

## 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	11/03/2019 08:31
Date Of Accident	09/03/2019 13:40
Exact Location Of Accident	03 JOO CHIAT LANEPUBLIC CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ5697K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PANG CHEE LIANG
NRIC No	S0179430B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97293112
Alternative Phone No	OFFICE-97293112

### Vehicle Particulars

Manufacturer	TOYOTA
Model	MARK X-2.5 (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?	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	GA401045
Cover Note Number	

### Driver

Name of Driver	PAN ENGUANG KENNY
NRIC No	S8412706Z
Date Of Birth	29/04/1984
Occupation	INDOOR
Date Of Driving Pass	03/12/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98185961
Fax Number	
Contact Number	
Email Address	PAN.SG.KENNY@GMAIL.COM

Address	BLK626 HOUGANG AVE #10-162
Postcode	530626
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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 TO REPORT 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	SLL4835B
Vehicle Make/Model/Colour	CITROEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEE LEONG
NRIC/Passport Number	
Contact Number	98711463
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

Policyholder's Signature

Date & Time: 11/03/2019  
0825HR.

Driver's Signature

(If driver is not the policyholder)

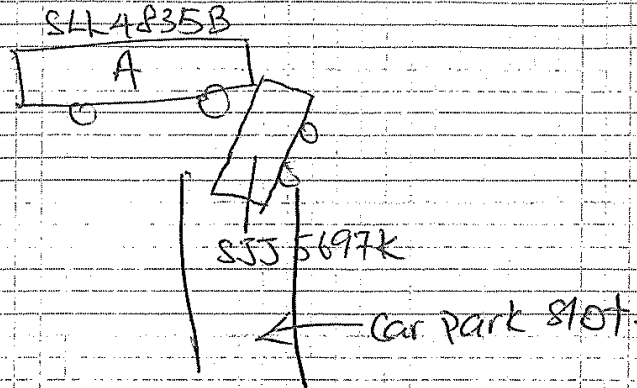
Date & Time: 11/03/2019  
0825HR.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was about to park into the ~~car~~ car park slot, during ~~reversing~~ reversing a red car citroen ~~drive~~ drove in ~~and then~~ while I'm reversing, my front left side of my car came into contact with citroen "SL4835B" ~~red~~ front right side of the car.

DECLARATION

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

Policyholder's Signature

Date & Time:

11/03/2019  
0820HR

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/03/2019  
0820HR

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 3

Date: 11 Mar 2019.

To: Owner of Vehicle Number: SJI 5697K.

The following has been advised to you via your workshop, \_\_\_\_\_ through their staff, \_\_\_\_\_.

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 event 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.
- ☐ ( ) The Estimation 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 below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
- ☐ ( ) Others \_\_\_\_\_

Signed and acknowledge by:

[Signature]  
Name and signature of policyholder/ authorised driver

\_\_\_\_\_  
Name and signature of workshop personnel including company stamp



redefining / insurance

PANG CHEE LIANG  
BLK 626 HOUGANG AVENUE 8  
#10-162  
SINGAPORE 530626

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

## New business

date  
**21/09/2018**

your servicing distributor  
**DIRECT ACCOUNT-NON PIVOTAL / 03121**

your servicing distributor contact

## Policy Schedule

### Your SmartDrive Comprehensive Essential

## Your policy snapshot

Policyholder name	PANG CHEE LIANG	Policy number	VA1 / GA401045
Cover	Comprehensive	FIN / NRIC	S0179430B
Period of Insurance	from 21/09/2018 to 20/09/2019 (both dates inclusive)		

## Premium breakdown

Gross Premium after 50% NCD	SGD 1,075.32
Total Discounts	- SGD 49.49
7% GST	SGD 71.81
<b>Final Premium</b>	<b>SGD 1,097.64</b>

## 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

## Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

## Vehicle details

Make & Model of Vehicle	TOYOTA MARK X 2.5	Year of manufacture	2008
Vehicle registration number	SJJ5697K	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	2499
Seating capacity (excl driver)	5	Engine number	4GR0512174
Off-Peak car	No	Chassis number	GRX1203066869

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)

Windscreen Excess Not Applicable

## 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. S8412706Z



Name  
PAN ENGUANG, KENNY  
潘恩光

Race  
CHINESE

Date of birth  
29-04-1984

Sex  
M

Country/Place of birth  
SINGAPORE

S8412706Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identification Number S8412706Z


Name  
PAN ENGUANG, KENNY

Birth Date: 29 Apr 1984


Issue Date: 03 Dec 2007

001549750K

5415362



NRIC No. S8412706Z



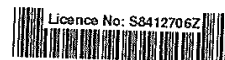
Date of Issue  
24-01-2015

Address  
APT BLK 626 HOUGANG AVENUE 8  
#10-162  
SINGAPORE 530626

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

	PASS DATE
Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	03 Dec 2007

NP 428A



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



