

## 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	12/02/2019 15:53
Date Of Accident	12/02/2019 10:55
Exact Location Of Accident	SLIP RD OF JLN BUROH TO JURONG FORT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX382D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BOON JIA JIE
NRIC No	S8021894Z
Email Address	BOOM_JJ@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97441898
Alternative Phone No	OFFICE-97441898

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (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

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2111925
Cover Note Number	

### Driver

Name of Driver	BOON JIA JIE
NRIC No	S8021894Z
Date Of Birth	29/07/1980
Occupation	INDOOR
Date Of Driving Pass	31/01/2003
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97441898
Fax Number	
Contact Number	OFFICE-97441898
E Mail Address	BOOM_JJ@YAHOO.COM

Address	BLK 546B SEGAR RD #03-61
Postcode	
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 ATTACHED

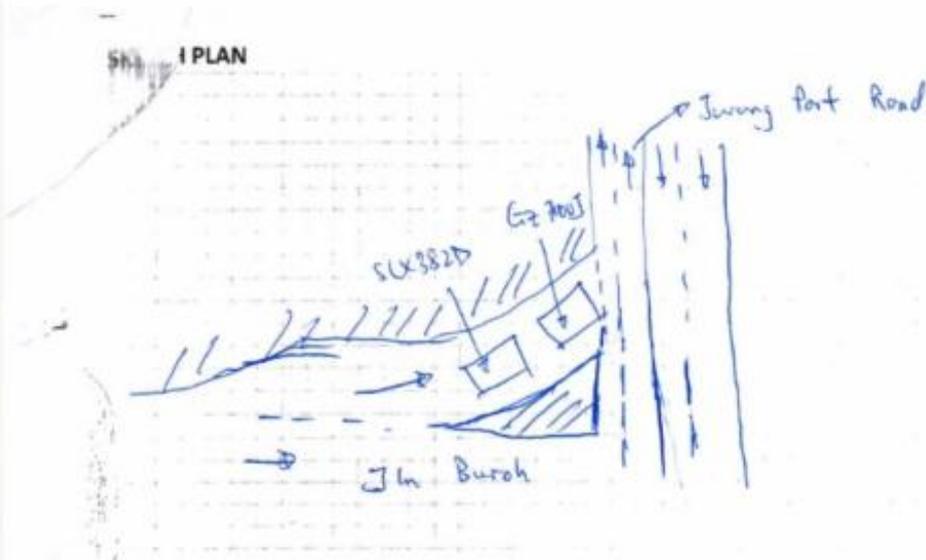
### Attachment(s)

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	GZ7000J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1) Travelling along Jln Buruh into Jurong Port Rd slip Road.  
2) Hit onto Lorry Vehicle G7 700J which is stopped at the slip road.

DECLARATION

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

 12 Feb 19 1150

# Accident Sketch Plan

## 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.

  
12 Feb 19  
1150  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: ASYRAF



**Accident Sketch Plan**

AXA INSURANCE PTE LTD  
 Shenton Way, #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

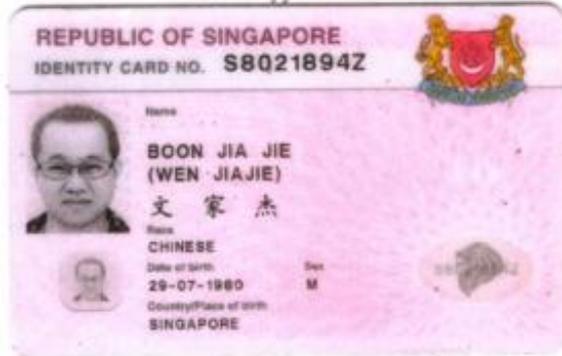


**DUPLICATE**  
 COPY FOR FINANCE COMPANY

Private Cars COMP  
 POLICY SCHEDULE  
 NEW BUSINESS  
 Duplicate

<b>POLICY INFORMATION</b>		Policy No. : VPA/P2111925
Source	:	(01) 08260 KOMOCO TRADING P/L (HY)
Insured	:	BOON JIA JIE (WEN JIAJIE)
Address	:	BLK 546B SEGAR ROAD #03-61 SINGAPORE 672546
Business/Profession	:	ENGINEER Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.
Period of Insurance	:	From 14/03/2018 To 13/03/2019 (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 855.95
NCD		
Safe Driver Disc	:	SGD 68.48
8.00%		
NCD Protector	:	SGD 63.00
GST 7.00%	:	SGD 59.53
Annual Premium	:	SGD 910.00
Total Payable	:	SGD 910.00
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type Of Cover	:	Comprehensive
Regn No.	:	SLX382D
Type Of Use	:	Private Car
Make/Model	:	HYUNDAI ELANTRA AD 1.6 GLS AT
Year of Manufacture	:	2018 Seating Capacity (excl. Driver) : 04
Body Type	:	SALOON Engine C.C. : 1591
Engine No.	:	G4FGJU152239
Chassis No.	:	KMHD841CMJU647668
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	:	HL BANK
<u>Extra Coverage(Premium Breakdown)</u>	<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector		63.00
Basic Own Damage Excess	: SGD	
<u>Named Drivers</u>		
1 BOON JIA JIE (WEN JIAJIE)		

Accident Sketch Plan



Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Addendum Sheet**

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : \_\_\_\_\_ Vehicle Registration No : SLX 3829  
Name(as shown in NRIC): \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact (Tel) : \_\_\_\_\_ (H/P) : \_\_\_\_\_  
(Email) : \_\_\_\_\_  
Date of Accident : # 12/02/2019 Time of Accident : 1055  
Place of Accident : \_\_\_\_\_  
Insurance Company : AAA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND THE ACCIDENT DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Vehicle Owner / Driver  
Date:



10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm