SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 1. Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Date Of Report	18/12/2018 15:07
Date Of Accident	17/12/2018 12:20
Exact Location Of Accident	MARYMOUNT RD TO SIN MING AVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGA5833S
Insured/Policyholder	
Name Of Registered Owner	CHANG LAI FONG
NRIC No	S1365252Z
Email Address	MGOHCB@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91592346
Alternative Phone No	OTHERS-96427926
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-2.0 (A)
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
f 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	GA287314
Cover Note Number	24/11/2018 - 23/11/2019
Driver	
Name of Driver	MAURICE GOH CHIN BEE
NRIC No	S2561244B
Date Of Birth	26/05/1964

INDOOR

MALE

26/04/2001

17 YEARS AND 7 MONTHS

MGOHCB@YAHOO.COM.SG

(LOCAL) +65-96427926

OTHERS-91592346

Page 1 of 26

Address BLK 856B TAMPINES ST 82

#06-154 522856

Man driver are considered after the considered and MO

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

Postcode

-

Insurance Company of Driver's Own Vehicle

-

NO

NO

NO

NO

1

NO

NO

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?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7123Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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 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:
 - 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:

eporting Centre Personnel's Signature

NRIC/FIN No .:

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS BEHIND THE YELLOW CAB AT THE TRAFFIC LICHT WAITING FOR RED TO THEN GREEN (ABOUT) MORE THAN SCARS IN FRONT OF TAXI). TAXI MOVED FROM STOP. THEN I ALSO MOVED FROM STOP. THEN TAXI STOPPED BUT I COULD NOT STOP IN TIME AND KNOCKED TAXI REPORTING Only Remarks: Please forward a copy of my effile accident report to: Enail address: May workshop That I Also Move From STOP IN TIME AND KNOCKED TAXI REAR STOP IN TIME AND KNOCKED TAXI REPORTING Only Remarks: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We dedure the foregoing particulars are true in every respect. Many John Stime: If I Also I Signature (If driver is not the policyholder) Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We dedure the foregoing particulars are true in every respect. Many John Signature I Many John Signa	Pate of accident: 17/12	-/ 18 Time: 12 .208M	Location: 00 ARY	INIZ TAUAM TAUAM
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Driver's Signature Driver's Signature Reporting Course Description of the policyholder) Date & Time: Date & Ti	ECLARATION	vilare and true in a second		
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CHANG LAI FONG BLK 856B TAMPINES ST 82 #06-154 SINGAPORE 522856 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

Renewal

date 26/10/2018

your servicing distributor
JG MOTOR AGENCY / 00871

your servicing distributor contact 6344 7432

Policy Schedule

Your SmartDrive Comprehensive For Her

Your policy snapshot

Policyholder name Cover CHANG LAI FONG Comprehensive Policy number FIN / NRIC VA1 / GA287314 S1365252Z

Period of insurance from 24/11/2018 to 23/11/2019 (both dates inclusive)

Premium breakdown

Gross Premium after 50% NCD Total Discounts 7% GST Final Premium SGD 1,302.46 - SGD 69.43 SGD 86.31 SGD 1,319.34

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive For Her 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
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Daily Transport Allowance of \$50 for a maximum of ten (10) days
- Basic Own Damage Excess Waiver from Third Year if you are accident-free during the first two (2) years.
- Phone assistance and roadside support
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

Add-on Benefits

Off-Peak car

Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle Vehicle registration number Body type Seating capacity (excl driver)

MPV 6 No

SGA5833S

Year of manufacture
Type of Use
Engine capacity (c.c.)
Engine number
Chassis number

2005 Private use 1998 K20A15500919 JHMRN38705S200971

Insured's Estimated Market Value Limitation to use Finance Loan Company Market Value at the time of Loss (including accessories and spare parts)
As per Certificate of Insurance

Nil

HONDA STREAM 2.0

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01 1 of 2

VA1 / GA287314

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

Windscreen Excess Not Applicable

Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	CHANG LAI FONG	06/08/1959	34 year(s)
Additional Driver	NIGEL GOH KAI HENG	24/08/1993	3 year(s)
Additional Driver	MAURICE GOH CHIN BEE	26/05/1964	18 year(s)
Additional Driver	JULIAN GOH CHOK MENG	08/12/1994	3 year(s)

