

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	26/02/2019 11:13
Date Of Accident	25/02/2019 15:35
Exact Location Of Accident	PIE EUNOS TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5028E
Insured/Policyholder	
Name Of Registered Owner	TOH JIN HUI SHALENE
NRIC No	S8912574Z
Email Address	SHARLENTOHJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90686734
Alternative Phone No	OFFICE-90686734

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 200 CGI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	GA410430
Cover Note Number	

Driver

Name of Driver	TOH JIN HUI SHALENE
NRIC No	S8912574Z
Date Of Birth	12/04/1989
Occupation	INDOOR
Date Of Driving Pass	07/03/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90686734
Fax Number	
Contact Number	OFFICE-90686734
E-Mail Address	SHARLENTOHJH@GMAIL.COM

Address	NIL
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	CHAIN COLLISION
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	5
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 STATEMENT

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	SGL5718J
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKM6990D
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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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJR9277X

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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SKA1212M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

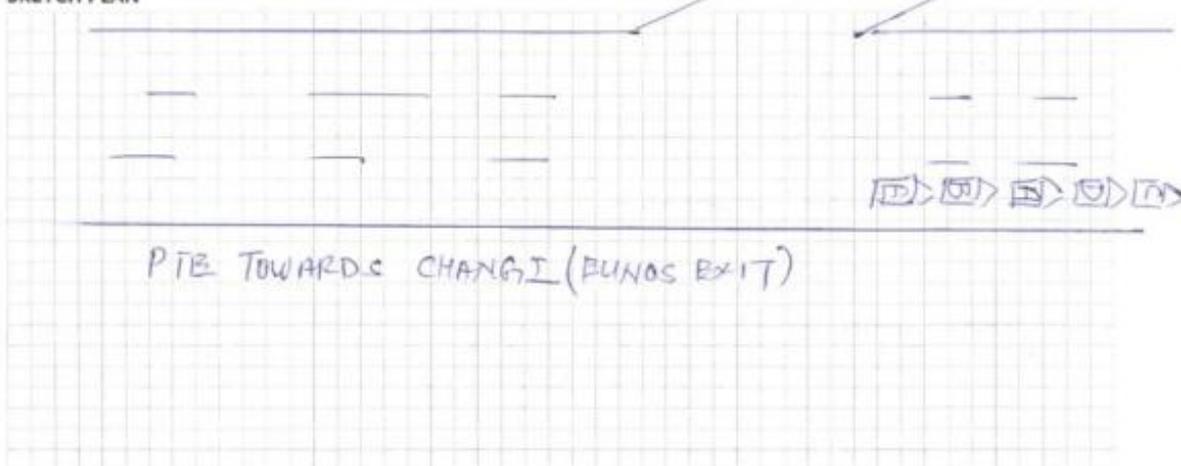
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at PIE towards Changi. The car lined down and stop and i also stopped, suddenly the car behind bang and my car was pushed forward and knock the car in front. It was car chair accident - low bid car.

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.:

©2004 AC Signa/2004/001/001

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

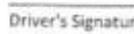
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

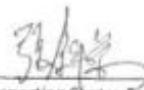
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Common Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident: 25-02-2019 Time: 15:30 PM Location of Accident: PTE EUNOS TOWARDS CHANGI

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SLV5028E
 Name of Policyholder: TOH JIN HUI CHARLENE
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S8912574Z
 Address: Blk 80 BEDOK NORTH ROAD #02-270 (S 460080)
 Contact Number: Tel. Hp 90686734
 Occupation: INDOOR

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: MERCEDES-BENZ C200 1.8
 Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others
 Exact Purpose for which vehicle was being used at the time of accident: PRIVATE USE
 Are you claiming under your own insurance policy? Yes No Remarks: THIRD PARTY
 Vehicle category: Private Commercial Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
 Type of Policy: Comprehensive TP Fire & Theft Third party
 Fleet Policy: Yes No
 Policy Number: VAZ/GA410430

DRIVER

Name of Driver: TOH JIN HUI CHARLENE
 NRIC/ FIN/ Passport: S8912574Z
 Date of Birth: 12-04-1969
 Occupation: INDOOR
 Driving Pass Date: 07-03-2011
 Gender: Male Female
 Contact Number: Tel. Hp 90686734
 Address: Blk 80 BEDOK NORTH ROAD #02-270 (S 460080)
 Email Address: shar.etchih@gmail.com
 Was driver an employee of the Insured's Company? Yes No
 If No, relationship of Driver with the Insured: OWNER

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): Change collision
 Weather Conditions: Clear Raining Others
 Road Surface: Wet Dry Others
 Damage Area: 02

OTHER INFORMATION

Was there any foreign vehicle(s) involved? No Yes
 Was anybody injured in the accident? (Including Witness) No Yes
 Was any other vehicle(s) or property damaged? No Yes
 Was there any camera video footage (in car)? No Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? No Yes
 If Yes, please state which police station & Report No.
 Was notice of intended Prosecution given? No Yes
 If Yes, against whom?

