

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	06/12/2018 17:22
Date Of Accident	05/12/2018 16:00
Exact Location Of Accident	ANG MO KIO AVE 5 & YIO CHU KANG RD (CROSS JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8385P
Insured/Policyholder	
Name Of Registered Owner	SIM CHEE HUANG JEFFREY
NRIC No	S7439299G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96752259
Alternative Phone No	OFFICE-96752259

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S (A)
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	GA412078
Cover Note Number	

Driver

Name of Driver	SIM CHEE HUANG JEFFREY
NRIC No	S7439299G
Date Of Birth	09/12/1974
Occupation	INDOOR
Date Of Driving Pass	09/09/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96752259
Fax Number	
Contact Number	OFFICE-96752259
Email Address	NOEMAIL

Address	BLK 298D COMPASSVALE STREET #14-62
Postcode	544298
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	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	SKF1228S
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.:

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

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

^a Values are means ± SD.

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

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



Date: 06/12/2014

To: Owner of Vehicle Number: SLT 8385P

The following has been advised to you via your workshop, SME MOTOR PTE LTD through their staff, _____.

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 event 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.

(☐) The Estimation 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.

Signed and acknowledge by:

X Sim Chee Heng Ha Jeffrey
Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **S7439299G**
 Name: **SIM CHEE HUANG JEFFREY (SHEN ZHIHUAN JEFFREY)**
 Birth Date: **09 Dec 1974**
 Issue Date: **09 Sep 2003**

000825838J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7439299G



Name: **SIM CHEE HUANG JEFFREY (SHEN ZHIHUAN JEFFREY)**
 沈 志 煥
 Race: **CHINESE**
 Date of birth: **09-12-1974** Sex: **M**
 Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **09 Sep 2003**


NP 428A

Licence No: **S7439299G**

3797715



NRIC No: **S7439299G**



Date of issue: **18-11-2005**
 Address: **APT BLK 298D COMPASSVALE STREET #14-62 SINGAPORE 544298**



redefining / insurance

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

SIM CHEE HUANG JEFFREY
 BLK 298D COMPASSVALE STREET
 14-62
 SINGAPORE 544298

New business

date
30/10/2018

your servicing distributor
CAR INNS INSURANCE AGENCY / 04041

your servicing distributor contact
64587787

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	SIM CHEE HUANG JEFFREY	Policy number	VA1 / GA412078
Cover	Comprehensive	FIN / NRIC	S7439299G
Period of Insurance	from 14/11/2018 to 13/11/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 887.58
Total Discounts	- SGD 88.30
7% GST	SGD 55.95
Final Premium	SGD 855.23

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on Benefits

- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	TOYOTA C-HR HYBRID 1.8	Year of manufacture	2017
Vehicle registration number	SLT8385P	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	1797
Seating capacity (excl driver)	4	Engine number	2ZR8165536
Off-Peak car	No	Chassis number	ZYX102063325

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	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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

Basic Own Damage Excess	SGD 300.00
Windscreen Excess	SGD 100.00

Drivers details

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

1 of 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

