

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	27/03/2019 16:51
Date Of Accident	26/03/2019 13:40
Exact Location Of Accident	ALONG ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4343H
Insured/Policyholder	
Name Of Registered Owner	YU CHEN KAI
NRIC No	S8041378E
Email Address	EDISONSOUL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98571670
Alternative Phone No	OTHERS-93679704

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 AVANT GARDE (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	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	GA208021
Cover Note Number	15/04/2018 - 14/04/2019

Driver

Name of Driver	NG SOK HUANG
NRIC No	S7808256I
Date Of Birth	20/03/1978
Occupation	INDOOR
Date Of Driving Pass	28/03/2005
Driving Experience	13 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93679704
Fax Number	
Contact Number	OTHERS-98571670
EEmail Address	NOEMAIL

Address	3 AMBER GARDENS #21-12
Postcode	439972
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : JONAS YU HENGYI GENDER: : MALE

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	SGM4983K
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

IMPORTANT NOTICE

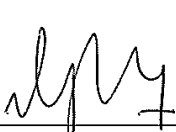
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:



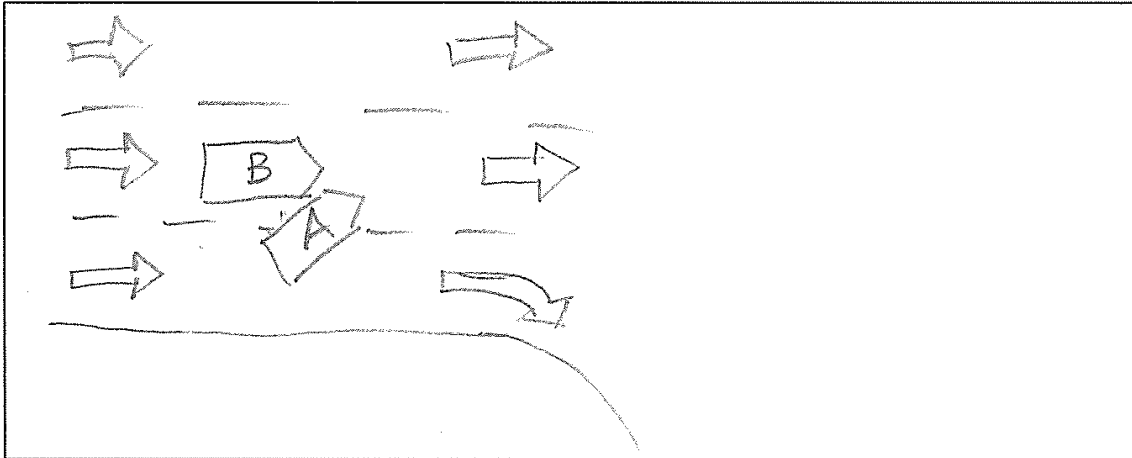
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

Date of accident: 26/03/19 Time: 1:40pm Location: Along ANG MO KIO Ave 5
 My Vehicle A: SLP4343H Vehicle B: SGM4983K Vehicle C: —
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were stationary at the traffic light junction along Ang Mo Kio Ave 5, right in front of the Nanyang Polytechnic entrance along Ang Mo Kio Ave 9. When the traffic light turned green, I switched on my left indicator light of my intention to filter into the left lane as I realised I was turning into the wrong road. After signaling left, I proceeded to move my car forward. At this moment, car B on my left-hand side decided to move forward as well. Thus, resulting in our two cars colliding.

Car B - Augustine Siem

S1332684C

HP: 91301205

☐ 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: edison.soul@gmail.com

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.

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.:



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

YU CHEN KAI
 3 AMBER GARDENS
 #21-12
 ONE AMBER
 SINGAPORE 439972

Renewal

date
11/04/2018

your servicing distributor
ALFA CREDIT PTE LTD / 03203

your servicing distributor contact
62411228

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	YU CHEN KAI	Policy number	VA1 / GA208021
Cover	Comprehensive	FIN / NRIC	S8041378E
Period of Insurance	from 15/04/2018 to 14/04/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 849.48
Total Discounts	- SGD 45.28
7% GST	SGD 56.29
Final Premium	SGD 860.49

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi 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
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers
- No Claim Discount Protector
- Personal accident benefit of up to \$20,000 per passenger

Vehicle details

Make & Model of Vehicle	MERCEDES C180 AVANTGARDE	Year of manufacture	2014
Vehicle registration number	SLP4343H	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1595
Seating capacity (excl driver)	4	Engine number	27491030187557
Off-Peak car	No	Chassis number	WDD2050402R003646

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	OCBC BANK LIMITED

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

Basic Own Damage Excess	SGD 400.00
-------------------------	------------

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7808256I

Name
NG SOK HUANG
(HUANG SHUFANG)
黄淑芳


Race
CHINESE

Date of Birth
20-03-1978

Sex
F

Country of Birth
SINGAPORE







REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7808256I

Name
NG SOK HUANG
(HUANG SHUFANG)

Birth Date: 20 Mar 1978
Issue Date: 28 Mar 2005

93679704

plc
No injury.
No video.
yes.

99571670

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8041378E



Name
YU CHENKAI

Race
CHINESE

Date of birth
22-12-1980

Sex
M

Country of birth
SINGAPORE

(M) Jonas Yu hengyi

A0160432



NRIC No. S7808256I



Blood Group
O+

Date of issue
05-07-2002

3 AMBER GARDENS #21-12
SINGAPORE 439972

NRIC No. S7808256I Date: 12/12/2010 No: 6622788


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

PASS DATE
28 Mar 2005


Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg

NP 428A


Licence No: S7808256I



4802413



NRIC No. S8041378E



Date of issue
15-12-2011

Address
3 AMBER GARDENS
#21-12
SINGAPORE 439972

To Whom It May Concern,

Accident involving my vehicle no 3LP4343H on 26/03/19 (date) with
SGM 4483K (other veh no) along Ang Mo Kio Ave 5

I, Yu Wen Kai NRIC No: S8041379E
owner of vehicle no - 3LP4343H am aware of the accident of my vehicle on
26/03/19 (Date) while car was driven by Ng Sok Huang
IC No: S803236 I. I hereby authorise him/her to make the report.



Name

Date :

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

Sketch Plan Pg. 6



redefining / Insurance

Date: 26/03/19

To: Owner of Vehicle Number: SLP 4343 H

The following has been advised to you via your workshop, MT LIM MOTOR COMPANY through their staff, 26.

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 Reporting only

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

