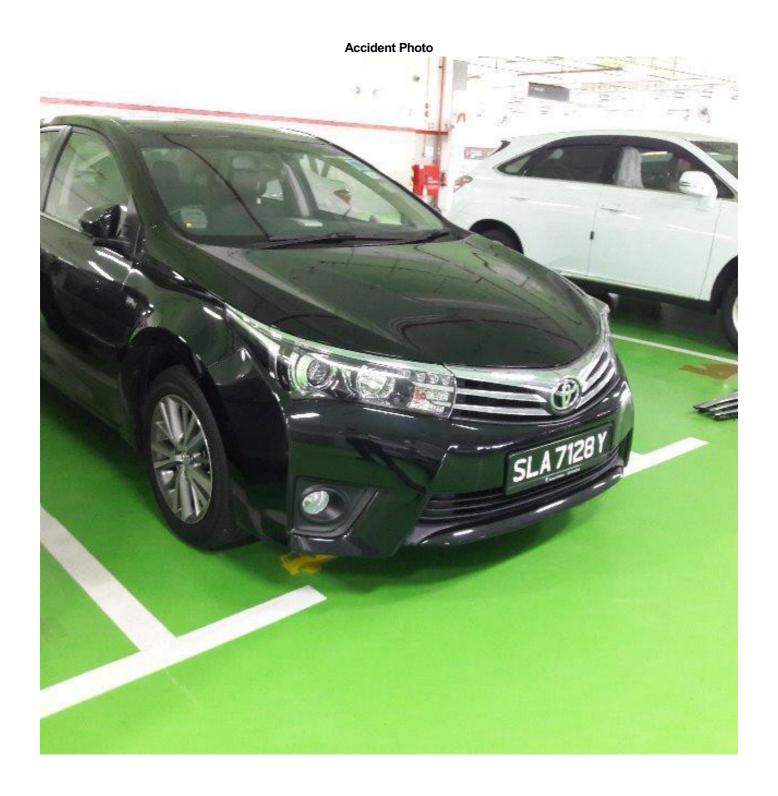
1 CHEE KAM WING

## MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS

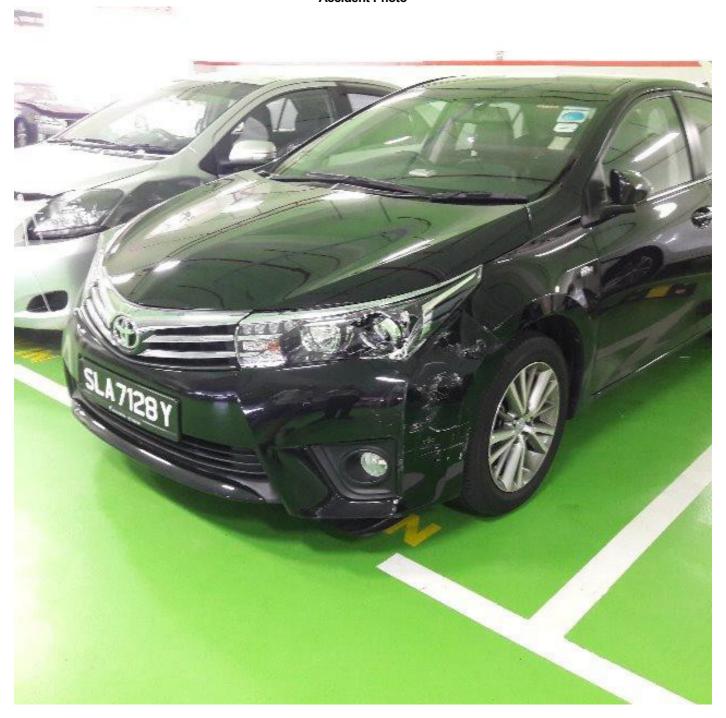
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:

