

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	11/01/2019 09:01
Date Of Accident	09/01/2019 22:00
Exact Location Of Accident	BUKIT PANJANG ROAD (BESIDE BUKIT PANJANG PLAZA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2196L
Insured/Policyholder	
Name Of Registered Owner	CHIA MIAO HWANG
NRIC No	S1216695H
Email Address	DOREENCHIAMH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81008318
Alternative Phone No	OTHERS-97574074

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USAGE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2090113
Cover Note Number	

Driver

Name of Driver	CGIA YONG SHENG
NRIC No	S9035848J
Date Of Birth	26/09/1990
Occupation	INDOOR
Date Of Driving Pass	11/01/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97574074
Fax Number	
Contact Number	
Email Address	YONGSHENGCHIA@GMAIL.COM

Address	61 JALAN BUMBONG
Postcode	759876
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	
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: : CHIA HEE SIANG GENDER: : MALE

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 ATTACHED 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	SHC4690X
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

SKETCH PLAN

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6. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

M 10/1/19 3:34pm.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A hand-drawn sketch plan within a rectangular border. It shows two vehicles represented by rectangles. The first rectangle on the left is labeled 'SLX' and '2196L'. The second rectangle on the right is labeled 'SHC' and '4690X'. An arrow points from the right side of the first rectangle to the left side of the second rectangle, indicating a collision or interaction between the two vehicles.


Common Statement

Describe Circumstances of the Accident

On 9/1/19 at around 11 pm, I was driving along Rukit Panjang Road and preparing to make a turn towards Rukit Panjang Eng Road. ~~However~~ The traffic light was red at the junction and the taxi, SHC 46901, was stationary ahead of me and was stationary. I slowed down my vehicle and stopped too close to the taxi ahead and the front of my vehicle touched the bumper of the taxi. The driver alighted, and I alighted, checked our vehicles and found no damage to my car. We exchanged particulars and drove off.

Declaration

We declare the foregoing particulars are true in every respect.

 10/1/19 3:34 pm.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

AXA PTE LTD
 100, #24-01
 Singapore 068811
 Service Centre #B1-01
 63387288 Fax: (65) 63382522
 www.axa.com.sg
 Registration Number: 198903512M
 customer.service@axa.com.sg



Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Original

POLICY INFORMATION		Policy No. : VPA/P2090113	
Source	: (01) 14885 BMS-AXA TOYOTA NB		
Insured	: CHIA MIAO HWANG		
Address	: 61 JALAN BUMBONG SINGAPORE 739876		
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance	: From 21/03/2018 To 20/03/2019 (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 0.00%	: SGD 2,250.47		
NCD			
GST 7.00%	: SGD 157.53		
Annual Premium	: SGD 2,408.00		
Total Payable	: SGD 2,408.00		
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	: Comprehensive		
Regn No.	: SLX2196L		
Type Of Use	: Private Car		
Make/Model	: TOYOTA VIOS 1.5		
Year of Manufacture	: 2018	Seating Capacity (excl. Driver) : 04	
Body Type	: SALOON	Engine C.C. : 1498	
Engine No.	: 2NRX258510		
Chassis No.	: MR2B23F3901110201		
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		
Hire Purchase	: UNITED OVERSEAS BANK LIMITED		
Basic Own Damage Excess	: SGD 500.00		
Named Drivers			
1 CHIA MIAO HWANG			
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : BSTU034			

Sales Draft Number One : 8060-1521685923792			
BTO			

AUTHORIZATION EMAIL

Francis Cher TCBC

From: Yong Sheng Chia <yongshengchia@gmail.com>
Sent: Thursday, January 10, 2019 3:18 PM
To: Francis Cher TCBC
Subject: Fwd: Car accident

----- Forwarded message -----

From: <doreenchiamh@gmail.com>
Date: Thu, 10 Jan 2019, 9:57 am
Subject: Car accident
To: <yongshengchia@gmail.com>

Dear sir/madam , I Chia Miao Hwang, S1216695H, authorised my nephew, Chia Yong Sheng, to make police report on my vehicle, as I am leaving for Bangkok today. Thanks. Best regards.

