

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 09:55
Date Of Accident	10/02/2019 16:20
Exact Location Of Accident	BLK 610 CLEMENTI WEST ST 1 HDB CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8017U
Insured/Policyholder	
Name Of Registered Owner	DAI GABRIELLE
NRIC No	S8105767B
Email Address	GABRIELLEDAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96954811
Alternative Phone No	OTHERS-96954811

Vehicle Particulars

Manufacturer	BMW
Model	ACTIVEHYBRID 5-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA059245
Cover Note Number	29/12/2018 - 28/12/2019

Driver

Name of Driver	DAI GABRIELLE
NRIC No	S8105767B
Date Of Birth	21/02/1981
Occupation	INDOOR
Date Of Driving Pass	16/09/2002
Driving Experience	16 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96954811
Fax Number	
Contact Number	OTHERS-96954811
EEmail Address	GABRIELLEDAI@GMAIL.COM

Address	69C JALAN LIM TAI SEE
Postcode	268466
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 ATTACHED STATEMENT AND SKETCH BY DRIVER AND NOTE LEFT BY TP DRIVER

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	SKX693T
Vehicle Make/Model/Colour	
Details Of Properties	TOYOTA HARRIER
Vehicle Category	PRIVATE CAR
Name of Driver	LAM CF
NRIC/Passport Number	
Contact Number	97634871
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1
SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

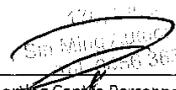
I understand, acknowledge, agree and consent that:

- (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.
- (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.

 X

Policyholder's Signature
Date & Time:

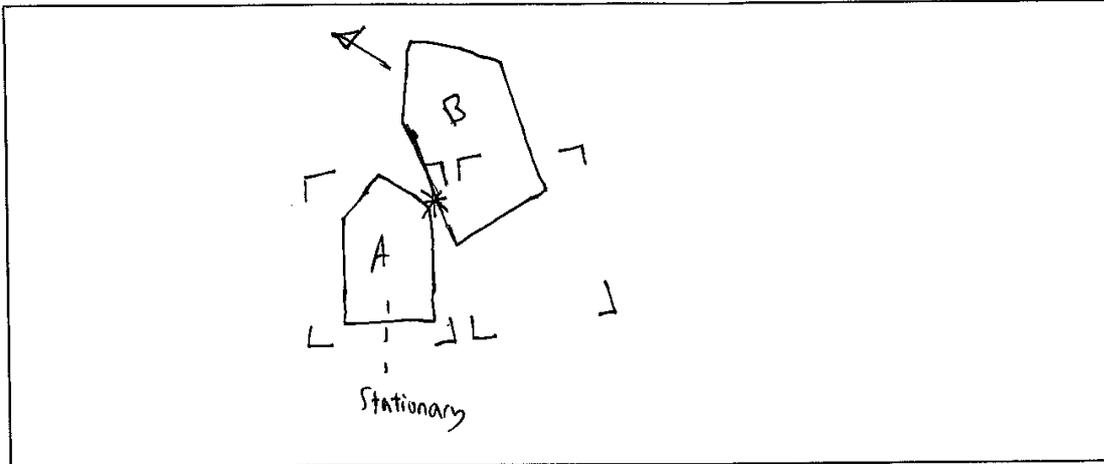
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

Date of accident: 10 Feb 2019 Time: 16 22 hrs Location: Blk 610 Clementi West St-1 HDB carpark
 My Vehicle A: SKS 807U Vehicle B: SKX 693T Vehicle C: —
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was parked in HDB car park lot, Vehicle B was parked next to Vehicle A. When exiting the lot, Vehicle B turned too sharp and collided with vehicle A front right headlamp & bumper.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : LIM IAN
 Email address : thomas@LTM.SG
 & myself :
 Email address : gabrielledai@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

