

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	17/07/2019 14:09
Date Of Accident	11/03/2019 15:15
Exact Location Of Accident	ALONG BENCOOLEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2785M
Insured/Policyholder	
Name Of Registered Owner	GAN KIM CHWEE
NRIC No	S0010160E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94558994
Alternative Phone No	OTHERS-94558994

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 VTI
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	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	GA396248
Cover Note Number	12/09/2018 - 11/09/2019

Driver

Name of Driver	GAN KIM CHWEE
NRIC No	S0010160E
Date Of Birth	21/01/1954
Occupation	INDOOR
Date Of Driving Pass	09/02/1982
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94558994
Fax Number	
Contact Number	OTHERS-94558994
EEmail Address	NOEMAIL

Address	230 ANG MO KIO AVE 3 #06-1264
Postcode	560230
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?	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 THE SKETCH PLAN BY 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	SMH5351H
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

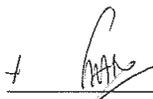
SKETCH PLAN

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. The 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 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:

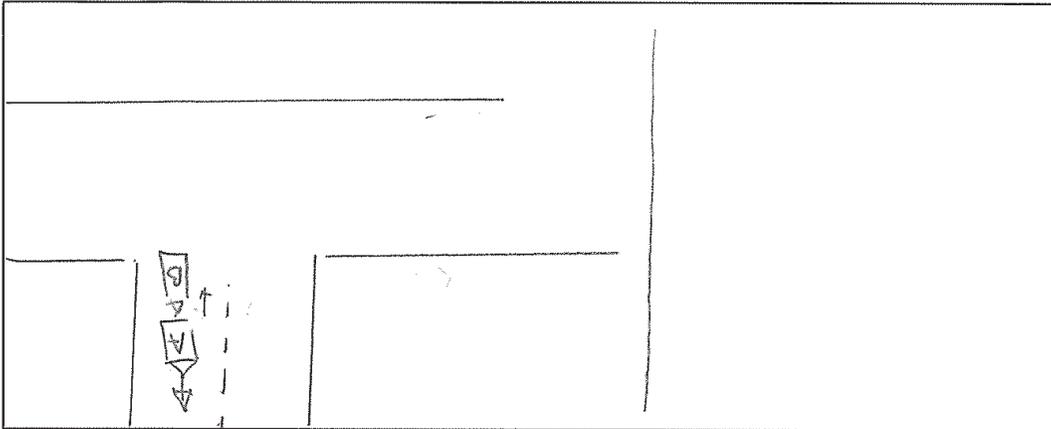


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 11/3/19 Time: 1515 Location: Along Bencaolan Jt
 My Vehicle A: JKG2785M Vehicle B: JMH337H Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was trying to enter the carpark when the barrier didn't want up. I tried to reverse a bit but somehow hit onto the front of behind vehicle.

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 :
 Email address :
 & myself : noemail
 Email address :

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.

[Signature]
 Policyholder's Signature
 Date & Time:

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

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



AH LIM MOTOR COMPANY



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

GAN KIM CHWEE
 BLK230 ANG MO KIO AVENUE 3
 #06-1264
 SINGAPORE 560230

New business

date
 05/09/2018

your servicing distributor
 TECK WEI CREDIT PTE LTD / 09116

your servicing distributor contact
 6465 0020

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	GAN KIM CHWEE	Policy number	VA1 / GA396248
Cover	Comprehensive	FIN / NRIC	S0010160E
Period of Insurance	from 12/09/2018 to 11/09/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 20% NCD	SGD 1,246.34
Total Discounts	- SGD 365.09
7% GST	SGD 61.69
Final Premium	SGD 942.94

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

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	HONDA CIVIC 1.8 VTI	Year of manufacture	2006
Vehicle registration number	SKG2785M	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1799
Seating capacity (excl driver)	4	Engine number	R18A11039279
Off-Peak car	No	Chassis number	JHMFD16306S211838

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	TECK WEI CREDIT PTE LTD

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

Basic Own Damage Excess	SGD 400.00
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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0010160E



Name
GAN KIM CHWEE
顏金水
Race
CHINESE
Date of Birth
21-01-1954 Sex
M
Country of Birth
SINGAPORE

S0010160E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of GAN KIM CHWEE

Licence Number: **S0010160E**
Name
GAN KIM CHWEE

Birth Date: **21 Jan 1954**
Issue Date: **04 Dec 2003**

Barcode: 001035628K

94558994.
D/C
No injury.
No video.
1 fix.

Barcode: 0807764

NRIC No. **S0010160E**

Fingerprint

Blood Group Date of issue
B **04-03-1993**

APT BLK 230 ANG MO KIO AVENUE 3 #06-1264
SINGAPORE 560230

NRIC No: **S0010160E** Date: **26/12/2008** No: **6078240**

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

Class	Description	PASS DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg.	09 Feb 1982
Class 4	Heavy motor cars and motor tractors > 2500 kg	03 Dec 2013

