

## 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             | 08/04/2019 11:03       |
| Date Of Accident           | 06/04/2019 17:30       |
| Exact Location Of Accident | BUKIT BATOK EAST AVE 2 |
| Country/State of Loss      | SINGAPORE              |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJT1415G             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LAI WENG YUEN        |
| NRIC No                     | S6872472D            |
| Email Address               | WLAI@SLB.COM         |
| Mobile Phone No             | (LOCAL) +65-98167862 |
| Alternative Phone No        | OFFICE-98167862      |

### Vehicle Particulars

|  |               |
|--|---------------|
| Manufacturer   | CHEVROLET     |
| Model  | CRUZE-1.6 (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                                       | 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             | VA1/GA242680          |
| Cover Note Number         |                       |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | LAI WENG YUEN          |
| NRIC No              | S6872472D              |
| Date Of Birth        | 11/09/1968             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 28/04/2001             |
| Driving Experience   | 17 YEARS AND 11 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-98167862   |
| Fax Number           |                        |
| Contact Number       | OFFICE-98167862        |
| Email Address        | WLAI@SLB.COM           |

|   |                                  |
|---|----------------------------------|
| Address   | 28 BUKIT BATOK EAST AVE 2 #06-15 |
| Postcode  | 659921                           |
| 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 - 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?  |                                       |
| 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: : WANG LIBO<br>GENDER: : FEMALE |

#### 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?   | YES               |
| Remarks/ Reasons:                             | STILL DOWNLOADING |
| Was there any audio recorded?                 | NO                |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SJF1430K    |
| 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

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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 insurer's 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.

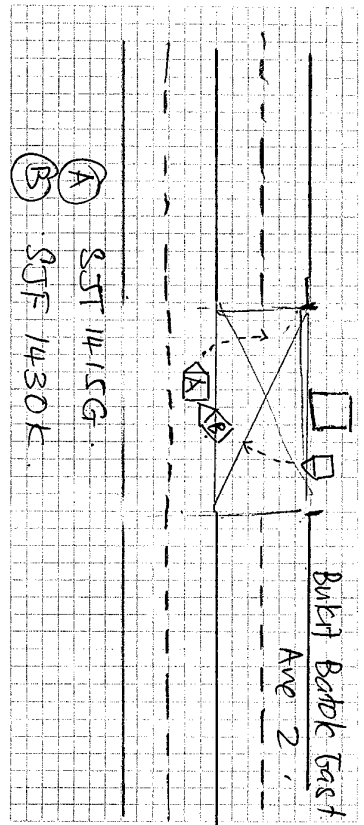
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bulky Batak East Ave 2 intending to make a right turn into the condo. I stopped my vehicle to check and clear traffic from the opposite road before making the turn. Vehicle B exit from the condo and hit onto the rear portion of my vehicle before I can make the turn.

## DECLARATION

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

Policyholder's Signature

Driver's Signature  
(if driver is not the policyholder)

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



redefining / insurance

AAA Insurance Pte Ltd  
1800 880 4888 (Within Singapore)  
(65) 8880 4888 (International)  
(65) 8880 4740  
customer.care@aaa.com.sg  
www.aaa.com.sg

#### Renewal

date  
17/09/2018

LAI WENG YUEN  
28 BUKIT BATOK EAST AVENUE 2  
#06-15 HILLVIEW REGENCY  
SINGAPORE 659921

your servicing distributor  
INSMART (INSURANCE) AGENCY PTE  
LTD / 081398

your servicing distributor contact  
6942 0766

## Policy Schedule

### Your SmartDrive Comprehensive Essential

#### Your policy snapshot

|                     |  |               |                |
|---------------------|--|---------------|----------------|
| Policyholder name   | LAI WENG YUEN  | Policy number | VA1 / GA242680 |
| Cover               | Comprehensive  | FN / MRC      | S68724720      |
| Period of Insurance | from 25/09/2018 to 24/09/2019 (both dates inclusive) |               |                |

#### Premium breakdown

|                             |              |
|-----------------------------|--------------|
| Gross Premium after 40% NCD | SGD 1,033.00 |
| Total Discounts             | - SGD 159.17 |
| 7% GST                      | SGD 61.17    |
| Final Premium               | SGD 935.00   |

#### 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
- No Claim Discount Protector

#### Vehicle details

|                                |                               |                        |                  |
|--------------------------------|-------------------------------|------------------------|------------------|
| Make & Model of Vehicle        | CHEVROLET CRUZE 1.6 LAUTO ABS | Year of manufacture    | 2009             |
| Vehicle registration number    | D/AB 2ND 4DR                  | Type of Use            | Private use      |
| Body type                      | SIT14156                      | Engine capacity (c.c.) | 1598             |
| Seating capacity (excl driver) | SALOON                        | Engine number          | F16D34564971     |
| Off-Peak car                   | No                            | Chassis number         | KC1JL6961AK53140 |

Insured's Estimated Market Value  
Limitation to use  
Finance Loan Company

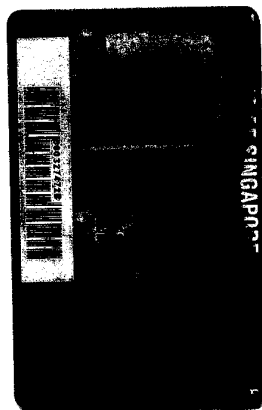
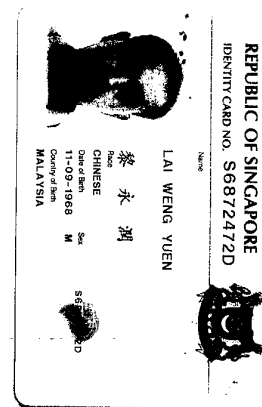
Market Value at the time of Loss (including accessories and spare parts)  
As per Certificate of Insurance  
Nil

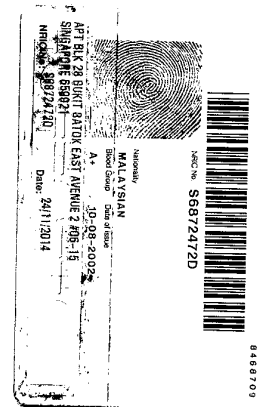
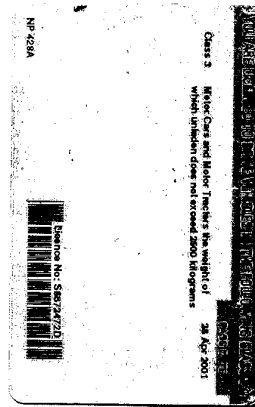
#### Excess applicable (refer to Policy Wording for other applicable Excesses)

|                         |            |
|-------------------------|------------|
| Basic Own Damage Excess | SGD 400.00 |
| Windscreen Excess       | SGD 100.00 |

AAA Insurance Pte Ltd (139903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

Accident Sketch Plan Pg. 4







Accident Photo



Accident Photo





Accident Photo



Accident Photo