Additional clauses & endorsements to your policy

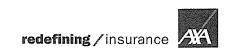
Nil

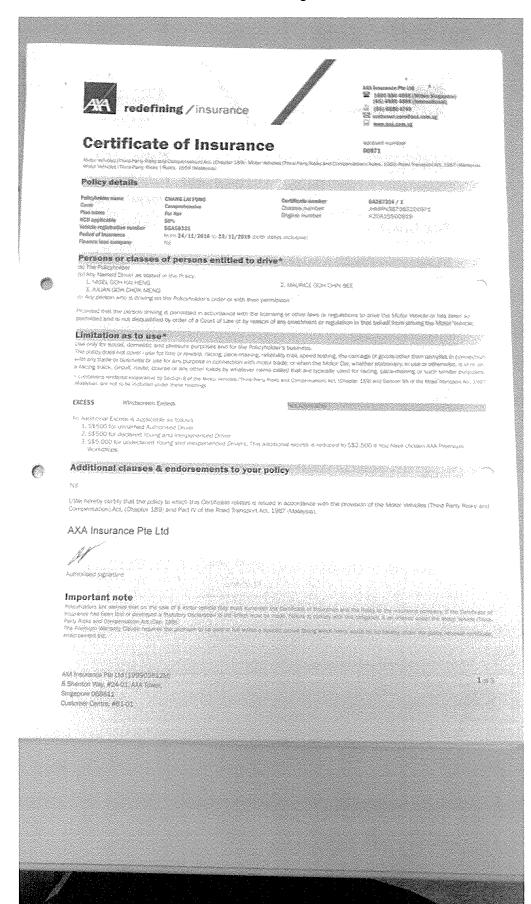
What you should do

- Keep this Policy Schedule as record of insurance cover for your vehicle
 This Schedule should be read in conjunction with the Terms and Conditions of the Policy Wording

AXA Insurance Pte Ltd

This is an auto-generated document and hence no signature is required





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$2561244B



432

MAURICE GOH CHIN BEE

CHINESE Date of Birth 26-05-1964 Country of Birth MALAYSIA



96427916.

OWPER- S13652522 91592346.

8349251

MALAYSIAN Blood Group Date of issue
B+ 29-02-2000

APT BLK 856B TAMPINES STREET 82 #06-154 SINGAPORE 522856

NRIC No: \$2561244B

Date: 15/11/2009

No: 6298352

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

26 Apr 2001 26 Apr 2001 26 Apr 2001 26 Apr 2001

NP 428A

AKA	redefining / insurance
Date:	18/12/18
To: Ov	wner of Vehicle Number: 3 5 FT 5 G 3 3 S
The fo	offowing has been advised to you via your workshop, Ah Lim Motor Company through their Zila \ Eileen / Mui Hong.
Please	tick the applicable box if you had been advice on the content as seen below:
17	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.
14	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.
M	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 <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.
1	You had been advised by the workshop of the Twelve (12) months warranty for $\underline{\text{Own Damage}}$ 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.
1/	Others [Um an Immy
Signed	and acknowledge by:
1	langer.
Name	and signature of policyholder/authorised driver
Name	and signature of workshop personnel including company stamp



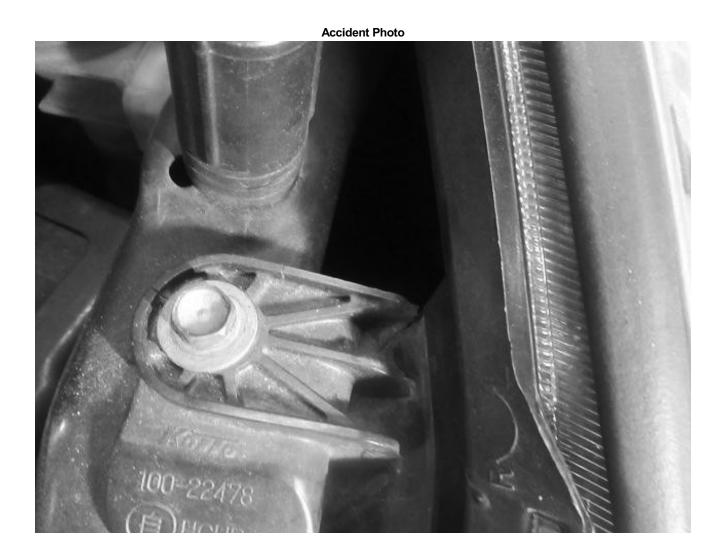






















Accident Photo COMFORDELGRO 6552 1111 SHC 7123 Y