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number (B) SGL 5718J (C) SKM6990D
 Vehicle Make/ Model/ Colour _____
 Details of Properties (If Other Party is not a Vehicle) _____
 Damage Area _____
 Name of Driver _____
 NRIC/ FIN/ Passport 58229253E (D) SJR9277X
 Contact Number / Email Address 96888293 (E) SKA 1212M
 Address _____
 Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____
 Vehicle Make/ Model/ Colour _____
 Details of Properties (If Other Party is not a Vehicle) _____
 Damage Area _____
 Name of Driver _____
 NRIC/ FIN/ Passport _____
 Contact Number / Email Address _____
 Address _____
 Name of Insurance Company _____

DETAILS OF WITNESS

Name _____
 Phone / Email Address _____
 Address _____
 NRIC/ FIN/ Passport _____

DETAILS OF INJURED PERSON 1

Name _____
 NRIC/ FIN/ Passport _____
 Address _____
 Approximate Age _____
 Injuries Sustained _____
 If Vehicle Occupants, state in which vehicle? _____
 Were Seat Belts Worn? Yes No
 Was Injured conveyed to hospital by ambulance? Yes No

DETAILS OF INJURED PERSON 2

Name _____
 NRIC/ FIN/ Passport _____
 Address _____
 Approximate Age _____
 Injuries Sustained _____
 If Vehicle Occupants, state in which vehicle? _____
 Were Seat Belts Worn? Yes No
 Was Injured conveyed to Hospital by Ambulance? Yes No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect

 Signature of Policy Holder
 (Company Chop if applicable) Date & Time

 Signature of Driver / Date & Time
 (If Driver is not the Policy Holder) Date & Time

1 of 1

redefining / insurance



redefining / insurance

104 26 401 04461246
4150 FERNVALE DRN
17 00
SINGAPORE 750400

104 Insurance Plc Ltd
104 Insurance Plc Ltd (Written Agreement)
(21) 000 0000 (International)
104 0000 0000
104 Insurance Plc Ltd (UK Reg)
www.104.com.sg

Key features

Date:
01/01/2018

Your existing contribution:
104 000000000000000000 / 00000

Your existing contribution (net)

Policy Schedule

Your SmartDrive Third Party Only Third Party

Your policy snapshot

Policyholder name	104 26 401 04461246	Policy number	104 / 04461246
Class	Third Party Only	Policy class	00000000
Period of insurance	From 28/12/2018 to 28/12/2018 (SmartDrive inclusive)		

Premium breakdown

Gross Premium after 20% GST	1,007.58
Tax GST	205.70.58
Total Premium	1,213.29

Your benefits highlights

[Click to Policy wording for full terms and conditions](#)

SmartDrive Smart Drive Only Third Party Benefits

- Smart Drive

Vehicle details

Make & Model of Vehicle	2018 HONDA CIVILIC EFFICIENT	Year of manufacture	2018
Vehicle registration number	SL52292	Type of Use	Private Use
Body type	Saloon	Engine capacity (cc)	1799
Seating capacity (passengers)	4	Engine number	2718653212785
MPV/Bus use	No	Chassis number	WDC05404240101880

Insurer's Estimated Market Value: Not Applicable
 Limitation to use: As per Certificate of Insurance
 Finance Loan Company: Not

Excess applicable

Insurer's Excess: Not Applicable

Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	104 26 401 04461246	13/04/2000	10 years

Additional classes & endorsements to your policy

Nil

104 Insurance Plc Ltd (20160001246)
8 Shenton Way, #24-01, AIA Tower
Singapore 068811
Customer Centre, 452-01

1 of 1

104 / 04461246

What you should do

- Keep this Policy Schedule equivalent of insurance cover for your vehicle
- This Schedule should be read in conjunction with the Conditions of the Policy Wording

104 Insurance Plc Ltd

This is an endorsement document and does not constitute an agreement in itself



AXA FROM

20/02/19

Date 20/02/19

To: Owner of vehicle Number SLV5028E

The following has been advised to you via your workshop, RH Auto Workshop - through their staff, Jacelyn.

Please tick the applicable box if you had been advised 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 mechanics/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.

Other: 3rd party @ after workshop.

Sign and acknowledge by

Name and sign of policyholder/authorised driver

Name and sign of workshop personnel including company stamp

Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASSIFICATION

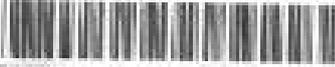
Class 1 Motor Cars (including mopeds) with or without passengers, as defined in clause 2 of the Driver's and other motor vehicles - 200kg

27 Mar 2011

License No: S8912574Z

NP 426A

8812508



88912574Z



Date of issue: 18-04-2004

Address:
471 BLK 03 BEDOK NORTH ROAD
#02-07D
SINGAPORE 461000

REPUBLIC OF SINGAPORE DRIVING LICENSE

License No: S8912574Z



TOH JIN HUI, SHARLENE

Exp Date: 12 Apr 2009
Valid Date: 07 Mar 2011



REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S8912574Z



Name: TOH JIN HUI, SHARLENE

姓 名: 杜金慧

Race: CHINESE

Date of birth: 12-04-1982

Sex: F

Country of birth: SINGAPORE

S8912574Z

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



A CHANCERY 8/276218SF
SKM 6990D 91016218

B SJR9277X Rake 9789.902
57704413

SLV 5028E 90686734 Sharlene
589125742

~~D~~ SKA 1212 M 9758754 Desmond
59147339E

~~D~~ 778 SGL 5718 J 96888293
Sandra WR
58229253E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

