### 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 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 aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/01/2019 16:50
Date Of Accident	28/12/2018 10:35
Exact Location Of Accident	61 KAKI BUKIT AVE 1 SHUN LI IND PARK CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGW9689A
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN POH
NRIC No	S1546417H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91991826
Alternative Phone No	OFFICE-91991826
Vehicle Particulars	
Manufacturer	LAND DOVED

Manufacturer LAND ROVER Model **DISCOVERY** 

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?

REPORTING ONLY If No. Please state action to be taken Vehicle Category PRIVATE CAR

**Insurance Company** 

AXA INSURANCE PTE LTD Name of Insurance Company

**COMPREHENSIVE** Type Of Coverage

Fleet Policy NO

Policy Number GA017409

Cover Note Number

Driver

Name of Driver LIM CHIN POH NRIC No S1546417H 04/04/1962 Date Of Birth Occupation **INDOOR** Date Of Driving Pass 12/05/1980

**Driving Experience** 38 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91991826

Fax Number

Contact Number OFFICE-91991826

**EMail Address NOEMAIL**  Address

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

**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

NO

ambulance?
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**

WHEN I REVERSE MY VEHICLE INTO PARKING LOT, SUDDENLY VEHICLE B OWNER BEHIND MY VEHICLE AND KNOCK MY CAR AND ASK ME TO STOP. HE SAID THAT MY VEHICLE FRONT LEFT CORNER HIT HIS VEHICLE FRONT RH PORTION. BUT I DON'T HAVE FEELING I HAD HIT HIS VEHICLE.

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 SKT9695A

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

### 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 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.
- 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:
  - (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;

6.57

- (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		
SKETCH PLAN		
DESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT	
uch Bownon	estind my weh	Parking tot, sublenty  s know my Can s  broat last concer hat  ut 9 don't have feeling
DECLARATION		
I/We declare the foregoing particul 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 #3 Pg. 1

# LETTER OF UNDERTAKING

I/We, CM CHIN POH	, the owner of vehi	icle no. <u>39W 9689</u> A
My/Our Insurance is under M/s AXA In claim under my/our Policy or against th such a claim to M/s AXA Insurance Pte within 14(fourteen) days of occurrence	e Third Party and if the f Ltd with all relevant fac	former shall submit ts and documents
My/Our Third Party claim is handle by r	my/our preferred worksh	.op,
Signed and Acknowledge by:		
- trap		09 (01 (2019
Nric no. & signature of policyholder	Company stamp	 Date

Please turn overleaf for important notes.

YOU CAN DRIVE WHILE AWAITING THE

\$25/-(Please do not detach)

C001453421

S1546417H <u>(C)</u>

DELIVERY OF YOUR PHOTOCARD

You will receive your photocard driving state by registered post within 10 to 14 working days from the date of application unless you made a special request to collect You can drive while awaiting the delivery at Traffic Police at the time of application TRAFFIC POLICE SINGAPORE POLICE FORCE of your photocard driving licence 10, UBI AVENUE 3 SINGAPORE 408865 www.police.gov.sg Tel: 65470000 Class 3 - 12/5/ Pass Date

Private & Confidential

129 SEAGULL WALK SINGAPORE 486694

LIM CHIN POH

K0474793R1SGP6204040M2305248S1546417H<<<<<98 

Nationality
SINGAPORE CITIZEN
Place of birth
SINGAPORE MINISTRY OF HOME AFFAIRS

Date of issue 24 MAY 2018 Date of expiry 24 MAY 2023 Modifications SEE PAGE 2 National ID No \$1546417H

Date of birth
04 APR 1962

LIM CHIN POH

PA SGP KB474793R

PASSPORT 💹 REPUBLIC OF SINGAPORE

POLICE FORCE SINGAPORE







LIM CHIN POH BLK 603 #11-558 BEDOK RESERVOIR ROAD SINGAPORE 470603

# **eTAY**

No.1 Pemimpin Drive #10-01 One Pemimpin Singapore 576151 Tel: 6294 6996 Fax: 6694 4933 AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

⊠ customor.cnro@axa.com.sg

www.axa.com.sg

#### Renewal

date 08/02/2018

your servicing distributor ETAY TRADING COMPANY / 03 096

your servicing distributor contact 6294 6996

# **Policy Schedule**

Your SmartDrive Comprehensive Essential

# Your policy snapshot

Policyholder name Cover

LIM CHIN POH Comprehensive Policy number FIN / NRIC VA1 / GA017409 S1546417H

Period of Insurance

from 27/02/2018 to 26/02/2019 (both dates inclusive)

### Premium breakdown 🥶

Gross Premium after 50% NCD

7% GST

Final Premium

SGD 1,284.07

SGD 89.88 SGD 1,373.95

### 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

### Vehicle details

Make & Model of Vehicle Vehicle registration number

Body type

Seating capacity (excl driver) Off-Peak car SUV 4 No

LAND ROVER DISCOVERY 4 3.0 TDV6 Year of manufacture SGW9689A Type of Use

En<sub>i</sub>

Engine capacity (c.c.) Engine number Chassis number 2011 Private use

> 0602132306DT SALLAAAG5CA609713

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

MAYBANK

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

Basic Own Damage Excess Windscreen Excess SGD 500.00 SGD 100.00

### **Drivers details**

Driver type	Driver name	Pate of birth	Driving experience	
Main Driver	LIM CHIN POH	04/04/1962	13 year(s)	

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









