

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	31/01/2019 15:41
Date Of Accident	31/01/2019 10:10
Exact Location Of Accident	WOODLAND CAUSEWAY TO J.B.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1175G
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Insured/Policyholder

Name Of Registered Owner	TAN CHEE KEONG
NRIC No	S1574822B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98388125
Alternative Phone No	OFFICE-98388125

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT-1.2 (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2217120
Cover Note Number	

Driver

Name of Driver	TAN CHEE KEONG
NRIC No	S1574822B
Date Of Birth	25/01/1963
Occupation	INDOOR
Date Of Driving Pass	12/10/1984
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98388125
Fax Number	
Contact Number	OFFICE-98388125
EEmail Address	NOEMAIL

Address	BLK 475 ANG MO KIO AVENUE 10 #03-722
Postcode	560475
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	SIDE SWIPE
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

PLEASE 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	SDJ9705R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO SING SAN
NRIC/Passport Number	S2586667C
Contact Number	
Address	BLK 140 YISHUN RING ROAD #05-60
Postcode	760140
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.

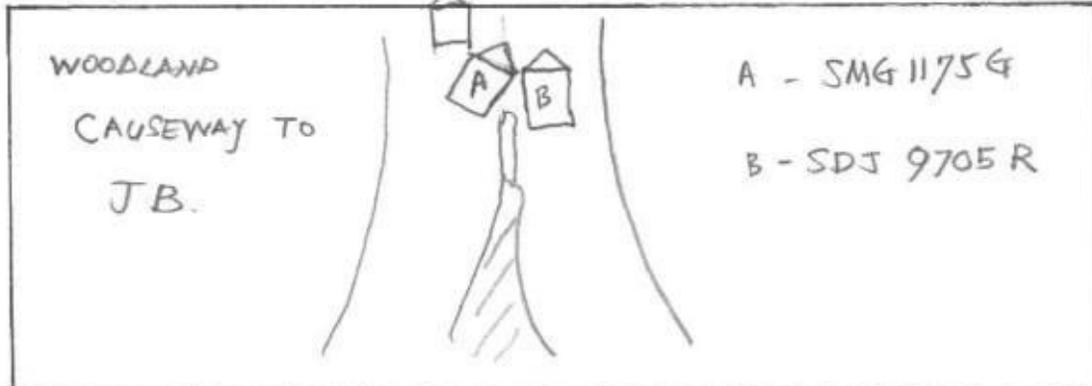
12:20 PM.
31-01-2019

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



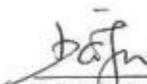
Common Statement

Describe Circumstances of the Accident.

I AM DRIVING FROM WOODLAND CAUSEWAY
TO WARDS I.B AS I MAKE A RIGHT TURN
TO THE NEXT LANE THE OTHER VEHICLE
SDJ 970ER KNOCK INTO MY RIGHT FRONT VEHICLE

Declaration

We declare the foregoing particulars are true in every respect.

 12:20 PM
31.01.2019
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888 Fax:-
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg

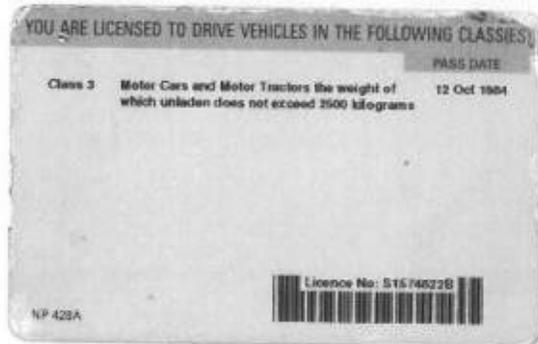


Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Original

POLICY INFORMATION		Policy No. : VPA/P2217120
Source	:	(01) 14887 CMS-AXA SUZUKI NB
Insured	:	TAN CHEE KEONG
Address	:	BLK 475 ANG MO KIO AVE 10 #03-722 SINGAPORE 560475
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 04/12/2018 To 03/12/2019 (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% NCD	:	SGD 2,439.53
GST 7.00%	:	SGD 170.76
Annual Premium	:	SGD 2,610.29
Total Payable	:	SGD 2,610.29
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	:	Comprehensive
Regn No.	:	SMG1175G
Type Of Use	:	Private Car
Make/Model	:	SUZUKI SWIFT 1.0 TURBO
Year of Manufacture	:	2018 Seating Capacity (excl. Driver) : 04
Body Type	:	HATCHBACK Engine C.C. : 998
Engine No.	:	K10C1150763
Chassis No.	:	JSAAZC13S00252167
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	:	HONG LEONG FINANCE LIMITED
Basic Own Damage Excess	:	SGD 600.00
Named Drivers		
1 TAN CHEE KEONG		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
Sales Agent ID : CSSP002		

