

## 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	06/03/2019 16:29
Date Of Accident	06/03/2019 08:20
Exact Location Of Accident	SENGKANG EAST AVE NEAR RIVERVALE DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN7962H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM EE LIN
NRIC No	S6807121F
Email Address	IVANTHONGKK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96687610
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	SAAB
Model	VECTOR 9-5 2.0
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	GA075254
Cover Note Number	31/11/2018 TO 29/11/2019

### Driver

Name of Driver	THONG KUM KEET
NRIC No	S7141285G
Date Of Birth	20/11/1971
Occupation	INDOOR
Date Of Driving Pass	05/06/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96687610
Fax Number	
Contact Number	
Email Address	IVANTHONGKK@GMAIL.COM

Address	APT BLK 158A RIVERVALE CRESCENT #11-699
Postcode	541158
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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

REFER TO SKETCH PLAN

#### 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	SKB5717E
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)	

**Sketch Plan Pg. 1**  
**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.

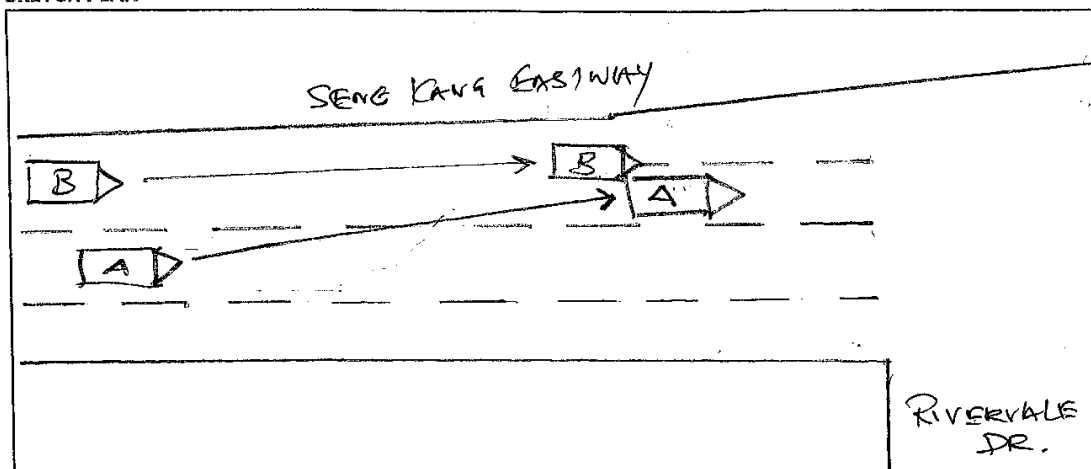
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 6/28/19

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Mark  
NRIC/FIN No.: 6/28/19

# Sketch Plan Pg. 2

Date of accident: 6/3/2019 Time: 0823 hrs Location: SENG KANG EASTWAY  
 My Vehicle A: SFN 7962H Vehicle B: 5FB 5717E Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sengkang Eastway. Upon reaching the junction between Sengkang Eastway and Rivervale Dr, I felt an impact on my car's rear left area. Upon inspection, I realised car B has collided with my car when speeding up from behind. Causing a long scratch damage from the mid section of my front passenger door to left rear wheel arch.

☐ 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 : Nah Yu Automotive  
 Email address : automotive0509@gmail.com  
 & myself :  
 Email address : ivanthongkk@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.

Vehicle : SFN 7962H

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.:





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

SIM EE LIN  
 BLK 158A RIVERVALE CRESCENT  
 #11-699  
 SINGAPORE 541158

**Renewal**

date  
**01/11/2018**

your servicing distributor  
**MONEYSMART FINANCIAL PTE LTD / 15023**

your servicing distributor contact  
**68058185**

## Policy Schedule

### Your SmartDrive Comprehensive Private APW

**Your policy snapshot**

<b>Policyholder name</b>	<b>SIM EE LIN</b>	<b>Policy number</b>	<b>VA1 / GA075254</b>
<b>Cover</b>	<b>Comprehensive</b>	<b>FIN / NRIC</b>	<b>S6807121F</b>
<b>Period of Insurance</b>	from <b>30/11/2018</b> to <b>29/11/2019</b> (both dates inclusive)		