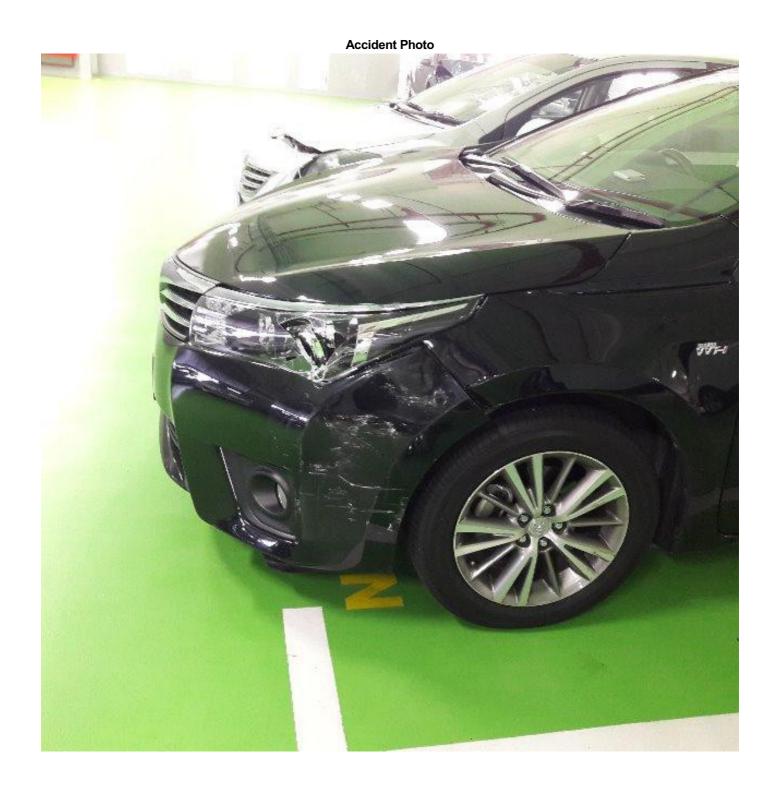
BTS NCDF

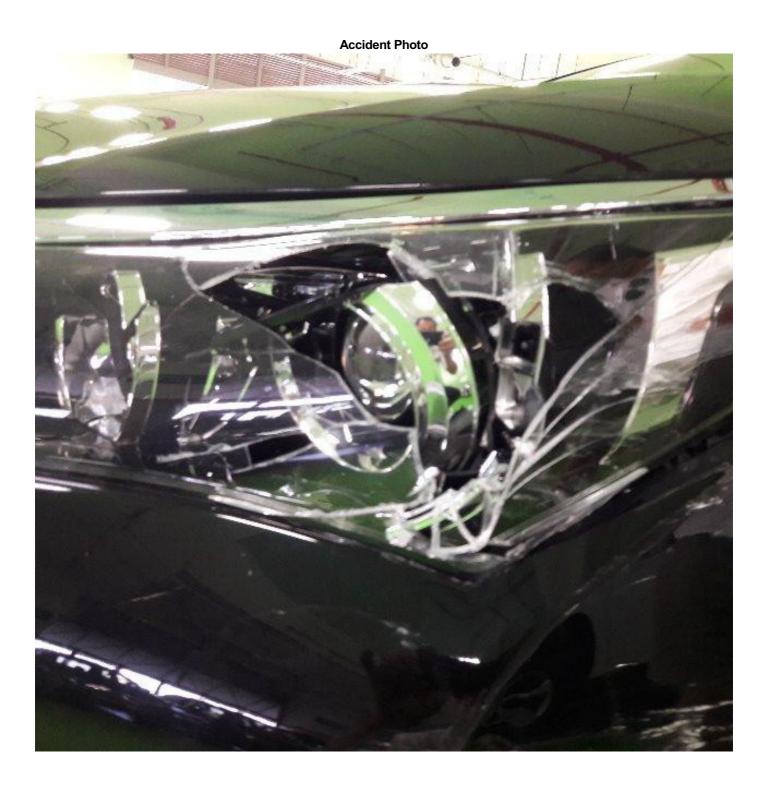
Page 1



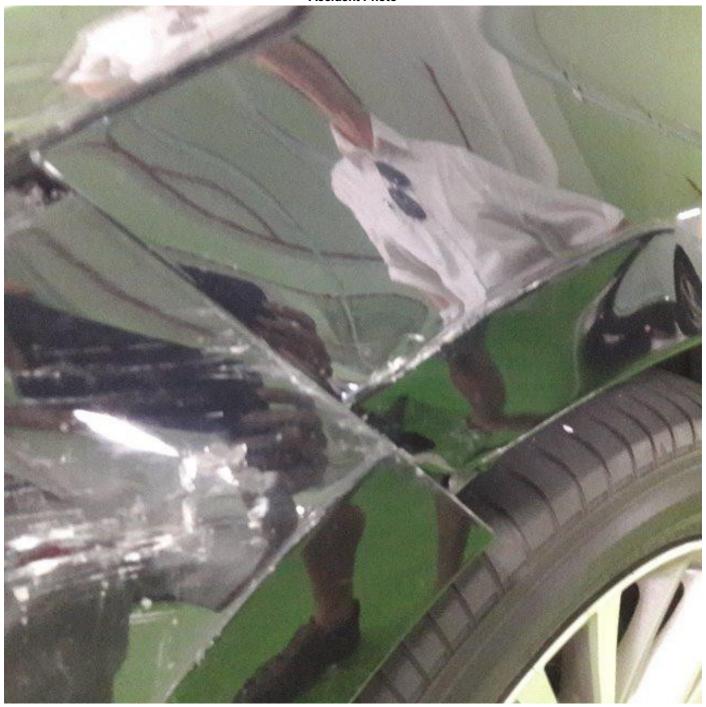
# **Accident Photo**







# **Accident Photo**



# **Accident Photo**



