

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	31/12/2018 10:52
Date Of Accident	30/12/2018 21:15
Exact Location Of Accident	TECK WHYE AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ3728G
Insured/Policyholder	
Name Of Registered Owner	LEE HUIZHAN, JASMINE
NRIC No	S8135897D
Email Address	LOW.CHEEWAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90907652
Alternative Phone No	OFFICE-90907652

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI (DSG)
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	VPA/P1359344
Cover Note Number	

Driver

Name of Driver	LEE ENSONG KENNETH
NRIC No	S8726195F
Date Of Birth	03/09/1987
Occupation	INDOOR
Date Of Driving Pass	29/06/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90070643
Fax Number	
Contact Number	OFFICE-90907652
Email Address	KENNETHLEE1987@GMAIL.COM

Address	BLK 591A ANG MO KIO STREET 51 #30-41
Postcode	561591
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 (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: : SHARON PHANG 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 SKETCH PLAN

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	SLV5920D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH ZHI XIANG ALEX
NRIC/Passport Number	S8806426G
Contact Number	8102 7375
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


IMPORTANT NOTICE

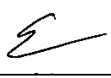
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

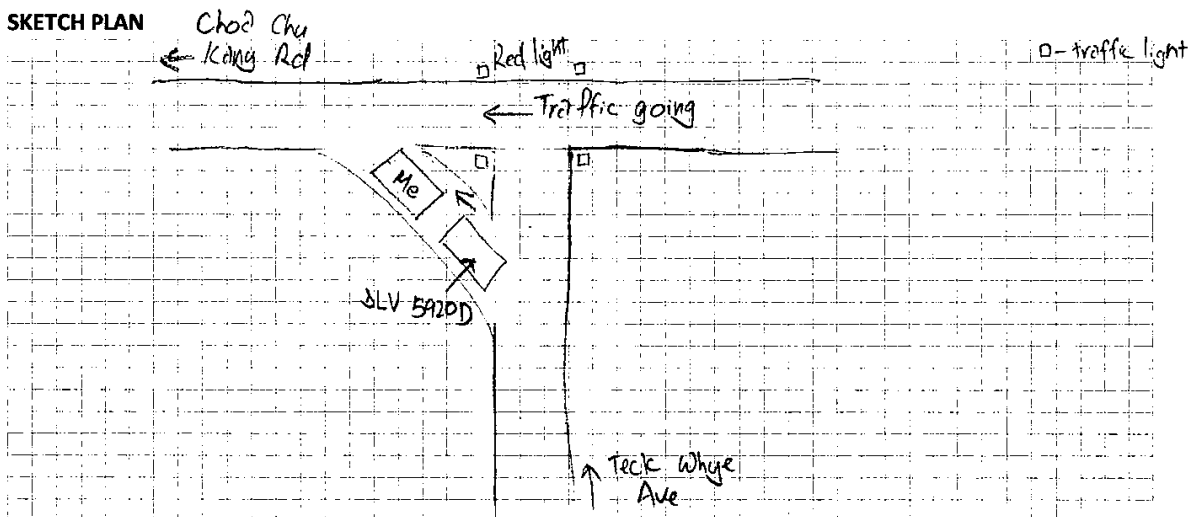
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 **LEE HUIHAN JASMINE**
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were travelling along Teck Whye Ave heading towards Choa Chu Kang Road. While approaching the Junction, the light turned red and I slowed the vehicle ~~appro~~ while coming to a halt at the slip road turning left.

The traffic light along the main road ~~was turning~~ turned green while I checked the oncoming traffic from the right. At this juncture a vehicle ^{from} behind knocked into my car. Both parties alighted the vehicles to review the damage to the vehicles. As we were holding up traffic, we took pictures of the vehicles and shifted the vehicles further down Choa Chu Kang Road before exchanging particulars.

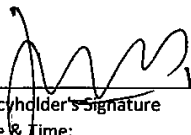
My vehicle: SKJ 3728G

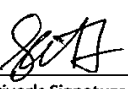
Passenger: Sharon Phang (9624 6864)


Collision Accident date & time: 30 Dec 2018 / 2115

DECLARATION

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


Policyholder's Signature
Date & Time:
LEE HOUSHIN
JASMINE


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


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

AXA INSURANCE PTE LTD
 100 Raffles Place, #24-01
 Raffles Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: (65) 63387288 Fax: (65) 63382522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION		Policy No. : VPA/P1359344	
Source	: (01) 13820 ARF AP) PTE LTD (VW-ENHANCED)		
Insured	: LEE HUIZHAN JASMINE		
Address	: 28B WATTEN RISE SINGAPORE 287324		
Business/Profession	: ANALYST / CONSUMER GOODS Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance	: From 26/03/2018 To 25/03/2019 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 50.00%	: SGD 911.46		
NCD			
Prem W/Shop Disc	: SGD 136.72		
15.00%			
Safe Driver Disc	: SGD 45.57		
5.00%			
GST 7.00%	: SGD 51.04		
Annual Premium	: SGD 780.21		
Total Payable	: SGD 780.21		
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	: Comprehensive		
Regn No.	: SKJ3728G		
Type Of Use	: Private Car		
Make/Model	: VOLKSWAGEN GOLF 1.4 TSI		
Year of Manufacture	: 2013	Seating Capacity (excl. Driver)	: 04
Body Type	: HATCHBACK	Engine C.C.	: 1395
Engine No.	: CMB120315		
Chassis No.	: WVVZZZAUZDW080958		
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use : As specified in Certificate of Insurance			
<u>Extra Coverage(Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
VW Daily Cash Benefit			
Basic Own Damage Excess		: SGD	
<u>Named Drivers</u>			
1 LEE HUIZHAN JASMINE			
2 LOW CHEE WAI			
3 LEE ENSONG KENNETH			

Sketch Plan #4



Accident Photo



Accident Photo



Accident Photo



Accident Photo