**Premium breakdown**

Gross Premium after 50% NCD	SGD 1,008.38
Total Discounts	- SGD 53.76
7% GST	SGD 66.82
<b>Final Premium</b>	<b>SGD 1,021.44</b>

**Your benefits highlights**

(refer to Policy Wording for full terms and conditions)

**SmartDrive Comprehensive Private APW Benefits**

- 24/7 Towing & Transportation in Singapore or Overseas
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Loss of Personal Effects in Singapore up to \$3,000
- Daily Transport Allowance of \$50 for a maximum of five (5) days
- Personal accident benefit of up to \$30,000 for you or your named drivers while driving
- Medical and dental expenses up to \$500 per person for either you as the driver or your authorised driver and a passenger
- Basic Own Damage Excess Reduction for AXA Premium Workshop
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess

**Vehicle details**

<b>Make &amp; Model of Vehicle</b>	<b>SAAB 9-5 2.0</b>	<b>Year of manufacture</b>	<b>2010</b>
<b>Vehicle registration number</b>	<b>SFN7962H</b>	<b>Type of Use</b>	<b>Private use</b>
<b>Body type</b>	<b>SALOON</b>	<b>Engine capacity (c.c.)</b>	<b>1998</b>
<b>Seating capacity (excl driver)</b>	<b>4</b>	<b>Engine number</b>	<b>A20NFT0N003142</b>
<b>Off-Peak car</b>	<b>No</b>	<b>Chassis number</b>	<b>YS3GP4AZ2B4002965</b>

<b>Insured's Estimated Market Value</b>	<b>Market Value at the time of Loss (including accessories and spare parts)</b>
<b>Limitation to use</b>	<b>As per Certificate of Insurance</b>
<b>Finance Loan Company</b>	<b>HITACHI CAPITAL (S) PTE LTD</b>

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

<b>Basic Own Damage Excess</b>	<b>SGD 0.00</b>
<b>Windscreen Excess</b>	<b>SGD 100.00</b>

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

Driver's Particulars Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of THONG KUM KEET (TANG JINGJIE)

Licence Number: **S7141285G**

Name: **THONG KUM KEET (TANG JINGJIE)**

Birth Date: **20 Nov 1971**

Issue Date: **14 Jun 2004**

Barcode: 001237939H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7141285G**

Portrait of THONG KUM KEET (TANG JINGJIE)

Name: **THONG KUM KEET (TANG JINGJIE)**

Race: **唐 锦 杰**

Race: **CHINESE**

Date of birth: **20-11-1971**

Sex: **M**

Country of birth: **SINGAPORE**

Barcode: 001237939H

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE: **05 Jun 1996**

Licence No: **S7141285G**

NP 428A

439424

Barcode

NRIC No. **S7141285G**

Portrait of THONG KUM KEET (TANG JINGJIE)

Date of issue: **28-04-2009**

Address: **APB BLK 158A RIVERVALE CRESCENT #11-699 SINGAPORE 541158**

NRIC No: **S7141285G** Date: **09/04/2010** No: **6516326**

Driver's Particulars Pg. 3



redefining / insurance

Date: 6/28/2019

To: Owner of Vehicle Number: SFN 7962 H

The following has been advised to you via your workshop, Andim Nptin through their staff, Alu.

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 \_\_\_\_\_

Signed and acknowledge by:

[Signature]  
Name and signature of policyholder/authorised driver

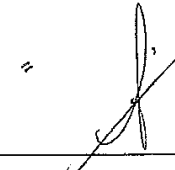
[Signature] 6/28/19  
Name and signature of workshop personnel including company stamp



To Whom It May Concern,

Accident involving my vehicle no SFN7962H on 06/03/2019 (date) with  
SLB5717E (other veh no) along SENGKANG E DR TOWARD BUANGKOK  
E DR.

I, SIM EE LIN NRIC No: S6807121/F  
owner of vehicle no - SFN7962H am aware of the accident of my vehicle on  
06/03/2019 (Date) while car was driven by SPOUSE, THONG KUM KEET  
IC No: S7141285 G. I hereby authorise him/her to make the report.

  
Name SIM EE LIN  
Date: 06/03/2019  
HP: 96427418

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

\_\_\_\_\_  
Name  
Date



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

