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 hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	y consent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	26/12/2018 17:34	
Date Of Accident	23/12/2018 15:30	
Exact Location Of Accident	JUNCTION OF MARINE DR & MARINE PARADE RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC1445K	
Insured/Policyholder		
Name Of Registered Owner	EARL GRAY CREATIVE	
Co Reg No	53123283B	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-96352335	
Vehicle Particulars		
Manufacturer	HONDA	
Model	SHUTTLE	
Exact Purpose for which vehicle was being use time of accident	ed at	

Are you claiming under your own insurance policy

for repair to your vehicle?

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

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number GA190319

Cover Note Number

Driver

Name of Driver TAN HIN SHAWN

NRIC No S9129823F Date Of Birth 17/08/1991 Occupation **INDOOR Date Of Driving Pass** 02/02/2011

Driving Experience 7 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91877667

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 62 MARINE DRIVE #13-90 Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ANGUS TAN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

I WAS TURNING LEFT. MORE THAN HALF OF MY VEHICLE WAS ALREADY OUT ON THE MOST LEFT LANE. VEHICLE B FROM THE CENTER LANE SUDDENLY CHANGE INTO MY LANE AND HIT ONTO MY 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

SBS6522Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category **BUS**

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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- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

l 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)-
 - (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.

as Slarge

Policyholder's Signature Date & Time I TAN HIN, SHAWN

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

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

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		to me la ler
and h	ddenly change i	licle.
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ECLARATIONRA		
We declare the foregoing part	ticulars are true in every respect.	/ // 1
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
licyholder's Signature	Driver's Signature	
te & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name
divisione cardency	Date & Time:	NRIC/FIN NO.: 26/12/18.
		1600
		1000

Page 5 of 18

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

ϵ , the owner of vel	nicle no. SLC 1445 K
nsurance Pte Ltd, I/we see Third Party and if the Ltd with all relevant face or discovery of dame	former shall submit
my/our preferred works	hop,
Company stamp	24-12-18 Date
	asurance Pte Ltd, I/we see Third Party and if the Ltd with all relevant face or discovery of dams

Sketch Plan #4 Pg. 1

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9129823F





Name

TAN HIN, SHAWN (CHEN XIN)

陳 昕

Race

CHINESE

Date of birth

17-08-1991

Country of birth

SINGAPORE



Scanned with CamScanner





NRIC No. S9129823F

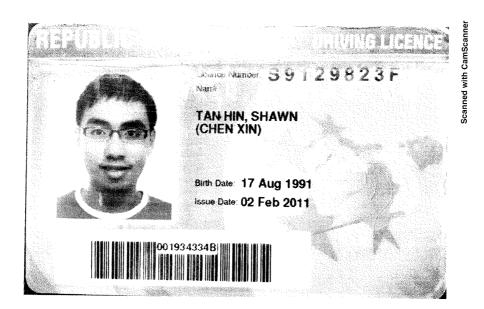


04-10-2008

r.

APT BLK 62 MARINE DRIVE #13-90 SINGAPORE 440062

Sketch Plan #5 Pg. 1



Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 02 Feb 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A



Sketch Plan #6 Pg. 1





EARL GRAY CREATIVE TANJONG KATONG ROAD #188-3A SINGAPORE SINGAPORE 436990

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

Renewal

date 26/04/2018

your servicing distributor WUN WEI PS-CHONG / 12160

your servicing distributor contact 65060836

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name

EARL GRAY CREATIVE

Policy number

VA1 / GA190319 53123283B

Cover Period of Insurance Comprehensive FIN / NRIC from 03/05/2018 to 02/05/2019 (both dates inclusive)

Premium breakdown

Gross Premium after 50% NCD

7% GST

SGD 776.97 SGD 54.39

SGD 831.36

Final Premium

(refer to Policy Wording for full terms and conditions)

Your benefits highlights

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

HONDA SHUTTLE 1.5 SLC1445K MPV

Year of manufacture Type of Use Engine capacity (c.c.)

2015 Private use 1496

Seating capacity (excl driver) Off-Peak car

4

Engine number Chassis number

L15B3534277 GK81003589

Insured's Estimated Market Value

Limitation to use

Body type

Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance

VINCAR PTE. LTD. Finance Loan Company

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

Basic Own Damage Excess Windscreen Excess

SGD 300.00 SGD 100.00

Drivers details

Driver type Driver name Date of birth Driving experience Main Driver

TAN YEOW HEE

15/06/1961

35 year(s)

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

1 of 2

















