

## 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	24/11/2018 13:08
Date Of Accident	23/11/2018 11:10
Exact Location Of Accident	BEDOK NORTH AVE 4 TO UPP CHANGI RD (SLIP RD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3257C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO KEE HUAT
NRIC No	S1755424G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94772233
Alternative Phone No	OFFICE-94772233

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	
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	P2113606
Cover Note Number	

### Driver

Name of Driver	TEO KEE KEONG
NRIC No	S7123334J
Date Of Birth	13/06/1971
Occupation	INDOOR
Date Of Driving Pass	31/12/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98602280
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 163 TAMPINES ST 12 #02-267
Postcode	521163
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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)	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

VEHICLE B SUDDENLY JAM BRAKE. I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR.

#### 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	SLS4013U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### 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.

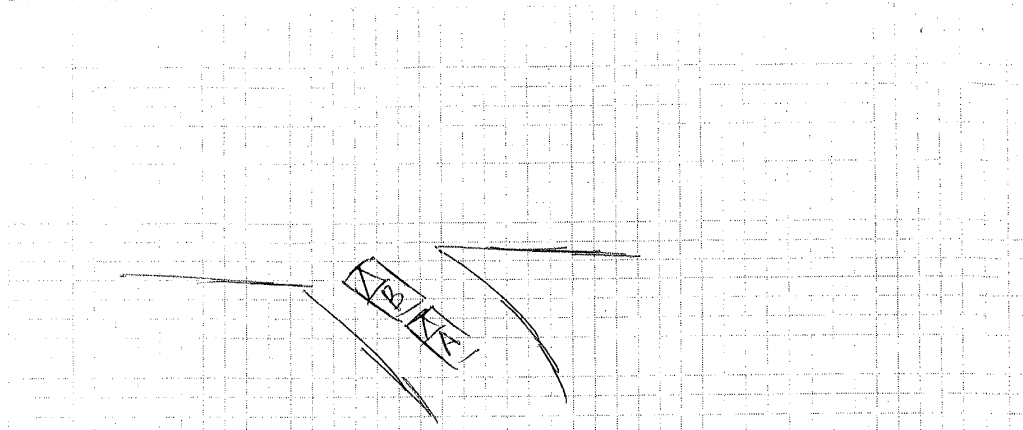
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2 Pg. 1

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE B SUDDENLY JAM & BRAKE, I COULDN'T STOP  
IN TIME AND HIT ONTO VEHICLE B REAR

## DECLARATION

I/We 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

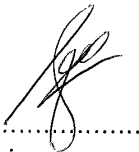
## LETTER OF UNDERTAKING

I/We, 700 000 H01A7, the owner of vehicle no. SL73057C

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_


Signed and Acknowledge by:

  
.....  
Nric no. & signature of policyholder

.....  
Company stamp

24/11/2018  
.....  
Date

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7123334J




Name  
TEO KEE KEONG

Race  
CHINESE

Date of birth  
13-06-1971


Sex  
M

Country of birth  
SINGAPORE



S7123334J

REPUBLIC OF SINGAPORE DRIVING LICENCE




TEO KEE KEONG


Birth Date: 13 Jun 1971  
Issue Date: 31 Dec 2010

001924807D

4945188



NRIC No. S7123334J



Date of issue  
07-03-2013

Address  
APT BLK 163 TAMPINES STREET 12  
#02-267  
SINGAPORE 521163

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 31 Dec 2010

NP 428A

Licence No: S7123334J

INSURANCE PTE LTD  
 100, Raffles Place, #24-01  
 AXA 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

<b>POLICY INFORMATION</b>		Policy No. : VPA/P2113606	
Source	: (01) 14885 BMS-AXA TOYOTA NB		
Insured	: TEO KEE HUAT		
Address	: BLK 737 PASIR RIS DRIVE 10 #02-33 SINGAPORE 510737		
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 30/04/2018 To 29/04/2019 (Both Dates Inclusive)			
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>PREMIUM</b>			
Premium After 50.00% : SGD 1,190.65			
NCD			
GST	7.00%	:	SGD 83.35
Annual Premium		:	SGD 1,274.00
Total Payable		:	SGD 1,274.00
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	: Comprehensive		
Regn No.	: SLZ3257C		
Type Of Use	: Private Car		
Make/Model	: TOYOTA VIOS 1.5		
Year of Manufacture	: 2018	Seating Capacity (excl. Driver)	: 04
Body Type	: SALOON	Engine C.C.	: 1498
Engine No.	: 2NR5205665		
Chassis No.	: MR2B23F3301115202		
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			
Hire Purchase	: DBS BANK LTD		
<u>Extra Coverage(Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
Basic Own Damage Excess			: SGD 500.00
<u>Named Drivers</u>			
1 TEO KEE HUAT			
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : BSTU009			

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

