

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	07/05/2019 15:22
Date Of Accident	06/05/2019 17:40
Exact Location Of Accident	CTE TOWARD SLE BEFORE BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5046E
Insured/Policyholder	
Name Of Registered Owner	WONG WEI CHI BELINDA
NRIC No	S8005889F
Email Address	BEKINDAWONG13@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96818413
Alternative Phone No	OTHERS-96818413

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	P2185135
Cover Note Number	

Driver

Name of Driver	WONG WEI CHI BELINDA
NRIC No	S8005889F
Date Of Birth	05/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96818413
Fax Number	
Contact Number	OTHERS-96818413
Email Address	BEKINDAWONG13@GMAIL.COM

Address	23 TOA PAYOH LORONG 3 #18-09
Postcode	319582
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 - 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: : UNKNOWN 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

PLEASE REFER TO THE ATTACHED SKETCH PLAN FOR THE CIRCUMSTANCE OF ACCIDENT.

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	SLP7344K
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK CHOR CHYE
NRIC/Passport Number	S1467188I
Contact Number	96864271
Address	250 LORONG CHUAN #13-01
Postcode	556748
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :
GENDER: :

Accident Sketch Plan

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 willful 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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Julita
Policyholder's Signature / Date &
Time 7-5-19 1140hrs

Julita
Driver's Signature (If driver is not the policyholder) / Date
& Time 7-5-19 @ 1140hrs

EG
Witnessed by Reporting Centre
Personnel

Sketch Plan

CTE

A- SMZ5046E
B- SLP7344K

EXIT BRADDELL

Accident Sketch Plan

Describe Circumstances of the Accident

I was driving along CTE when the accident occurred. I was at the third lane filtering out to the fourth lane preparing for exit to Braddell. I signal left and checked the mirrors and blind spot before I filtered into the fourth lane. After I filtered to the left, I heard ~~at~~ a loud bang at the left side of my back. Thereafter, I drove to the road shoulder to stop. When I got down to check my car, the left back door ^{was} damaged, the car rim, the side of the back light ~~was~~ scratched. The other driver's car had no visible scratch or dent.

Declaration

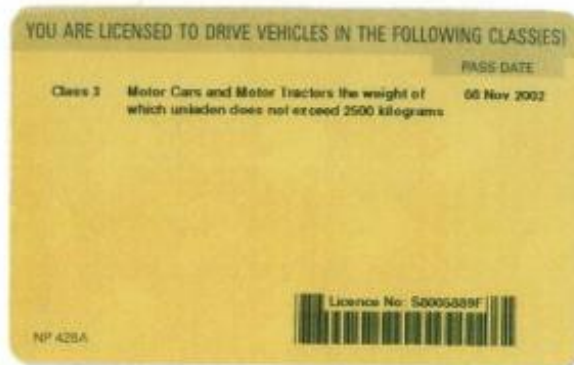
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 7-5-19 @ 1145hr

Driver's Signature (If driver is not the policyholder) / Date & Time 7-5-19 @ 1145hr

Witnessed by Reporting Centre
Personnel

Identification Card & Driving Licence



AXA INSURANCE PTE LTD
 Shenton Way, #24-01
 AXA 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



