

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	04/05/2019 10:21
Date Of Accident	03/05/2019 07:50
Exact Location Of Accident	PIE TO CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8935E
Insured/Policyholder	
Name Of Registered Owner	TAN LENG CHWEE
NRIC No	S1772059G
Email Address	ROGERTAN0168@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91816711
Alternative Phone No	OTHERS-91816711

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 MIVEC SPORTS AT ABS D/AB (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	GA369573
Cover Note Number	21/07/2018 - 20/07/2019

Driver

Name of Driver	TAN LENG CHWEE
NRIC No	S1772059G
Date Of Birth	18/01/1966
Occupation	INDOOR
Date Of Driving Pass	16/09/1988
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91816711
Fax Number	
Contact Number	OTHERS-91816711
E Mail Address	ROGERTAN0168@GMAIL.COM

Address	344 CHOA CHU KANG LOOP #11-47
Postcode	680344
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 - 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 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	SKH8554T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VIJAYVARMAN S/O GHANASEKARAN
NRIC/Passport Number	S8512722E
Contact Number	90028510
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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: 4/5/19

0930 a.m



Driver's Signature

(If driver is not the policyholder)

Date & Time:

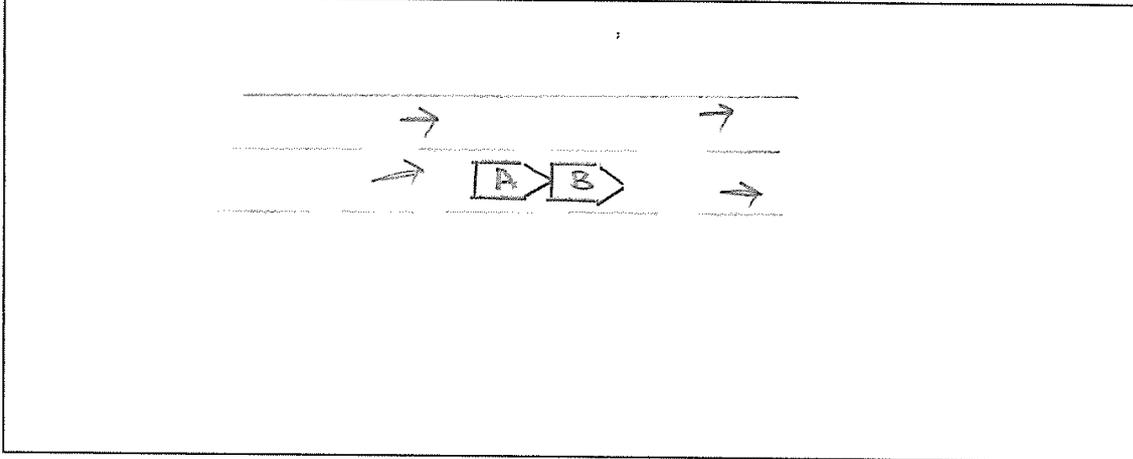


Reporting Centre for Personal Information's Signature
Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 3/5/19 Time: 7.49 am Location: PIE to Changi
 My Vehicle A: SJX 8935 E Vehicle B: SKH 8554 T Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE toward Changi.
 The vehicle in front sudden jabs brake, I was not able to brake on time.
 Thus my vehicle bang straight behind its back.

CAR B - VIJAY VARMAAN S/O BRANA SELARAN
 S812922E
 900 23510

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 : roger.tan.0168@gmail.com
 davidmiche@yahoo.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: 4/5/19
09:30 am


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


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

AH LIM MOTOR COMPANY



TAN LENG CHWEE
 BLK 344 CHOA CHU KANG LOOP
 #11-47
 SINGAPORE 680344

New business

date
26/06/2018

your servicing distributor
GAC ASSURANCE AGENCY PTE LTD / 15592

your servicing distributor contact
6833 8656

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	TAN LENG CHWEE	Policy number	VA1 / GA369573
Cover	Comprehensive	FIN / NRIC	S1772059G
Period of Insurance	from 21/07/2018 to 20/07/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 20% NCD	SGD 1,808.76
Total Discounts	- SGD 192.19
7% GST	SGD 113.16
Final Premium	SGD 1,729.73

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

Vehicle details

Make & Model of Vehicle	MITSUBISHI LANCER 1.5	Year of manufacture	2010
Vehicle registration number	SJX8935E	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1499
Seating capacity (excl driver)	5	Engine number	4A910170866
Off-Peak car	No	Chassis number	JMYSRCY2AAU001852

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	MAYBANK

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

Basic Own Damage Excess	SGD 800.00
Windscreen Excess	SGD 100.00
Third Party Excess	SGD 500.00

Drivers details

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

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1772059G**
 Name: **TAN LENG CHWEE**

