

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	14/01/2019 15:08
Date Of Accident	12/01/2019 15:30
Exact Location Of Accident	ANG MO KIO ST 61
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS6828S
Insured/Policyholder	
Name Of Registered Owner	CHAN KHENG THONG
NRIC No	S1366334C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91093639
Alternative Phone No	OTHERS-91093639

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA115316
Cover Note Number	29/07/2018 - 28/07/2019

Driver

Name of Driver	CHAN KHENG THONG
NRIC No	S1366334C
Date Of Birth	28/12/1959
Occupation	INDOOR
Date Of Driving Pass	08/06/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91093639
Fax Number	
Contact Number	OTHERS-91093639
EEmail Address	NOEMAIL

Address	157E TAMARIND ROAD #01-03
Postcode	806109
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 - MAJOR/MINOR RD
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)	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

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC1036E
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)	

Sketch Plan Pg. 1

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:

14/1/19 0925

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Operator's Signature

Name:

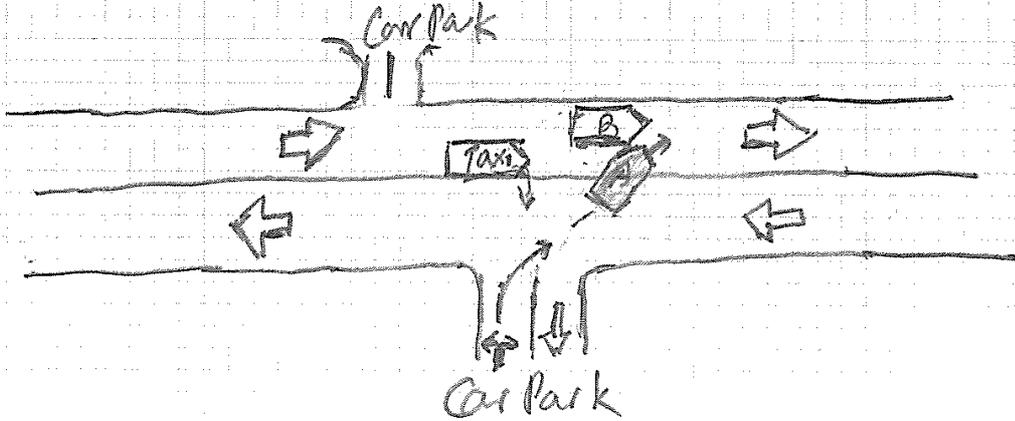
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN

Date of Accident: 12/1/19 Time: 3:33pm Location: Ang Mo Kio Street 61
 My Vehicle A : SDS 6828S Vehicle B : GBC 1036E Vehicle C/Others : _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was turning right after exiting the car park, I waited for both sides of traffic to clear. When cleared to move, a taxi was planning to enter the car park and the entrance was narrow, he signal me to go first. Seeing no traffic behind him, I move my vehicle slowly to turn right. On doing so, vehicle B suddenly appeared and hit the left side of my vehicle. The entire accident was recorded by the in vehicle camera and clearly the vehicle B was nowhere in sight when I engage the turn.

Claim OD/TP at Ah Lim Motor () Claim OD/TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to:
 My workshop :
 email address :
 & myself :
 email address :
 Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 12/1/19
0905hrs

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

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





redefining / insurance

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

CHAN KHENG THONG
 157E TAMARIND ROAD
 #01-03
 SINGAPORE 806109

Renewal

date
 24/07/2018

your servicing distributor
 PROGRESSIVE (S) PTE LTD / 00277

your servicing distributor contact
 62828232

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	CHAN KHENG THONG	Policy number	VA1 / GA115316
Cover	Comprehensive	FIN / NRIC	S1366334C
Period of Insurance	from 29/07/2018 to 28/07/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,128.60
Total Discounts	- SGD 60.17
7% GST	SGD 74.79
Final Premium	SGD 1,143.22

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi 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
- Medical and dental expenses up to \$1,000 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)

Vehicle details

Make & Model of Vehicle	TOYOTA HARRIER 2.0	Year of manufacture	2015
Vehicle registration number	SDS6828S	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	1986
Seating capacity (excl driver)	4	Engine number	3ZRB594481
Off-Peak car	No	Chassis number	ZSU600050041

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	MAYBANK

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

Basic Own Damage Excess	SGD 300.00
Windscreen Excess	SGD 100.00

Drivers details

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1366334C




Name
CHAN KHENG THONG
曾慶桐
Race
CHINESE
Date of birth
28-12-1959
Country/Place of birth
SINGAPORE

Sex
M

S1366334C

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1366334C
Name:
CHAN KHENG THONG

Birth Date: 28 Dec 1959
Issue Date: 12 Jul 2003



000649433F

9109 36301

v/c

NO sunglasses.

Camera.

lens

6000388



NRIC No. S1366334C



Date of issue
14-08-2018

Address
157E TAMARIND ROAD
#01-03
SINGAPORE 806109

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

CLASS	DESCRIPTION	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 Jun 1977

NP 428A

License No: S1366334C

Sketch Plan Pg. 5



redefining / insurance

Date: 14/01/19

To: Owner of Vehicle Number: SDS 68281

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 Own Damage

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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