

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	28/12/2018 13:45
Date Of Accident	27/12/2018 13:20
Exact Location Of Accident	HOLLAND AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4977S
Insured/Policyholder	
Name Of Registered Owner	WONG YUEH NI
NRIC No	S7177682D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97323188
Alternative Phone No	OTHERS-92995847

Vehicle Particulars

Manufacturer	BMW
Model	120I-2.0 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	GA393365
Cover Note Number	

Driver

Name of Driver	BLYTHE NEO
NRIC No	S9817247E
Date Of Birth	21/05/1998
Occupation	INDOOR
Date Of Driving Pass	02/10/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92995847
Fax Number	
Contact Number	
EEmail Address	BL3OBYE@GMAIL.COM

Address	131 SERANGOON AVENUE 3 #01-18 SINGAPORE
Postcode	556112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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 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)	2
Passenger 1	NAME: : MOHANA HARSHINI GENDER: : FEMALE

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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SKJ6469J
Vehicle Make/Model/Colour	
Details Of Properties	
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

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:

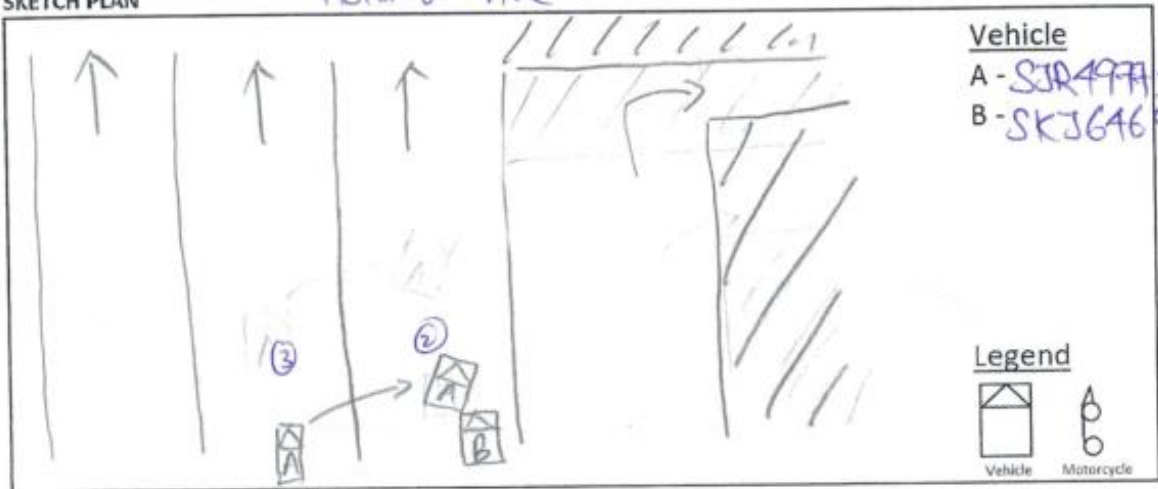
1:35pm
28/12/18


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

permen

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wanted to change lane from 3rd lane to 2nd lane.
I put on my signal, checked my mirrors but did not
see the B-car. After few seconds of turning, I felt an
impact & heard a crash.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe
from the day of occurrence. Kindly check your policy for more details.

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.:

28/12/18
1:35pm

perman

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 21/12/18 1300		2 Exact location of accident Holland Ave		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SJR4977S**

6 Insured / policyholder (see insurance cert.)
Name **Wong Yueh Ni**
Address _____
NRIC / Passport no. **S7177682D**
Tel no. (from 9am till 5pm) _____
HP **9732 3188**

7 Vehicle
Make, type **BMW 120i (2011)**

8 Insurance company
AXA ☐ C ☐ TPFT ☒ TPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. **GA 393365**

9 Driver ☐ Same as Owner
Name **Blythe Neo**
NRIC / Passport no. **S9817247E**
Class of licence _____
HP **9299 5847**
Gender Male ☐ Female ☒