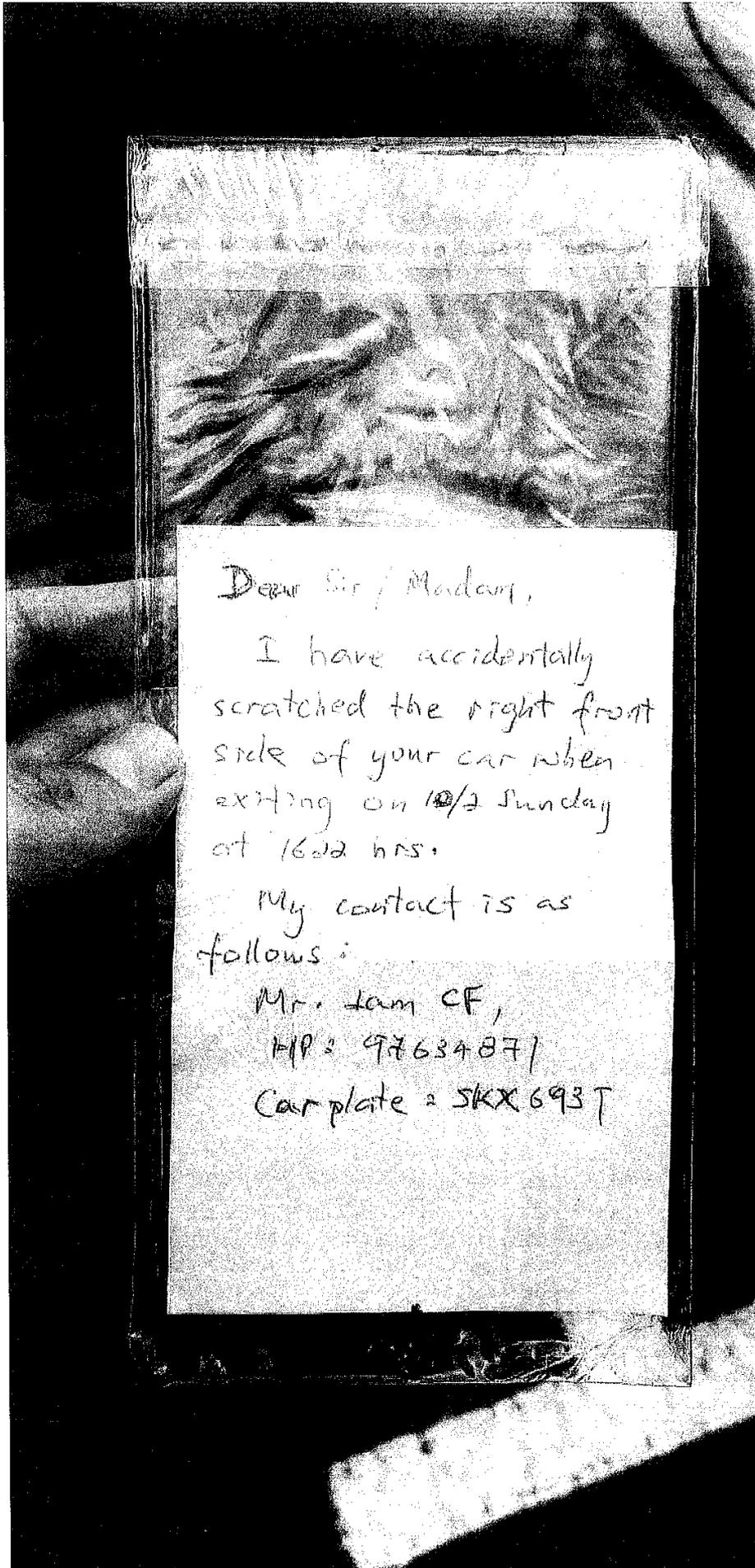
Policyholder's Signature
 Date & Time:

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

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

Reporting Centre
 (SUN MING BRANCH)
 170, Sun Ming Drive, #05-12
 Sun Ming Arcade, Singapore 670702
 Tel: 6456 3637 Fax: 6456 3639

