

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	24/12/2018 09:02
Date Of Accident	22/12/2018 16:25
Exact Location Of Accident	ALONG TAMPINES RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2583C
Insured/Policyholder	
Name Of Registered Owner	VIVIENNE SHEN LUJING
NRIC No	S7465813Z
Email Address	VIVIENNESHEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93388669
Alternative Phone No	OFFICE-93388669

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308-1.2 5DR ACTIVE PURETECH 1.2 A/T 2W (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA340972
Cover Note Number	

Driver

Name of Driver	VIVIENNE SHEN LUJING
NRIC No	S7465813Z
Date Of Birth	24/03/1974
Occupation	INDOOR
Date Of Driving Pass	22/09/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93388669
Fax Number	
Contact Number	OFFICE-93388669
Email Address	VIVIENNESHEN@GMAIL.COM

Address	225 PONGGOL SEVENTEENTH AVENUE SINGAPORE 829693.
Postcode	
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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.	YES
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

AT 16:25 22 DEC 2018 , MY CAR SLX2583C WAS HIT BY XD2297S AT JUNCTION OF TAMPINES ROAD AND HOUGANG AVE 1 AND DEFU AVE 1, WHEN MY CAR STOPED BEHIND STOP LINE AND TRAFFIC LIGHT WAS YELLOW AT THAT TIME. LORRY XD2297S DIDN'T STOP WHEN TRAFFIC LIGHT WAS YELLOW, HIT MY 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	XD2297S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan


SKETCH PLAN

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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:
 - (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.

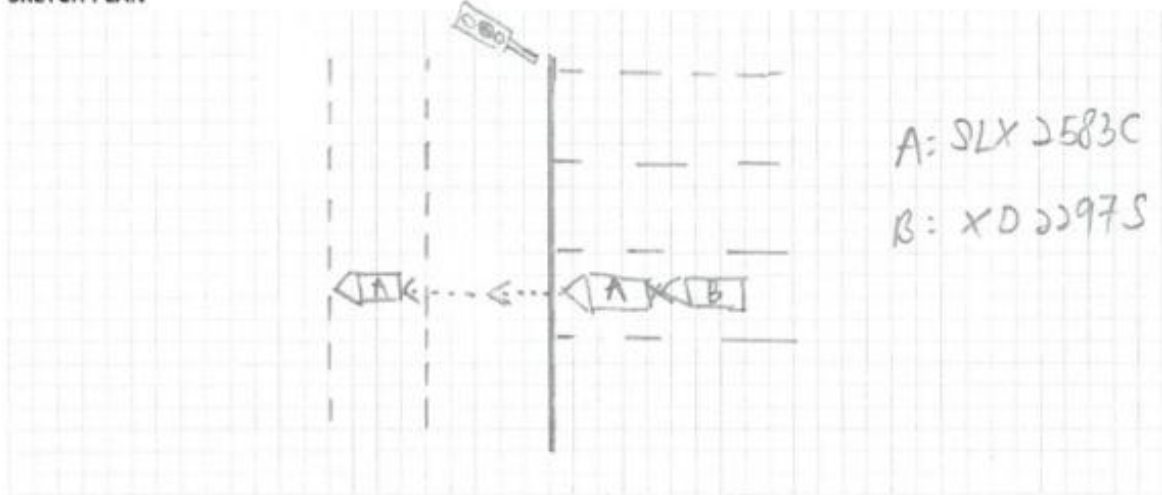

Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 16:25, 22 Dec 2018, my car SLX 2583C was hit by XD 2297S at junction of Tampines Road and Henggang Ave 1 and Defu Ave 1, when my car stopped behind stop line and traffic light was yellow at that time.

