

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	04/02/2019 09:34
Date Of Accident	03/02/2019 20:45
Exact Location Of Accident	DUNEARN RD (BEFORE CHANCERY LANE/BALMORAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV127Y
Insured/Policyholder	
Name Of Registered Owner	LIM SOO PENG
NRIC No	S1614996I
Email Address	LSPNOW@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90219203
Alternative Phone No	OFFICE-90219203

Vehicle Particulars

Manufacturer	LEXUS
Model	GS300-3.0 (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?	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	GA273941
Cover Note Number	

Driver

Name of Driver	LIM SOO PENG
NRIC No	S1614996I
Date Of Birth	02/11/1963
Occupation	INDOOR
Date Of Driving Pass	28/05/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90219203
Fax Number	
Contact Number	OFFICE-90219203
Email Address	LSPNOW@YAHOO.COM

Address	23 DALVEY ESTATE #02-10
Postcode	259555
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 - 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)	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 REPORT ATTACHED

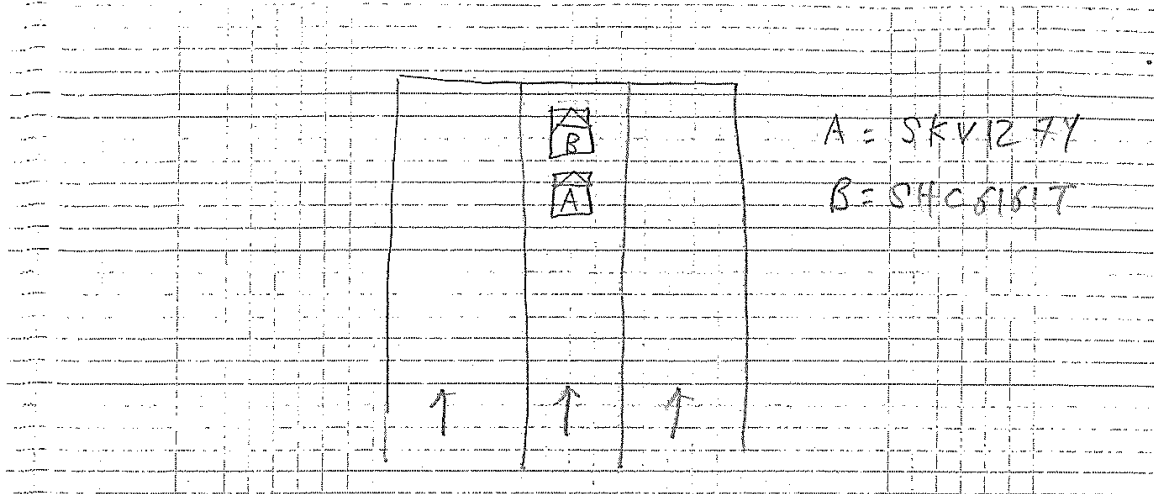
Attachment(s)

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	SHC6161T
Vehicle Make/Model/Colour	KIA(SILVER CAB)
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	WONG HON BUN BUNNY
NRIC/Passport Number	S2677068H
Contact Number	97825685
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 8.45pm on 3 FEB 2018, I was driving my car SKV127Y along Duneam Road (before the junction of Belmont Road and Chancery Lane) in the direction of Newton Circus when the traffic light was red and I stopped my car.

Directly in front of my car was a silver cab taxi SHC6161T that had also stopped at the red light.

When the taxi in front started to move, I followed suit and moved my car slowly forward (it would have been between 5kmph and 10 kmph at the most). But the taxi in front braked suddenly. I immediately jammed my brakes but my car's front licence plate kissed the rear bumper of the taxi.

It was a very slight touch of the taxi bumper. There was no dent in the bumper. Only a darkish paint outline of my licence plate was left on the taxi bumper. Apart from that, there was no damage.

The taxi driver (Mr Wong Hon Bun Bunny NRIC S26770604) and I came out of our respective vehicles, to K (GnT)

DECLARATION

I/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:

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

Describe Circumstances Of the Accident (Continue)

photographs of the vehicles and exchanged our particulars.
Both Mr Wong and I were not hurt at all. In fact, Mr Wong said (in Cantonese) that it's good that neither of us were hurt.

[The remainder of the form is crossed out with a diagonal line.]

Declaration

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

PAGE 2

[Signature] 4/1/19.