AH LIM MOTOR COMPANY



Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8105767B



Name
GABRIELLE DAI

戴美紅

Race
CHINESE

Date of birth
21-02-1981

Sex
F

Country of birth
SINGAPORE

S8105767B

Hp: 96954811

Clear / Dry

No injury / No vido

No pain

Index

4780741



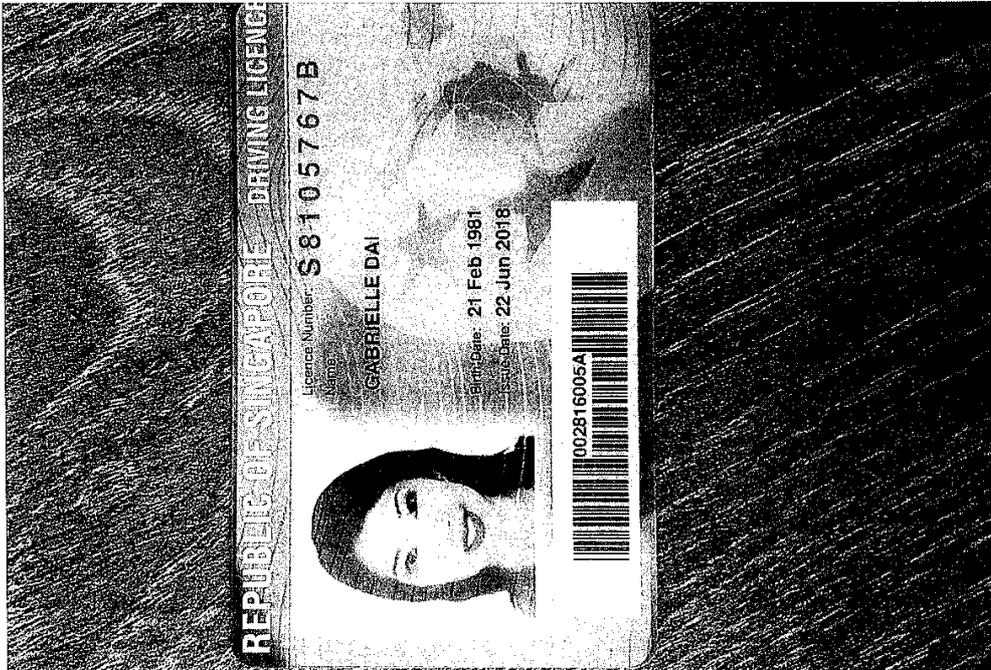
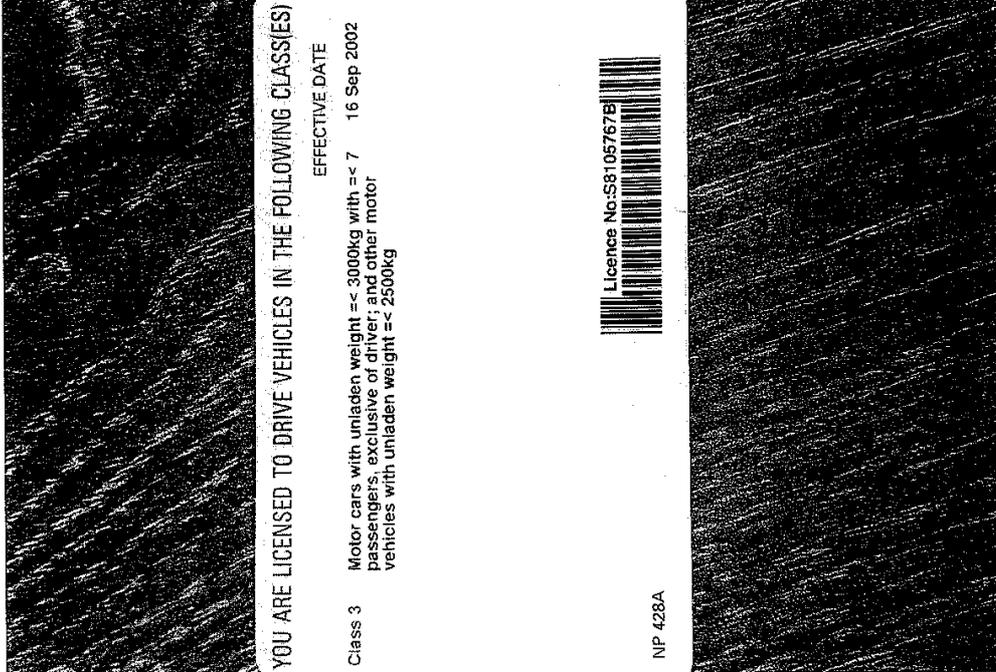
NRIC No. S8105767B



Date of Issue
07-10-2011

69C JALAN LIM TAI SEE
SINGAPORE 268456

S8105767B 29/10/2013





redefining / insurance

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

DAI GABRIELLE
 69C JLN LIM TAI SEE
 SINGAPORE 268466

Renewal

date
10/12/2018

your servicing distributor
YEW PING LAMBERT HO / 05125

your servicing distributor contact

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	DAI GABRIELLE	Policy number	VA1 / GA059245
Cover	Comprehensive	FIN / NRIC	S8105767B
Period of Insurance	from 29/12/2018 to 28/12/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 30% NCD	SGD 1,499.56
Total Discounts	- SGD 149.77
7% GST	SGD 94.49
Final Premium	SGD 1,444.28

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

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

Add-on Benefits

- Car Accessories up to \$2,000

Vehicle details

Make & Model of Vehicle	BMW ACTIVEHYBRID 3	Year of manufacture	2012
Vehicle registration number	SKS8017U	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	2979
Seating capacity (excl driver)	5	Engine number	05958233N55B30A
Off-Peak car	No	Chassis number	WBA3F92040F203416

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

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

Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 100.00

Drivers details

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

Sketch Plan Pg. 7



redefining / insurance

Date: 14/02/2019

To: Owner of Vehicle Number: SKS 807U

The following has been advised to you via your workshop, AM LIM MOTOR CO through their staff, Mrs Hong.