S/No. 9000200257

Barcode: Licence No: S0010160E

NP 428A



**SINGAPORE
POLICE FORCE**

Your Ref : CC4/ASM19004453/jb3
Our Ref : GIA/T00345/19B/0830
Date : 10 July 2019

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

GAN KIM CHWEE
BLK 230 ANG MO KIO AVENUE 3
#06-1264
SINGAPORE 560230

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING VEHICLE SKG2785M & SMH5351H ON 11.03.2019 @
1515 HRS ALONG BENCOOLEN STREET**

I refer to the above accident.

2 We have been informed by your insurance company, **AXA Insurance Singapore Pte Ltd**, that you have yet to report the above accident despite a reminder. Please do so with the said insurance company as soon as possible.

3 If you were not involved in any such accident, please inform your insurance company as such.

4 Should you have any queries, you may contact your insurance company.

5 Thank you.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Selina'.

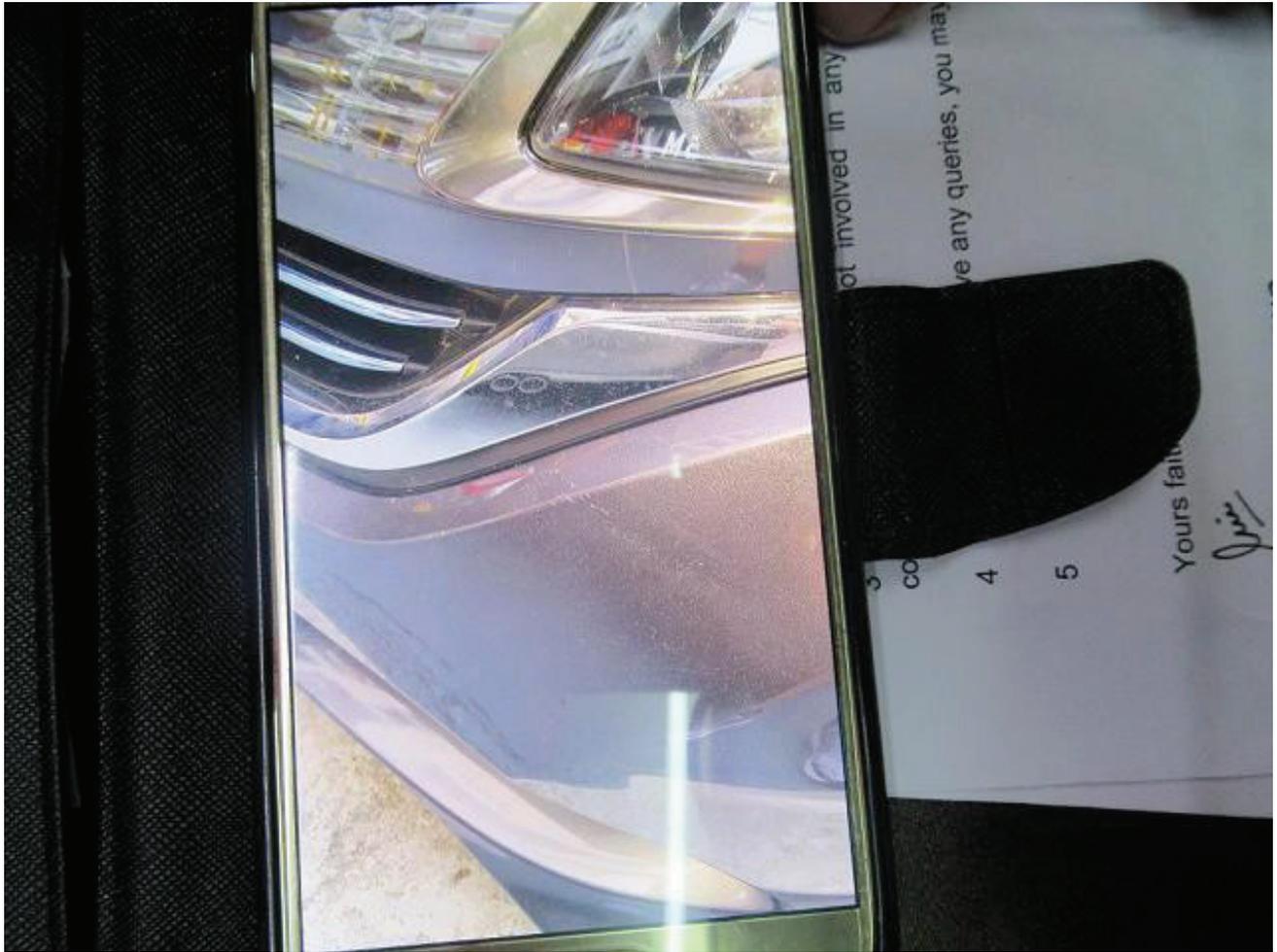
**SSGT SELINA WONG
for HEAD
TRAFFIC INVESTIGATION
TRAFFIC POLICE**