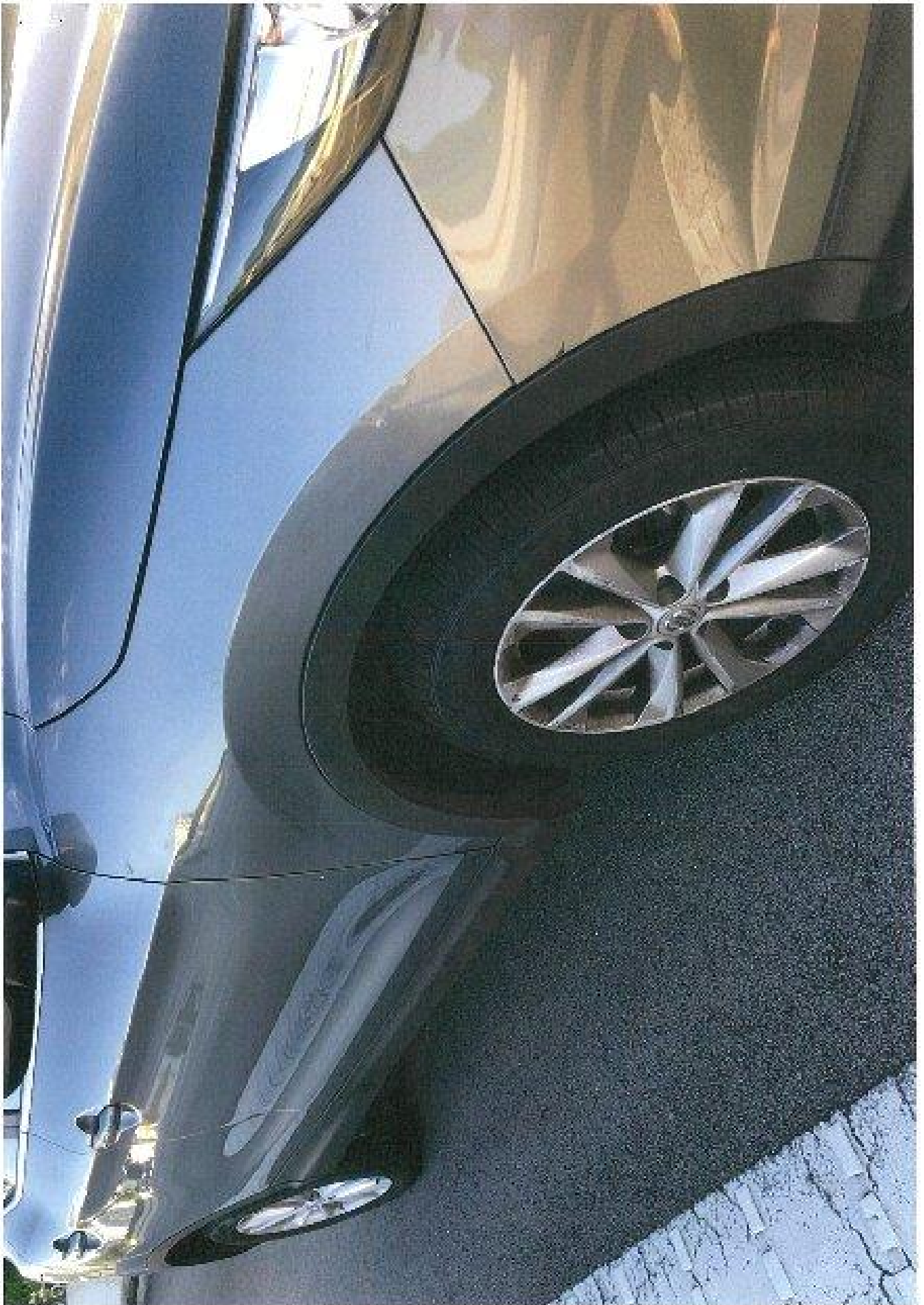
Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Original

POLICY INFORMATION		Policy No. : VPA/P2185135
Source	: (01) 14885	BMS-AXA TOYOTA NB
Insured	: WONG WEI CHI BELINDA	
Address	: 23 LORONG 3 TOA PAYOH #18-09 SINGAPORE 319582	
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 02/10/2018 To 01/10/2020 (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 1,488.06 NCD		
GST 7.00%	: SGD 104.16	
Annual Premium	: SGD 1,592.22	
Total Payable	: SGD 3,184.45	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SME5046E	
Type Of Use	: Private Car	
Make/Model	: TOYOTA SIENTA 1.5	
Year of Manufacture	: 2018	Seating Capacity (excl. Driver) : 06
Body Type	: MULTI - PURPOSE VEHICLE	Engine C.C. : 1496
Engine No.	: 2NRX361533	
Chassis No.	: MHFZ28H3300056548	
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	: DBS BANK LTD	
Basic Own Damage Excess	: SGD 600.00	
Named Drivers		
1 WONG WEI CHI BELINDA		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
Sales Agent ID : BSTL073 -----		
Sales Draft Number One : 8059-1538533033510		

