SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	07/06/2019 15:29
Date Of Accident	02/06/2019 12:15
Exact Location Of Accident	WOODLANDS CHECKPOINT BEFORE MALAYSIA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGW3607B
Insured/Policyholder	
Name Of Registered Owner	TAN FOCK HENG
NRIC No	S2084137J
Email Address	FSYCSX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97327826
Alternative Phone No	OTHERS-97327826
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA009799
Cover Note Number	14/01/2019 - 13/01/20120
Driver	
Name of Driver	TAN FOCK HENG
NRIC No	S2084137J
Date Of Birth	08/01/1947
Occupation	INDOOR
Date Of Driving Pass	11/01/1966
Driving Experience	53 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97327826
Fax Number	
Contact Number	OTHERS 07207000

OTHERS-97327826

FSYCSX@GMAIL.COM

BLK 589A MONTREAL DRIVE Address

#13-170

Postcode 751589

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: LIM KOK LIN

GENDER: : FEMALE

Passenger 2

Passenger 1

NAME: : TAN SOCK YIN

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?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACHED STATEMENT AND SKETCH

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

SLQ7105D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR CHONG HOI SUN Name of Driver S6848289E

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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.
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- 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 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:
 - 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:

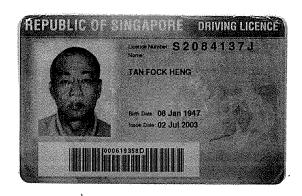
Reporting Centre Personnel's Signature Name:

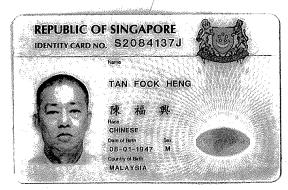
NRIC/FIN No .:

AH LIM MOTOR Colorado and Mo. 10 Ang Mo. Kilo Industrial Paul 2A 1001-09 AMK <u>Autopolita</u> Sargapore 508(44)

Date of accident: 2/6/20/9 Time: 12:16pm Location: Wood ands checkpoint (before Molay) My Vehicle A: SGW 360+B. Vehicle B: SLQ 7105 D Vehicle C: SKETCH PLAN
A B D D
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Accident occured during a jam while queing towards woodlands checkpoint. Minur accident
which result to burger stratched.
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: fsy csxQgmail. 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. The companies of the c
Policyholder's Signature Date & Time: Date &

AHLIM MOTOR COMPANY





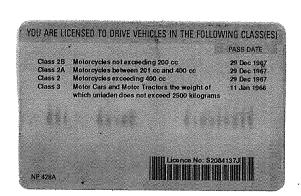
3pax- Lim 7an clear & dry. no video no injury.

Lim kolc Lin (F)

7an Soulc Yin (F)

3rd party Chong Hoisun S6848289E Private car

97327826









TAN FOCK HENG BLK 589A MONTREAL DRIVE #13-170 SINGAPORE 751589 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

Renewal

date 28/12/2018

your servicing distributor LIMRA PTE LTD / 00084

your servicing distributor contact 6296 6166

Policy Schedule

Your SmartDrive Comprehensive Private MPV APW

Your policy snapshot

 Policyholder name
 TAN FOCK HENG
 Policy number
 VA1 / GA009799

 Cover
 Comprehensive
 FIN / NRIC
 \$2084137J

 Period of Insurance
 from 14/01/2019 to 13/01/2020 (both dates inclusive)

Premium breakdown

 Gross Premium after 50% NCD
 SGD 1,048.72

 Total Discounts
 - SGD 55.91

 7% GST
 SGD 69.50

 Final Premium
 SGD 1,062.31

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Private MPV APW Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Loss of Personal Effects in Singapore up to \$3,000
- Daily Transport Allowance of \$50 for a maximum of five (5) days
- Double Personal Accidental Benefit for Young and Old Passengers
- Car Accessories up to \$2,500
- Medical and dental expenses up to \$500 per person for either you as the driver or your authorised driver and a passenger
- Waiver of Named Young or inexperienced Driver Excess
- Basic Own Damage Excess Reduction for AXA Premium Workshop
- Personal accident benefit of up to \$30,000 for you or one of your named drivers while driving and \$20,000 per passenger
- windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess

Add-on Benefits

No Claim Discount Protector

Vehicle details

Make & Model of Vehicle HONDA ODYSSEY 2.4 Year of manufacture 2007 Vehicle registration number SGW3607B Type of Use Private use Body type MPV Engine capacity (c.c.) 2354 Seating capacity (excl driver) 6 Engine number K24A65000145 Off-Peak car No -Chassis number JHMRB18508C200145

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

STANDARD CHARTERED BANK SINGAPORE LTD

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

1 of 2



POLICYHOLDER ACKNOWLEDGEMENT FORM SGW 3607R To: Owner of Vehicle Number: The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, ZILA/EILEEN/MUI HONG 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 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. d۱۱ Signed and acknowledged by: 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.

Name and signature of workshop personnel norduding company stamp

Page 8 of 20