Lorry XD 2297S ~~hit~~ didn't stop when traffic light was yellow, hit my 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.:

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident 22/12/2018 Time 16:25 pm Location of Accident Along Tampines Rd

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number
Name of Policyholder
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)
Address
Contact Number
Occupation

SLX 2583 C
VIVIANNE SHEN LUJING
S7465813Z
225 Ponggol Serengethi Avenue Singapore 829698.
Tel in door Hp 9338 8669

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model
Type of Vehicle
Exact Purpose for which vehicle was being used at the time of accident
Are you claiming under your own insurance policy?
Vehicle category

Peugeot 308 1.2
Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others
Private use
☒ Yes ☒ No Remarks T/P
☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company
Type of Policy
Fleet Policy
Policy Number

AXA
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☒ Yes ☒ No
VAI/GA 340972

DRIVER

Name of Driver
NRIC/ FIN/ Passport
Date of Birth
Occupation
Driving Pass Date
Gender
Contact Number
Address
Email Address
Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured
Vehicle Number of Driver's Own Vehicle (if applicable)
Insurance of Driver's Own Vehicle (if applicable)

VIVIANNE SHEN LUJING
S7465813Z
24/03/1974
in door
22/10/2008
☐ Male ☒ Female
Tel Hp 9338 8669
225 Ponggol Serengethi Avenue Singapore 829698.
Vivienne.shen@gmail.com.
☐ Yes ☒ No
owner

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc.)
Weather Conditions
Road Surface
Damage Area

Head and Rear
☒ Clear ☐ Raining ☐ Others
☒ Wet ☐ Dry ☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?
Was anybody injured in the accident? (including Witness)
Was any other vehicle(s) or property damaged?
Was there any camera video footage (in car)?

☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☒ Yes
☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given?
If Yes, against whom?

☒ No ☐ Yes
☒ No ☐ Yes

1 PAX

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

XD 22978

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

AXA FORM



redefining insurance

Date: 22/12/2018

To: Owner of Vehicle Number SLX 2583C

The following has been advised to you via your workshop, BH AUTO SERVICES PTE LTD through their staff, CHAN YUN SHI

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 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.
- ☐ () 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.
- ☐ () 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.
- ☐ () 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.

☒ Others Claim T/P @ BH AUTO

Signed and acknowledge by:

Name and signature of policyholder/authorized driver

Name and signature of workshop personnel including company stamp

INSURANCE CERTIFICATE



redefining / insurance

VIVIENNE SHEN LUJING
11 SELETAR GREEN WALK
LUXUS HILLS
SINGAPORE 805208

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

New business

date
05/04/2018

your servicing distributor
AXA GROUP OF COMPANIES-STAFF /
03364

your servicing distributor contact
63387288

Policy Schedule

Your SmartDrive Comprehensive Flexi Family

Your policy snapshot

Policyholder name	VIVIENNE SHEN LUJING	Policy number	VA1 / GA340972
Cover	Comprehensive	FIN / NRIC	S74658132
Period of Insurance	from 06/04/2018 to 05/04/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD 2,754.37
Total Discounts	- SGD 1,560.87
7% GST	SGD 83.55
Final Premium	SGD 1,277.05

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi Family 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
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Personal accident benefit of up to \$60,000 per person for you, your named drivers and your immediate family members
- Waiver of Named Young or Inexperienced Driver Excess
- Loss of personal effects in Singapore up to \$6,000
- Medical and dental expenses up to \$5,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)
- Monthly allowance of \$3,000 for each injured person for you and your spouse up to eighteen (18) months in case of permanent disablement

Vehicle details

Make & Model of Vehicle	PEUGEOT 308 1.2 SW turbo	Year of manufacture	2015
Vehicle registration number	SLX2583C	Type of Use	Private use
Body type	STATWG	Engine capacity (c.c.)	1199
Seating capacity (excl driver)	4	Engine number	10XT180058260
Off-Peak car	No	Chassis number	VF3LRHNYWFS060168

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	Nil

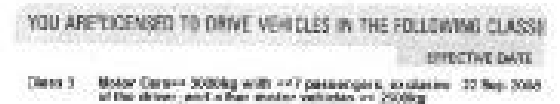
Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 700.00
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AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 2

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **G 8 1 9 9 5 1 8 X**
Name: **CHELLADURAI SUMAN**

Birth Date: **11 Jun 1982**
Issue Date: **03 Mar 2014**
Valid Till: **08 Mar 2019**

002281043H



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