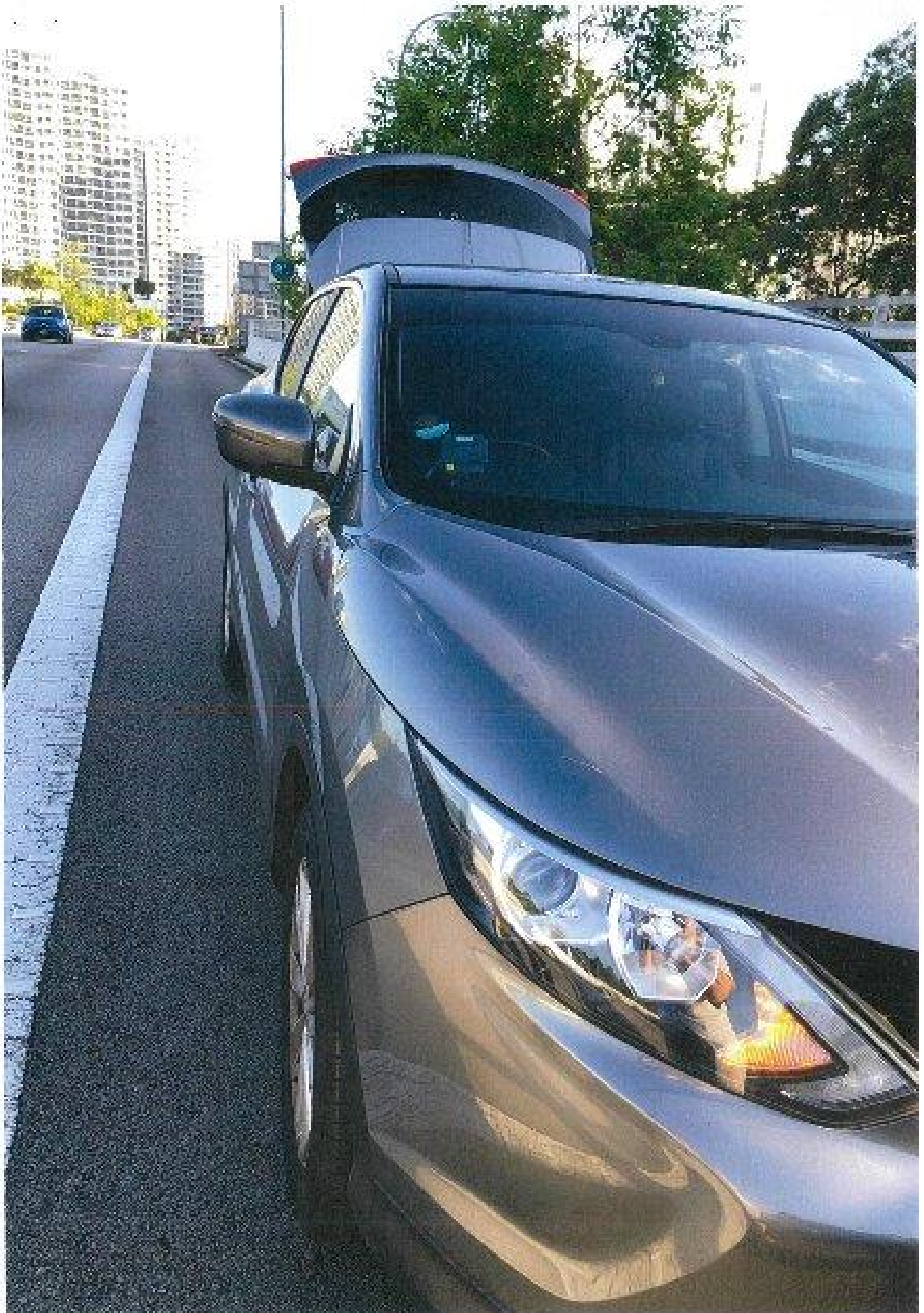
Accident Photo



Accident Photo



