

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	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	VINCENCHEE87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96737088
Alternative Phone No	OFFICE-96737088

Vehicle Particulars

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	VINCENCHEE87@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?	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)	5
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?	NO
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	S1736985G
Contact Number	97711743
Address	139 SERANGOON AVE 3 #04-07
Postcode	556119
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


Accident Sketch Plan

SKETCH PLAN

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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.
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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

• Car accident involved my car, SLA 7128Y and the other car SKQ 579TG

• Place of accident:-

Telok Blangah Rd after junction Seah Im Rd (LP 46-47)

Time:- approx. 2.45 pm.

Date of accident: 23/11/18.


Weather:- raining.

After junction Seah Im Rd (LP 46-47), toward Telok Blangah Rd. My car SLA 7128Y was at the first lane.

Suddenly, car SKQ 5759G cut into my lane, causing my car forcing to the right road shoulder.

Declaration

We declare the foregoing particulars are true in every respect.

 26/11/18

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

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AXA Insurance PTE LTD
 11, Robinson Way, #24-01
 Robinson Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(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 period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 50.00% : SGD 941.14			
NCD			
GST 7.00%	:	SGD 65.87	
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.	: 1ZRY245669		
Chassis No.	: MR053REH104543900		
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			
Basic Own Damage Excess		: SGD	
<u>Named Drivers</u>			
1 CHEE KAM WING			
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
BTS NCDF			

Accident Photo



Accident Photo



Accident Photo



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