

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	25/03/2019 17:30
Date Of Accident	24/03/2019 06:45
Exact Location Of Accident	HOUGANG AVE 8 AFTER XINMIN PRI SCH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3355L
Insured/Policyholder	
Name Of Registered Owner	KUAN HWEE PENG
NRIC No	S6967115B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91296434
Alternative Phone No	OTHERS-91259475

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 PDE-1.4 T-GDI DCT (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2216592
Cover Note Number	29/06/2018 - 28/06/2019

Driver

Name of Driver	BERNARD TUNG KUM FAI
NRIC No	S7344269I
Date Of Birth	06/12/1973
Occupation	INDOOR
Date Of Driving Pass	21/11/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91259475
Fax Number	
Contact Number	OTHERS-91296434
Email Address	BERNARDTUNGKUMFAI@GMAIL.COM

Address	61 JALAN ARIF
Postcode	545109
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)	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?	YES
Remarks/ Reasons:	FILE CAPACITY TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD443P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:



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

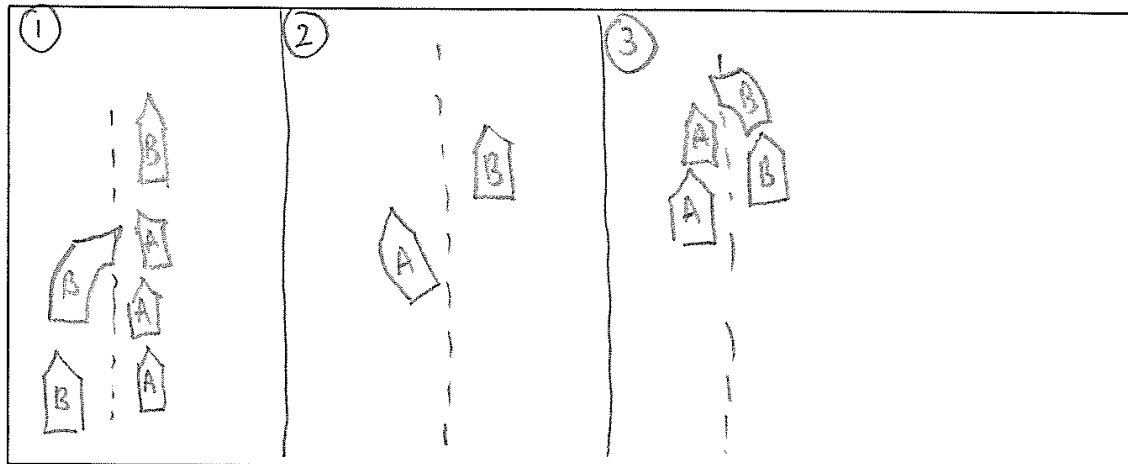


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 24 MAR 19 Time: 0647 Location: Hougang Ave 8 (after Xinmin Pri Sch)
 My Vehicle A: SMC335SL Vehicle B: SHD 443P Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24 Mar 19, I was driving along Hougang Ave 8 on the right lane, where a red Trans Cab over took me from the left and change lane to the right and became in front of me. The cab step on the brakes and slow down in front of me and I decided to change lane to the left after seeing the unusual behaviour of the cab. After I was established on the left lane, the cab continue to slow down and then made an abrupt left turn into my lane without signalling.

As a result, the left door of the cab contacted my right light & front wheel. The cab then reverse as I could not get out of my car. We then exchange details. No police report was made as there were no injuries on both side and no damage to public properties. There was no passenger in the cab.

☐ 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 :

Email address : bernardtungkumfai@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.