Birth Date: **18 Jan 1966**
 Issue Date: **07 Jun 2004**

001232914H



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1772059G**

Name: **TAN LENG CHWEE**

陳龍水
 Race: **CHINESE**

Date of Birth: **18-01-1966** Sex: **M**

Country of Birth: **SINGAPORE**





A1B16711

1/c

NO riding

NO CAMERA

fix

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid From
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	16 Sep 1988
Class 4	Heavy motor cars and motor tractors > 2500 kg	19 Nov 2004

S/No. 9000028512

Licence No: S1772059G

NP 428A

2479727

NRIC No: **S1772059G**



Blood Group: **B+** Date of issue: **14-10-1994**

41 TELK 314 CHOA CHU KANG LOOP #11-47
SINGAPORE 660344

NRIC No: **S1772059G** Date: **28-05-1999** No: **2936075**



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 04/05/19

To: Owner of Vehicle Number: STX 9435E

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

Please tick the applicable box if you had been advised on any of the following:

- 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 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 or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.

For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand 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 claim own damage

Signed and acknowledged by:

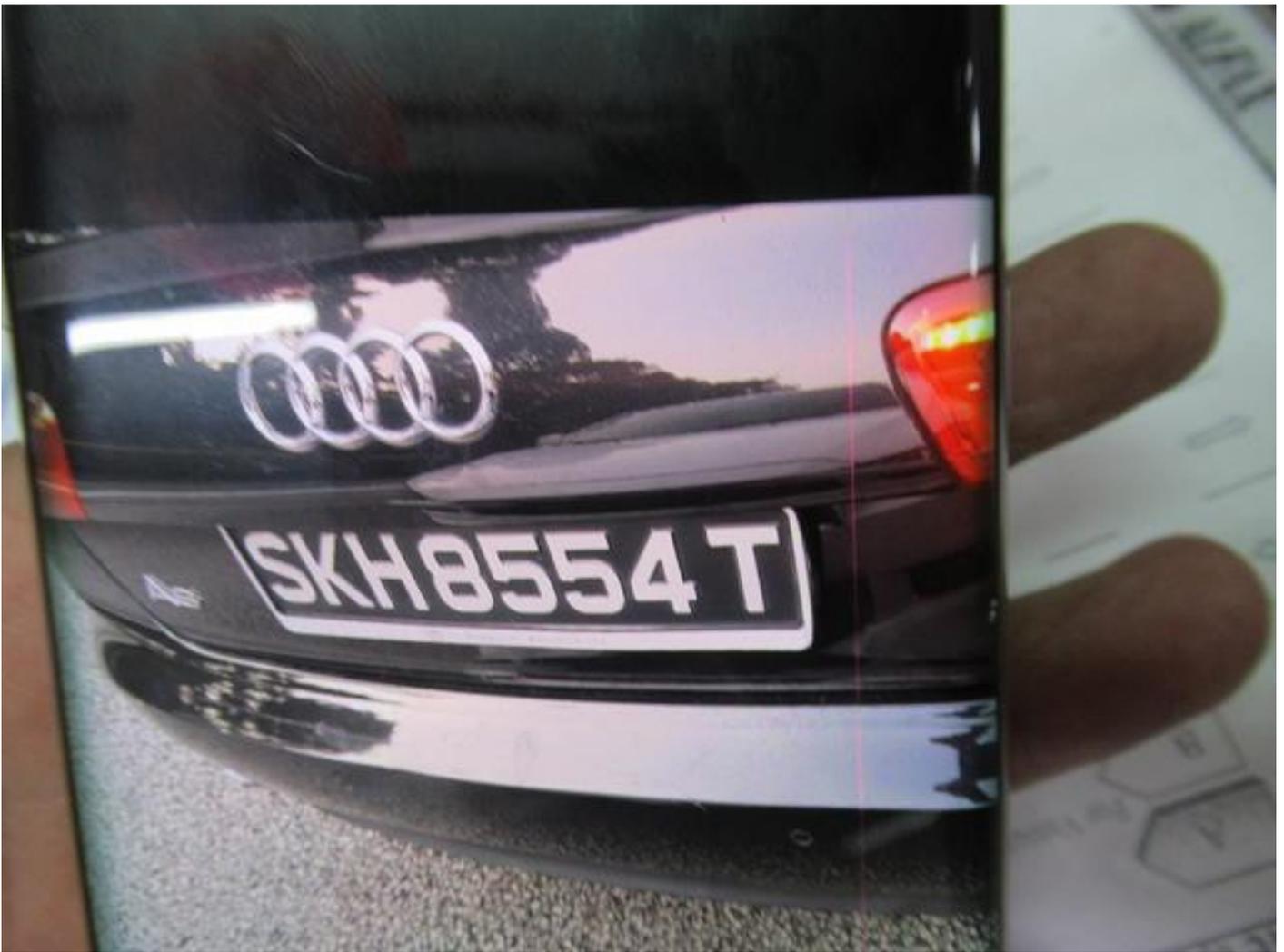
[Signature]
Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

[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



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