[Signature]
Policyholder's Signature / Date & Time

04 FEB 2019
9-20 AM

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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)

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:

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1614996I



Name

LIM SOO PENG



林舒平

Race

CHINESE

Date of Birth

Sex

02-11-1963

M

Country of Birth

JOHORE

S1614996I

1218407



NRIC No S1614996I



Blood Group

B+

Date of issue

25-08-1993

23 DALVEY ESTATE #02-10
SINGAPORE 259555
NRIC No: S1614996I

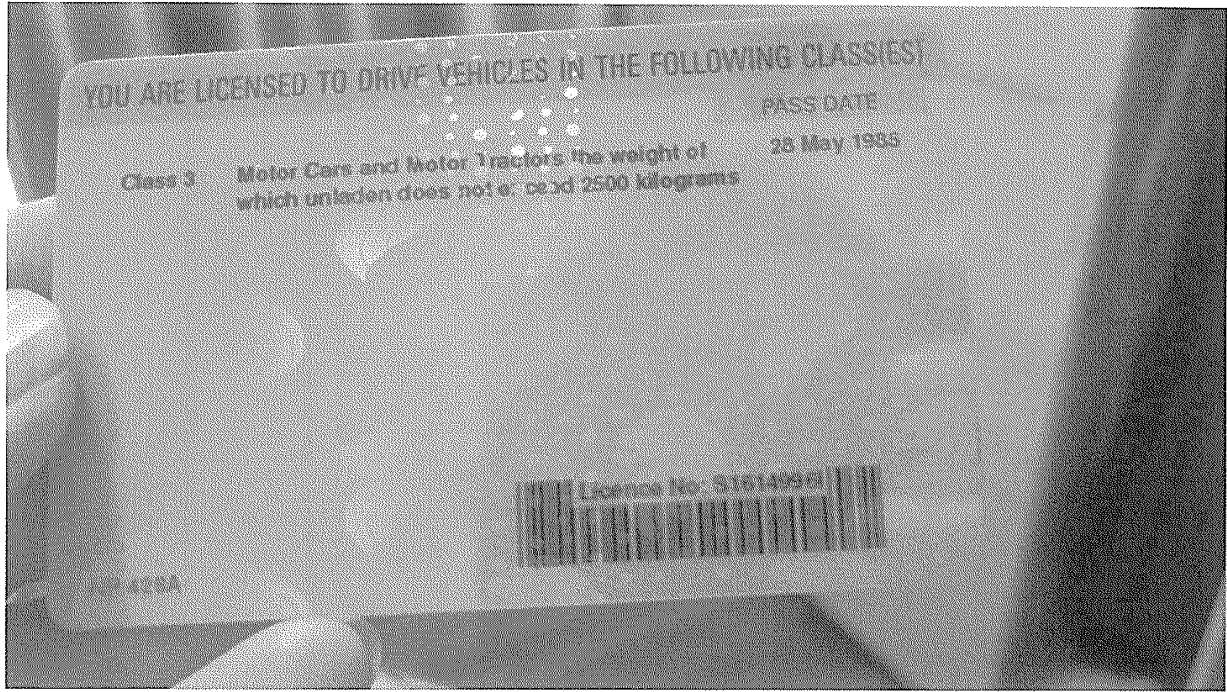
Date: 13/12/2017

Sketch Plan Pg. 5

2/4/2019

Accident on 3 February 2019




[Download](#) [Full screen](#) [Show email](#)



Sketch Plan Pg. 6

2/4/2019

Accident on 3 February 2019

 Download  Full screen  Show email







LIM SOO PENG
111 NORTH BRIDGE ROAD
#29-02 PENINSULA PLAZA
SINGAPORE 179098

SmartDrive Comprehensive Peace

date
11/08/2018

policy number
VA1 / GA273941

your servicing distributor
INSMART (INSURANCE) AGENCY PTE LTD / 08198

your servicing distributor contact
6842 0766 /

Renewal Notice

Dear LIM SOO PENG,

Thank you for insuring with AXA.

Our records show that your current **Smart Drive Comprehensive Peace** policy covering your vehicle **SKV127Y** is due to renew on **09/10/2018**.

We are pleased to invite you to renew your policy, as detailed below.

Effective Period of Renewed Cover : 10/10/2018 to 09/10/2019 (both dates inclusive)

Smart Drive Comprehensive Peace		
KEY BENEFITS	Usual Price	\$1,045.02
<ul style="list-style-type: none"> 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 Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members Loss of Personal Effects in Singapore up to \$3,000 Delivery of repaired car to your preferred location Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess) 	<ul style="list-style-type: none"> 5.00% DISCOUNT (Safe Driver Discount) 	\$992.78

Packs

	CLAIM PROTECTOR	\$123.70
	Basic own damage excess waiver	
	No Claim Discount Protector	

Add-ons

	Personal Accident for Driver	\$13.73
	Personal accident benefit of up to \$ 50,000.00 for you and your named drivers	
	Personal Accident for Passengers \$20,000	\$35.58
	Personal accident benefit of up to \$20,000 per passenger	

Sketch Plan Pg. 8

Date: 04 FEB 2019

To: Owner of Vehicle Number: SKV127Y

The following has been advised to you via your workshop, _____ through their staff, _____.