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 case 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.
- There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- The estimated 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 that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

Others Claim Third Party at other workshop.

Signed and acknowledge by:

[Signature]
Name and signature of policyholder/authorised driver

[Signature]
Name and signature of workshop personnel including company stamp
Tel: 6460 3627 Fax: 6466 1111

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



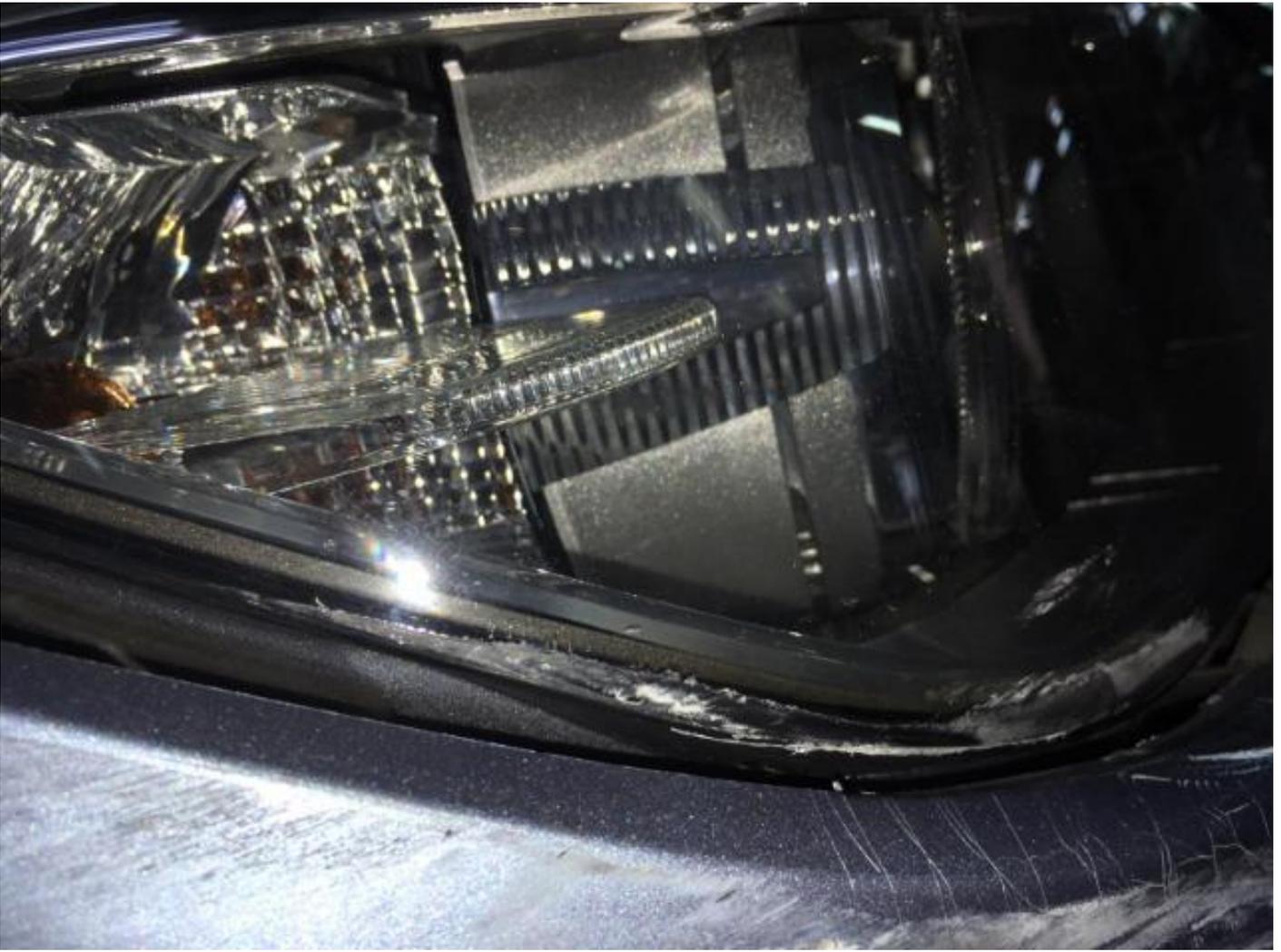
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