Sales Draft Number One : 8060-1544001701544		

Nric And Driving Licence





Third Party Nric



Accident Photo



Accident Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Photo



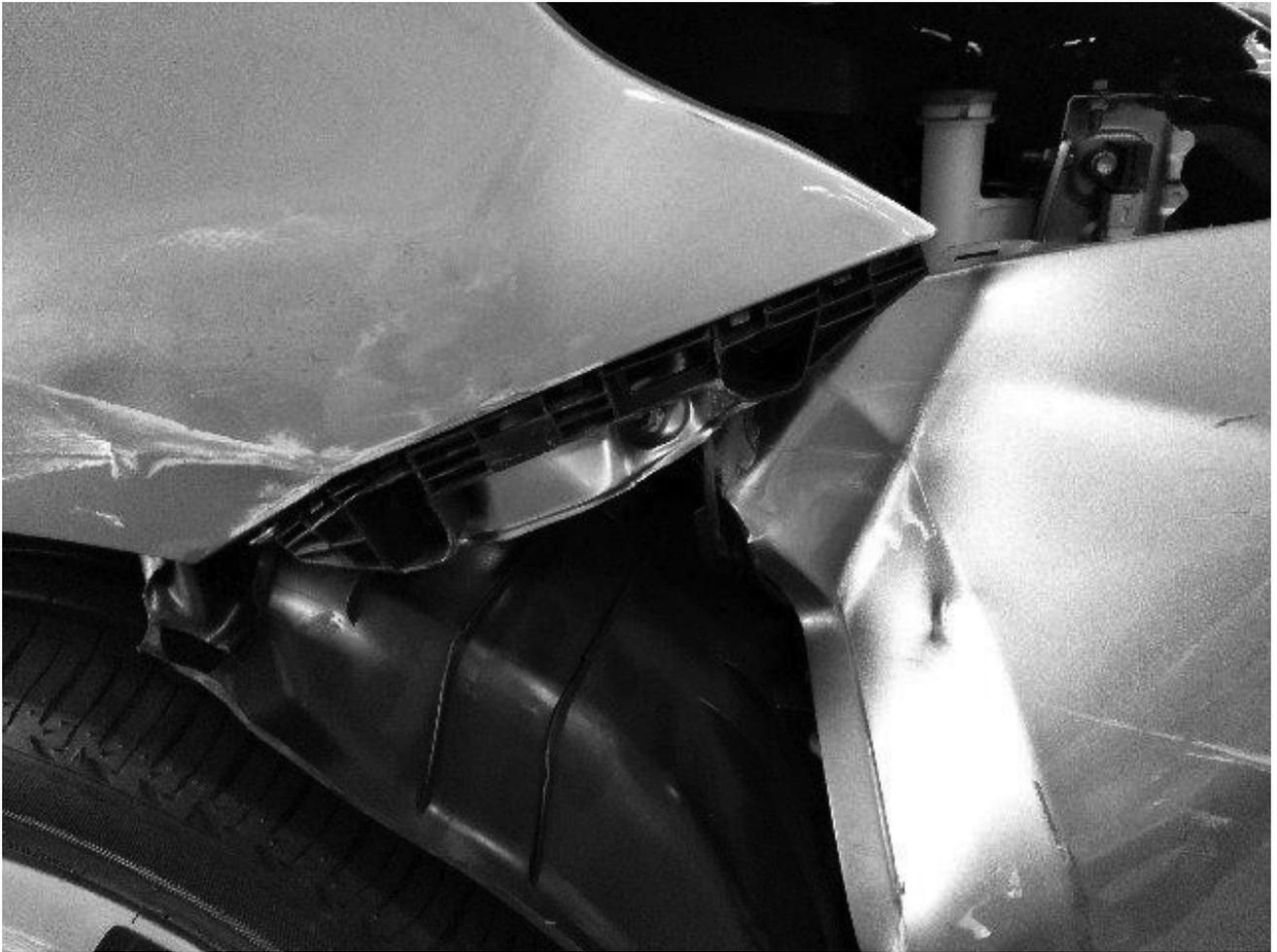
Accident Photo



Accident Photo



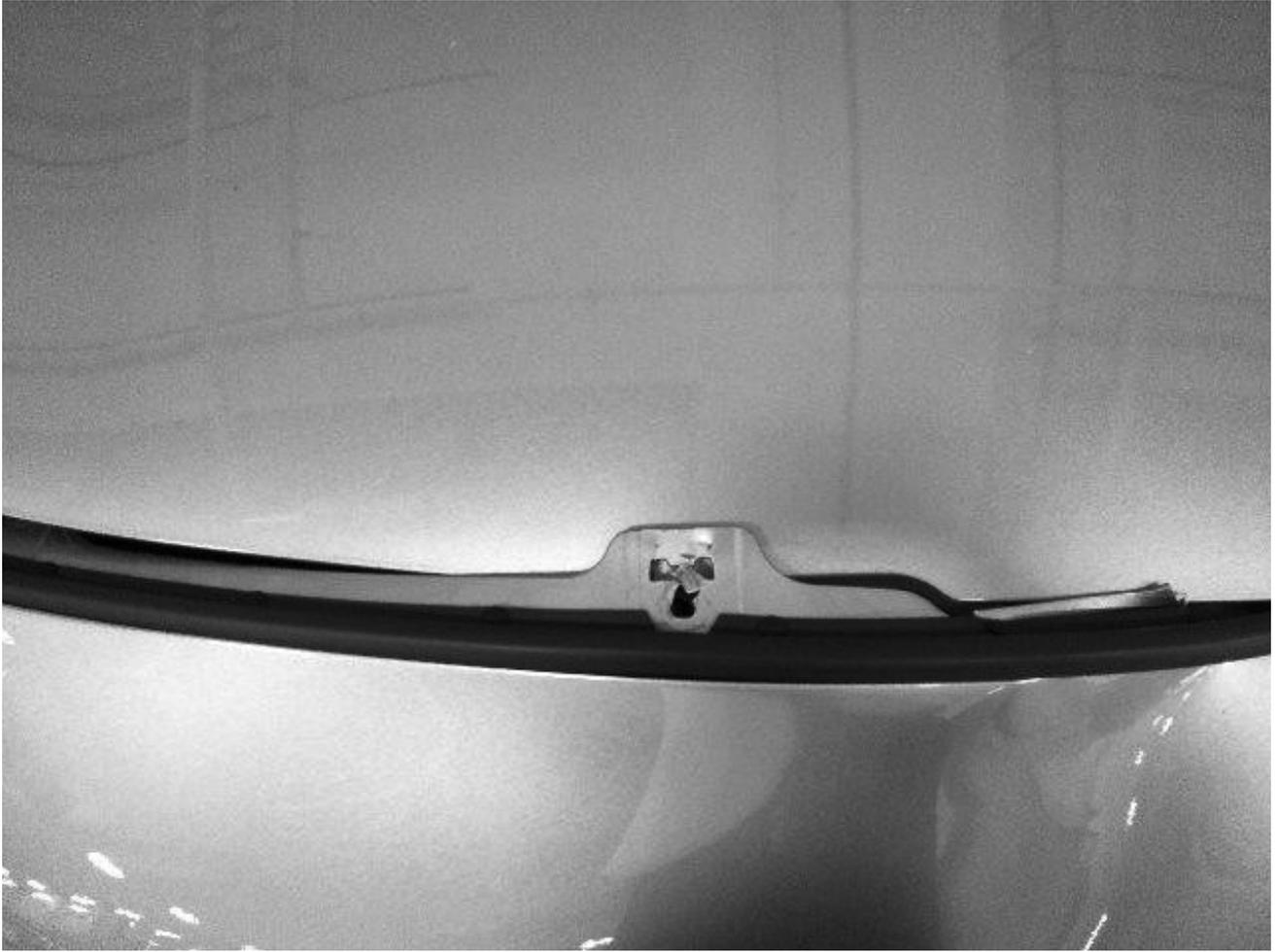
Accident Photo



Accident Photo



Accident Photo



Accident Photo