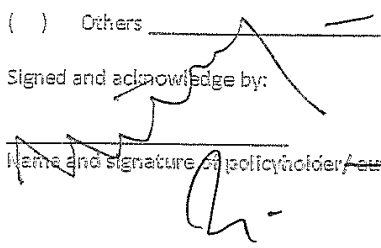
Please tick the applicable box if you had been advice on the content as seen below:

- ☐ () You had been advised by the workshop that in the event 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.
- ☐ () The Estimation 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 below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
- ☐ () Others _____

Signed and acknowledge by:


Name and signature of policyholder/authorized driver

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo

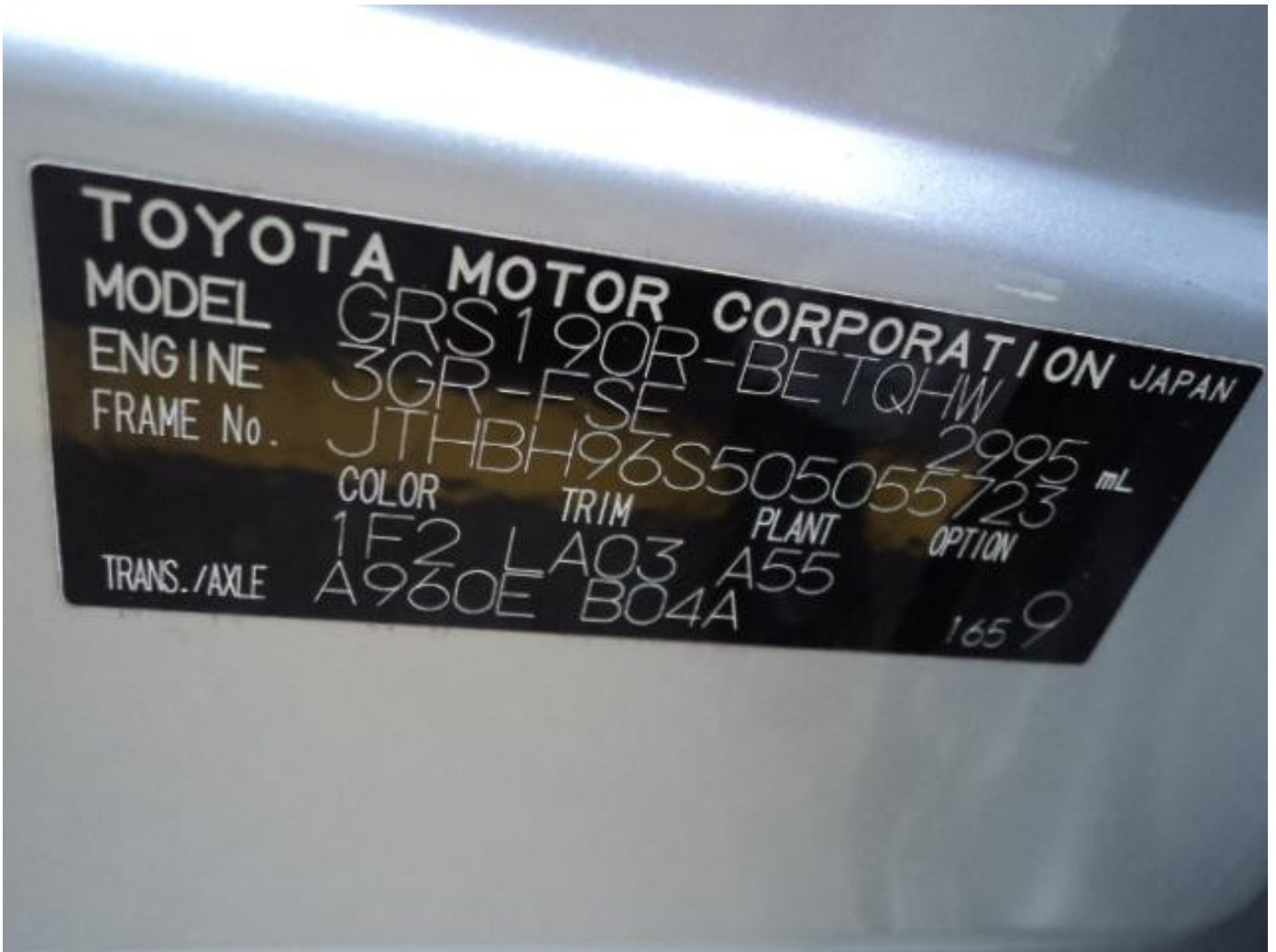


Accident Photo



Accident Photo





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