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

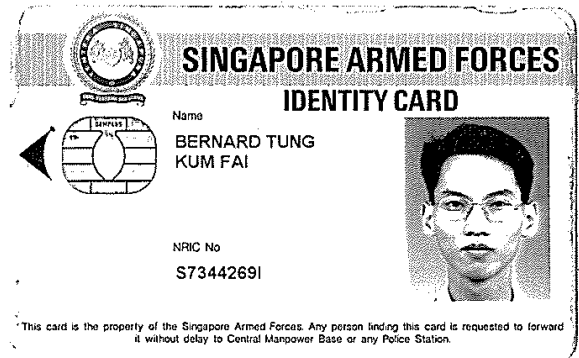
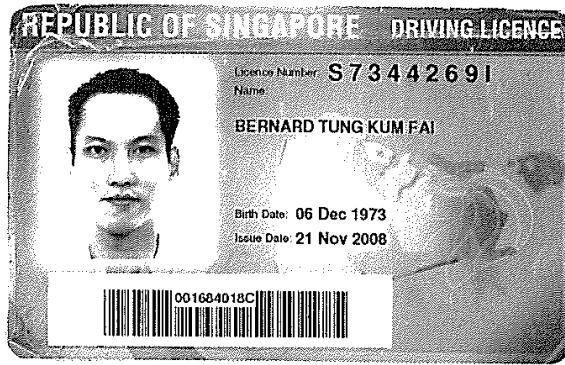
Sketch Plan Pg. 3

INSURANCE PTE LTD
 Renton Way, #24-01
 A Tower, Singapore 068811
 Customer Centre #01-21
 Tel:1800 8804888 Fax:-
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



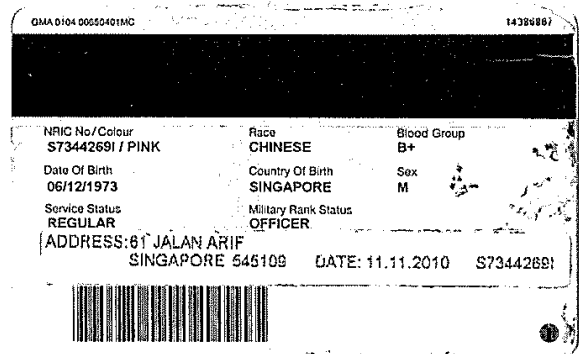
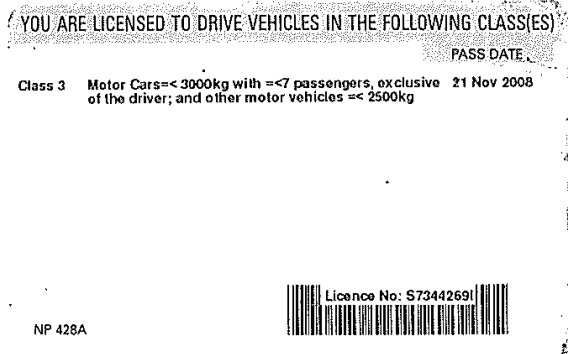
Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Original

POLICY INFORMATION		Policy No. : VPA/P2216592
Source	: (01) 08260 KOMOCO TRADING PTE LTD (HY)	
Insured	: KUAN HWEE PENG	
Address	: 61 JALAN ARIF HENLEY GARDENS SINGAPORE 545109	
Business/Profession	: FINANCIAL CONSULTANT Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 29/06/2018 To 28/06/2019 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 20.00% : SGD 1,168.23		
NCD		
GST 7.00%	: SGD 81.77	
Annual Premium	: SGD 1,250.00	
Total Payable	: SGD 1,250.00	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SMC3355L	
Type Of Use	: Private Car	
Make/Model	: HYUNDAI I30 PDE 1.4 T-GDI DCT	
Year of Manufacture	: 2018	Seating Capacity (excl. Driver) : 04
Body Type	: SALOON	Engine C.C. : 1353
Engine No.	: G4LDJD012665	
Chassis No.	: TMAH3513VJJ065290	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	: As specified in Certificate of Insurance	
Hire Purchase	: STANDARD CHARTERED BANK SINGAPORE LTD	
<u>Excess Applicable</u>		
Basic Own Damage Excess	: SGD	
<u>Named Drivers</u>		
1	KUAN HWEE PENG	
2	BERNARD TUNG KUM FAI	
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
HYU1 171K		



owner - wife
 86967115
 9129 6474.

9125 9474
 D/C
 No flying
 Comd.
 1/6x.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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