cc: AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811
ATTN: JOY IRENE – TEL: 6841 2409

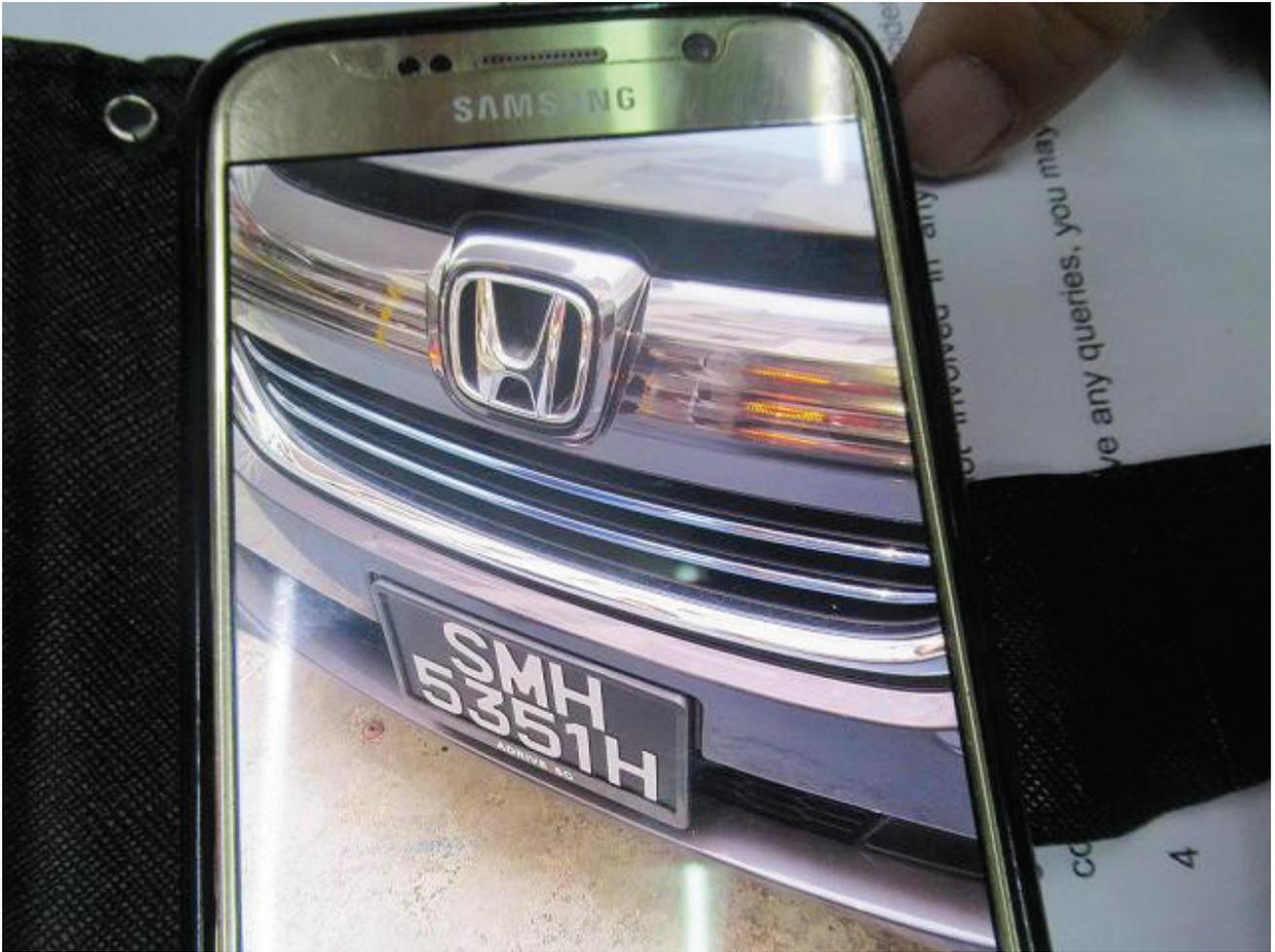
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