Sent from my iPhone

DRIVING LICENCE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9035848J**

Name: **CHIA YONG SHENG**

Birth Date: **26 Sep 1990**

Issue Date: **11 Jan 2011**



 001928003J

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive 11 Jan 2011
of the driver; and other motor vehicles \leq 2500kg

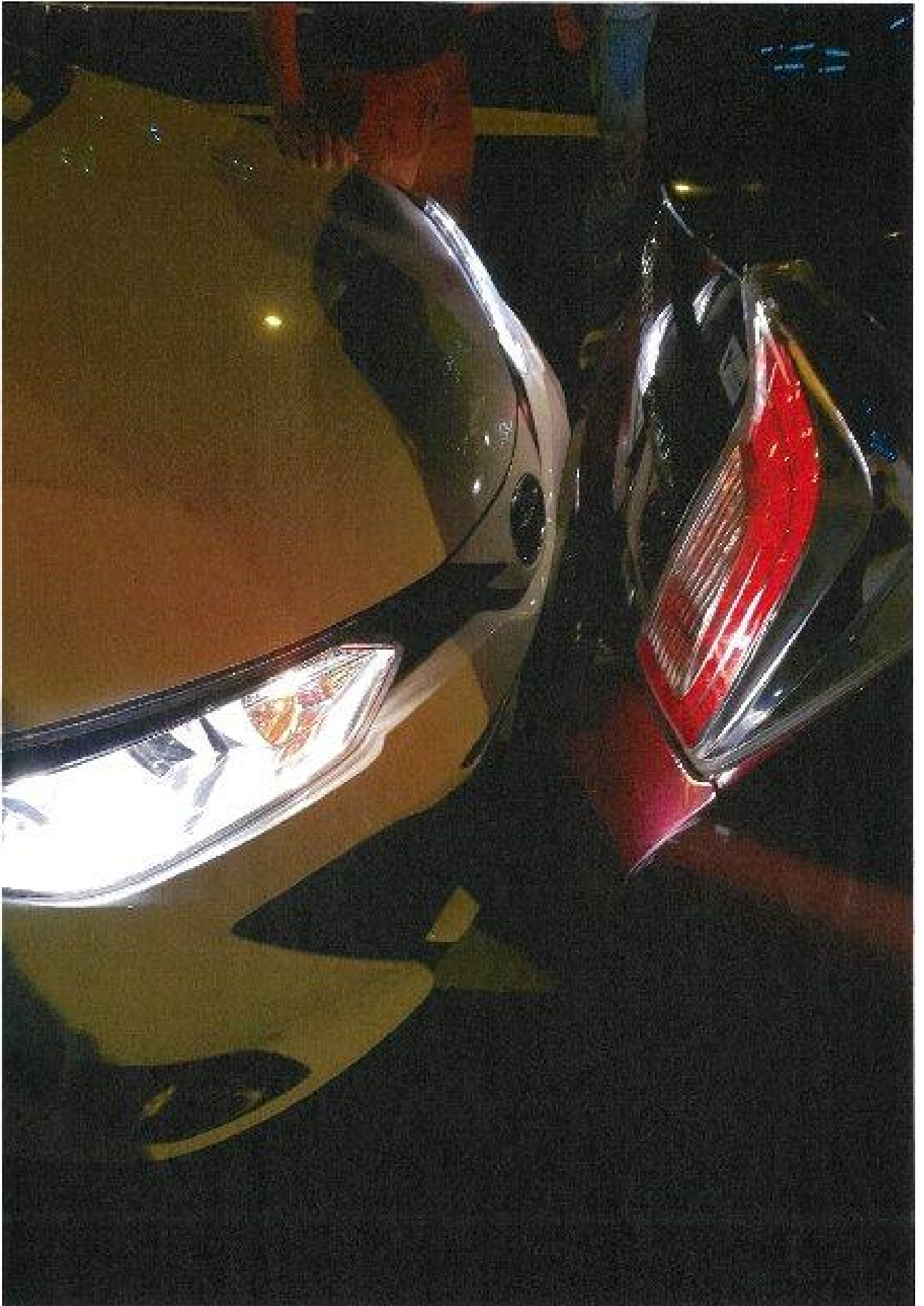


NP 428A

Accident Photo



Accident Photo



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Accident Photo

