

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	06/05/2019 15:43
Date Of Accident	06/05/2019 07:25
Exact Location Of Accident	OUTSIDE MAJU CAMP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8786D
Insured/Policyholder	
Name Of Registered Owner	CHIN WEI YOUNG
NRIC No	S7835410J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91592276
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA282427
Cover Note Number	

Driver

Name of Driver	ONG SHI TING
NRIC No	S8305519G
Date Of Birth	27/02/1983
Occupation	INDOOR
Date Of Driving Pass	19/08/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98226683
Fax Number	
Contact Number	
Email Address	ONGST83@HOTMAIL.COM

Address	7 JURONG EAST STREET 32 #07-07 SINGAPORE 609480
Postcode	
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 - HEAD TO REAR
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 SKETCH PLAN

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	SJY7751U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANIEL TEE
NRIC/Passport Number	
Contact Number	96362255
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:

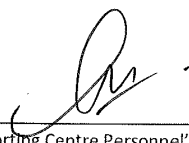
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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.

X

Policyholder's Signature
Date & Time:

X

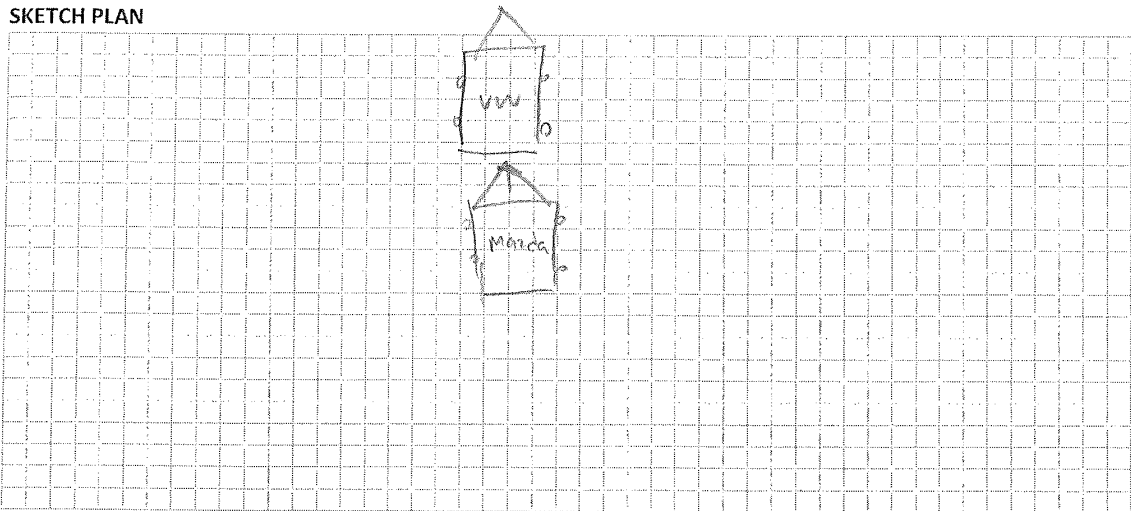
Driver's Signature
(If driver is not the policyholder)
Date & Time: 06/05/19 1454



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SJV 8786D

ACCIDENT DATE: 06/05/2019

CONTACT NUMBER: 96226683

ACCIDENT TIME: 0723

EMAIL: ongst83@hotmail.com

LOCATION: OUTSIDE MAJU CAMP

ACCIDENTALLY collide into car in front.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

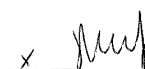
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☒ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ REPORTING ONLY

DECLARATION

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

X
Policyholder's Signature
Date & Time:

X 
Driver's Signature
(If driver is not the policyholder)
Date & Time: 06/05/19 14:54


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

GM/IC 30 SketchPlanForm_V3

Eva Kok

From: Chin Wei Young <bobic78@gmail.com>
Sent: 06 May 2019 3:15 PM
To: Sheryl
Cc: Eva Kok; Shi Ting Ong
Subject: Re: SJV8786D Chin Wei Young GA282427
Attachments: CWY IC.pdf

Hi Eva,
As advised, i have authorized my wife to drive the car.

Details are:
Name: Ong Shi Ting
Car License No: SJV8786D

Attached is a PDF of my IC

Regards,
WY Chin

On Mon, May 6, 2019 at 9:04 AM Sheryl <sherylitis@gmail.com> wrote:
Dear Eva,

As requested, please see attached the car insurance policy. Thank you!

Best Regards,
Sheryl

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7835410J



Name

CHIN WEI YOUNG
(CHEN WEIYANG)

陈 维 扬

Race

CHINESE

Date of birth

01-12-1978

Sex

M

Country of birth

SINGAPORE

S7835410J

4317446



NRIC No. S7835410J



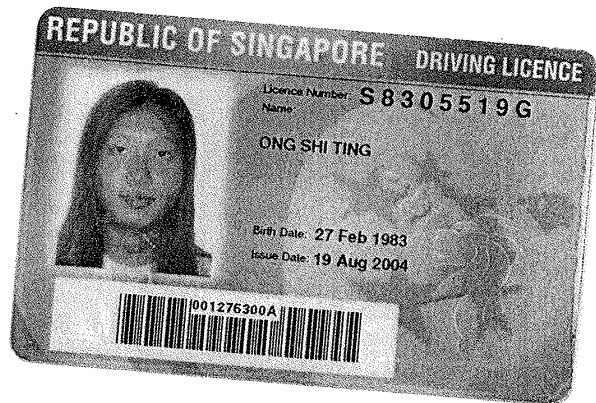
Date of issue

04-12-2008

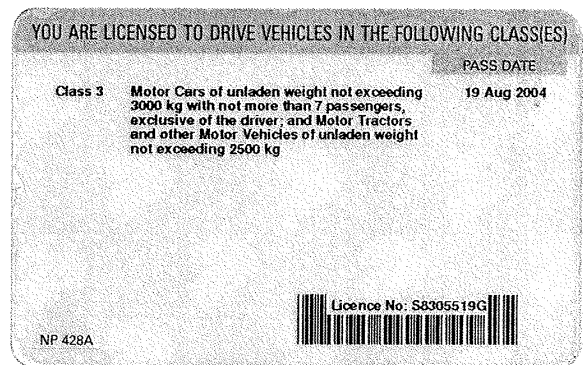
7 JURONG EAST STREET 32 #07-07
SINGAPORE 609480

NRIC No: S7835410J

Date: 05/09/2014



driver.





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

CHIN WEI YOUNG
 7 JURONG EAST STREET 32
 #07-07
 SINGAPORE 609480

Renewal

date
05/11/2018

your servicing distributor
KHOON WAH TAN / 04396

your servicing distributor contact
63738805

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	CHIN WEI YOUNG	Policy number	VA1 / GA282427
Cover	Comprehensive	FIN / NRIC	S7835410J
Period of Insurance	from 12/11/2018 to 11/11/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,082.80
Total Discounts	- SGD 60.99
7% GST	SGD 75.80
Final Premium	SGD 1,158.60

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

- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	MAZDA 6 2.5	Year of manufacture	2015
Vehicle registration number	SJV8786D	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	2488
Seating capacity (excl driver)	4	Engine number	PY20664972
Off-Peak car	No	Chassis number	JM6GJ1032G0220921

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	UNITED OVERSEAS BANK LIMITED

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

Basic Own Damage Excess	SGD 400.00
Windscreen Excess	SGD 100.00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