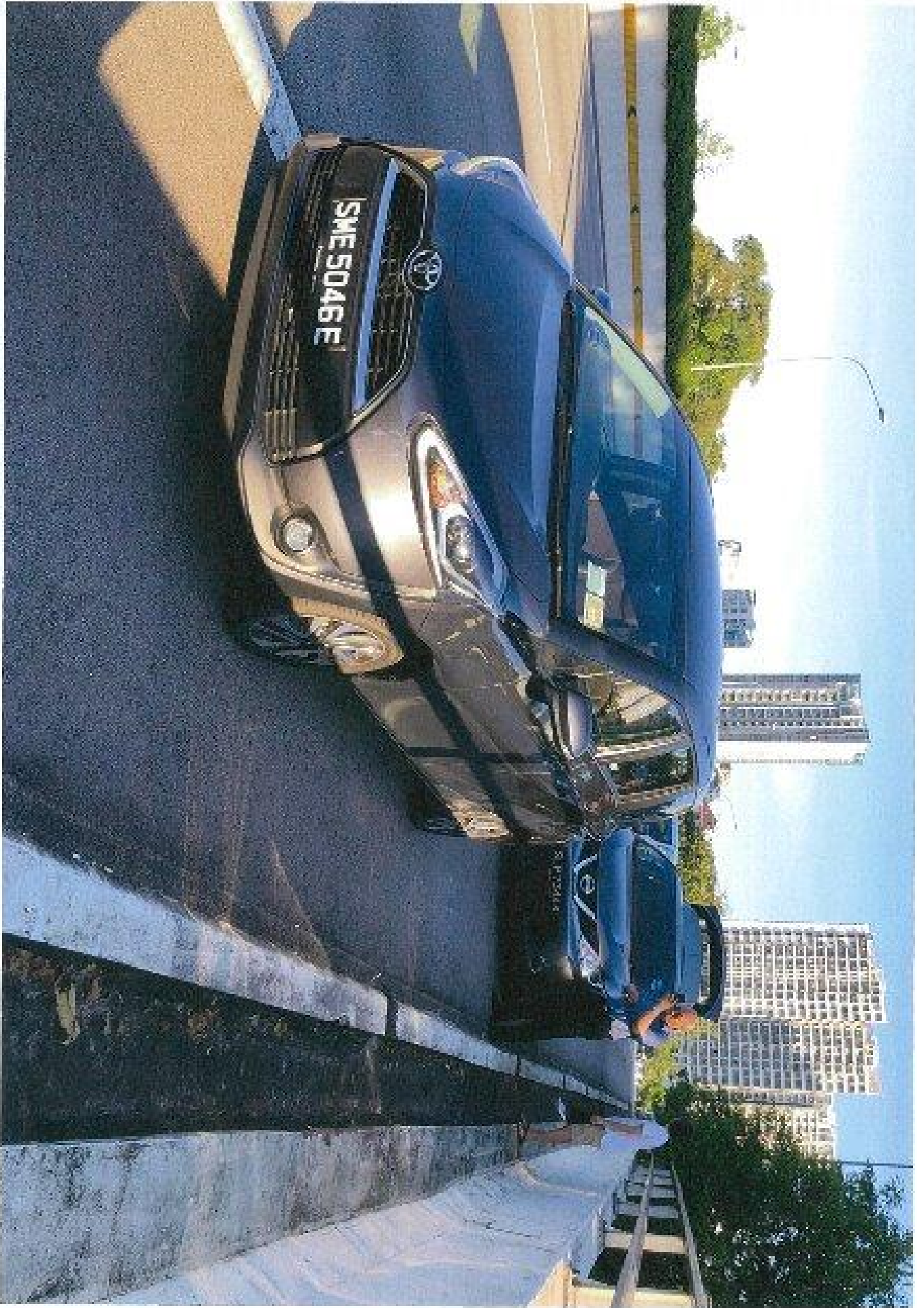
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

