

## 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	07/02/2019 09:48
Date Of Accident	04/02/2019 10:45
Exact Location Of Accident	PIE EXIT TO TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU6880D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHERRY ANNE SOON AI LING
NRIC No	S7890045H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96869701
Alternative Phone No	OTHERS-96869701

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA-2.4 7-SEATER (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	P2122126
Cover Note Number	

### Driver

Name of Driver	MRS SOON ROBERTA ALLISON NEE MOLLER
NRIC No	S1297547C
Date Of Birth	18/04/1958
Occupation	INDOOR
Date Of Driving Pass	03/03/1981
Driving Experience	37 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96869702
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLOCK 278 TAMPINES STREET 22 #03-214
Postcode	520278
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	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 THE ATTACHED SKETCH PLAN FOR THE CIRCUMSTANCE OF ACCIDENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UNKNOWN
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7720S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL MALIK BIN HARON
NRIC/Passport Number	S6930908I
Contact Number	83136999
Address	
Postcode	
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

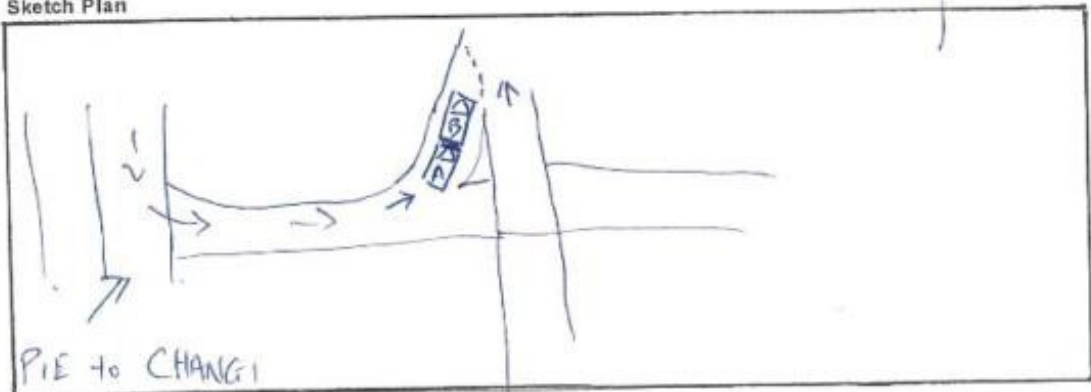
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Accident Sketch Plan

### Describe Circumstances of the Accident

Coming in from PIE (towards Changi) to Toa Payoh.  
Turning left towards Toa Payoh Lorong 1, I hit a  
taxi who stopped.

### Declaration

We declare the foregoing particulars are true in every respect.

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 Raffles Place, #24-01  
 AXA 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  
 NEW BUSINESS  
 Duplicate

**DUPLICATE**  
 COPY FOR FINANCE COMPANY

<b>POLICY INFORMATION</b>		Policy No. : VPA/P2122126	
Source	: (01) 14885 BMS-AXA TOYOTA NB		
Insured	: SHERRY ANNE SOON AI LING		
Address	: BLK 278 TAMPINES STREET 22 #03-214 SINGAPORE 520278		
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 18/05/2018 To 17/05/2020 (Both Dates Inclusive)			
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>PREMIUM</b>			
Premium After 50.00% : SGD 1,182.85			
NCD			
GST 7.00%	: SGD 82.80		
Annual Premium	: SGD 1,265.65		
Total Payable	: SGD 2,531.30		
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	: Comprehensive		
Regn No.	: SDU6880D		
Type Of Use	: Private Car		
Make/Model	: TOYOTA PREVIA AERAS 2.4		
Year of Manufacture	: 2018	Seating Capacity (excl. Driver) : 07	
Body Type	: MULTI - PURPOSE VEHICLE	Engine C.C. : 2362	
Engine No.	: 2AZ1A67114		
Chassis No.	: JTEGD56M307160595		
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	: MAYBANK		
<u>Extra Coverage (Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
Basic Own Damage Excess		: SGD 500.00	
<u>Named Drivers</u>			
1 SHERRY ANNE SOON AI LING			
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : BSTU004			

# NRIC & DRIVING LICENCE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7890045H



Name

SHERRY ANNE SOON AI LING

Race

CHINESE

Date of Birth

22-06-1978

Sex

F

Country of Birth

GREECE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Quota Number: S1297547C

Name

MRS SOON ROBERTA ALLISON  
NEE MOLLER



Birth Date: 18 Apr 1958

Issue Date: 14 Jan 2003



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1297547C



Name

MRS SOON ROBERTA ALLISON  
NEE MOLLER

Race

EURASIAN

Date of Birth

18-04-1958

Sex

F

Country of Birth

SINGAPORE

426689



NRIC No. S7890045H



Date of Issue

20-06-2008

APT BLK 278 TAMPINES STREET 22 #03-214  
SINGAPORE 520278

NRIC No. S7890045H

Date: 22/06/2015

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

03 May 1991



License No: S1297547C

NP 420A



NRIC No. S1297547C



3rd Group

O+

Date of issue

28-12-1993

APT BLK 278 TAMPINES STREET 22 #03-214  
SINGAPORE 520278

S1297547C

11/02/2014

AUTHROIZATION LETTER

04-07-11:08:59 ;BORNEO MOTORS, - PTCBC LEVEL 1

# 1/ 1

AUTHORISATION LETTER

Date: .....

To: (Insurance Company) .....

Cc: BORNEO MOTORS (S) PTE LTD

Attn: Officer-In-Charge

Dear Sir / Madam,

RE: Authorization to Act on Behalf for Insurance Claim Documentation

I, (full name) Sherry Anne Don A. Ling NRIC no. S7P90045H  
hereby authorized my (relationship) mother  
(full name) Mrs. Seon Roberta Allison New Miller NRIC no. S197547C  
to exercise and execute to sign all / any necessary transaction documentation pertaining to  
my registration vehicle number ..... as I'm currently having tight  
official business schedules / away from Singapore on duty oversea travel.

Please do not hesitate to call me if you need any further clarifications on the above.

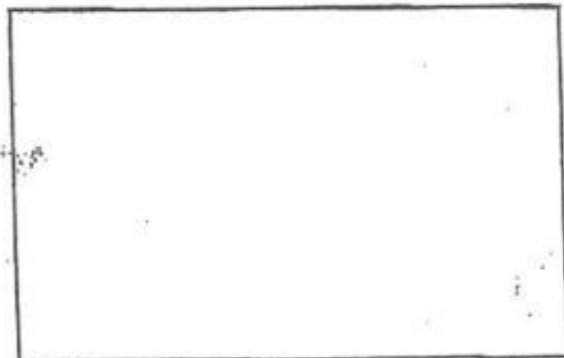
Thank You,

Yours Truly,

Policyholder

Signature [Signature]

Contact number: 97949969





Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