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | | |
|-----|----|---|
| A | 1 | Chain Collision |
| C1 | 2 | Collided into Bicycle |
| C2 | 3 | Collided into Motorcycle |
| C3 | 4 | Collided into Parked Vehicle |
| C4 | 5 | Collided into Pedestrian |
| C5 | 6 | Collided into Property |
| C6 | 7 | Collision - Change/Cross Lane |
| C7 | 8 | Collision - Cross Junction |
| C8 | 9 | Collision - Head on Collision |
| C9 | 10 | Collision - Head to Rear |
| C10 | 11 | Collision - Major/Minor Hit |
| C11 | 12 | Collision - Opening Door of Vehicle |
| C12 | 13 | Collision - Roundabout |
| C13 | 14 | Collision - U-Turn |
| C14 | 15 | Drink Driving / Drug Influence |
| C15 | 16 | Fire, Explosion or Lightning |
| C16 | 17 | Road |
| C17 | 18 | Hit and Run / Vandalism / Damaged whilst Parked |
| C18 | 19 | Hit by Fallen Tree / Other Objects |
| C19 | 20 | No Collision |
| C20 | 21 | Side Swipe |
| C21 | 22 | Theft |

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **SKJ6469J**

6 Insured / policyholder (see insurance cert.)
Name _____
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(if different from insured B above)
Name _____
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

15 Signatures of drivers

A

16 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all)		Email: <u>bl36.bye@gmail.com</u>												
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, State Relationship of Driver with owner	State the vehicle number and name of insurer of driver's own vehicle (where applicable)												
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire														
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____														
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass												
	<u>21/5/98</u>	<u>Indoor</u>	<u>2/10/2017</u>												
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
8 Give details of any pre-existing impairment of sight or hearing and of any other disability															
9 Full details of all driving convictions including pending prosecutions in the last 35 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Insurer's name and address (if known)												
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If yes, please state which Police station _____														
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
Accident details	If yes, against whom? _____														
	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>													
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>													
	16 Speed of vehicles	A _____ km/hr B _____ km/hr													
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____														
	20 If your vehicle is commercial, state weight of load carried at time of accident _____														
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
	22 State number of Passengers (Including Driver) <u>2</u> <u>Mohana Harshini</u> <u>F</u>														
Declaration	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____														

27/08/2018 16:28 +65-68427855

INSMART

PAGE 02/02



redefining / insurance

WONG YUEH NI
131 SERANGOON AVE 3
#01-18 CHILTERN PARK
SINGAPORE 556112

451.09 - ~~AXA~~ AXA
155 → MBM
925.04 → 7/11
25 → 7/11
60 → SIM LIM

Policy Schedule

Your SmartDrive Third Party Only Third Party

Your policy snapshot

Policyholder name	WONG YUEH NI	Policy number	VA2 / GA393365
Cover	Third Party Only	FIN / NRIC	S7177682D
Period of Insurance	from 27/08/2018 to 25/06/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 564.03
Total Discounts	- SGD 142.45
7% GST	SGD 29.51
Final Premium	SGD 451.09

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Third Party Only Third Party Benefits

- Legal Liability

Vehicle details

Make & Model of Vehicle	BMW 120 I COUPE	Year of manufacture	2009
Vehicle registration number	SJR4977S	Type of Use	Private use
Body type	COUPE	Engine capacity (c.c.)	1995
Seating capacity (excl driver)	4	Engine number	A841J466N48B20BD
Off-Peak car	No	Chassis number	WBAUL520X0VL54529

Insured's Estimated Market Value	Not Applicable
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

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

Windscreen Excess	Not Applicable
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Drivers details



Driver type	Driver name	Date of birth	Driving experience
Main Driver	WONG YUEH NI	11/09/1971	26 year(s)

Additional clauses & endorsements to your policy

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

1 of 2

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7177682D



Name
WONG YUEH NI
王月妮


Race
CHINESE

Date of birth
11-09-1971


Sex
F

Country of birth
MALAYSIA

S7177682D



4588228




NRIC No. S7177682D

Date of issue
14-06-2010

Address
131 SERANGOON AVENUE 3
#01-18
SINGAPORE 556112

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9817247E



Name
BLYTHE NEO
梁 允 綺

Race
CHINESE

Date of birth
21-05-1998

Country/Place of birth
SINGAPORE

Sex
F

S9817247E

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S9817247E**

BLYTHE NEO

Birth Date **21 May 1998**

Issue Date **15 Oct 2018**

002856910A

5782558

NRIC No. S9817247E

Date of issue
24-07-2017

Address
**131 SERANGOON AVENUE 3
#01-18
SINGAPORE 556112**

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	02 Oct 2017

NP 428A

Licence No: S9817247E

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

