

## 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	15/06/2019 10:23
Date Of Accident	14/06/2019 18:40
Exact Location Of Accident	BOUNDARY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME44T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG BOON HOON @ NG BOON HOON PANSY
NRIC No	S1245903C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97373263
Alternative Phone No	OTHERS-97373263

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (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	P2184597
Cover Note Number	24/08/2018 - 23/08/2019

### Driver

Name of Driver	NG WEI HERN BENJAMIN
NRIC No	S9420916A
Date Of Birth	09/06/1994
Occupation	INDOOR
Date Of Driving Pass	15/07/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97373263
Fax Number	
Contact Number	OTHERS-97373263
Email Address	WHBENJAMIN@GMAIL.COM

Address	423 SERANGOON CENTRAL #04-344
Postcode	550423
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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)	2
Passenger 1	NAME: : LAU AH LEE 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 THE SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5023K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

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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 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.

Policyholder's Signature  
Date & Time:

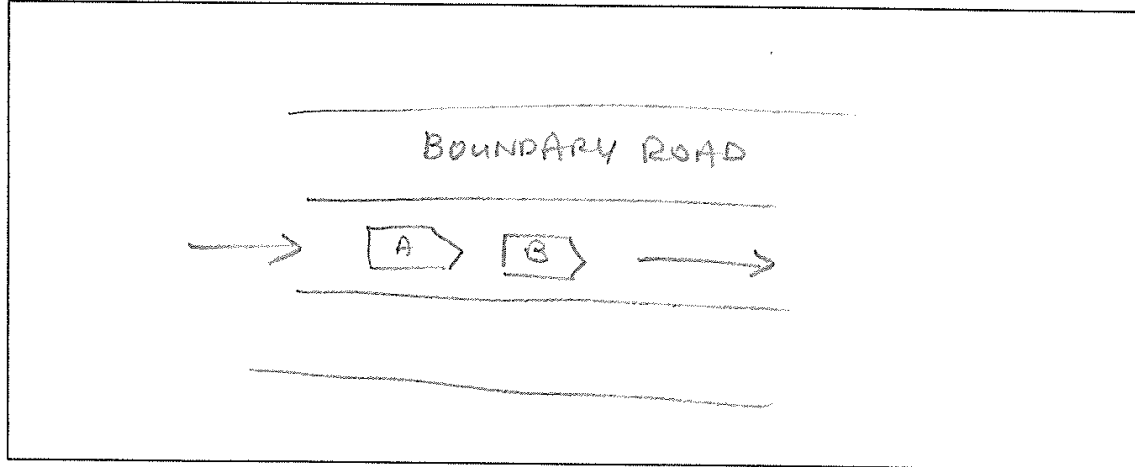
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/06/2019  
0900hrs.

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



## Sketch Plan Pg. 2

Date of accident: 14/06/19 Time: 1840 Location: BOUNDARY ROAD  
My Vehicle A: JME44T Vehicle B: SHD5023K Vehicle C: -  
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 WAS DRIVING ALONG BOUNDARY ROAD ON 14/06/2019 AT  
OR AROUND 1840 HOURS IN THE MIDDLE LANE. TAXI NUMBER  
SHD 5023K BRAKED ABRUPTLY IN FRONT OF ME, CAUSING  
OUR VEHICLES TO COLLIDE

☐ 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 : whbenjamin@gmail.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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/06/2019

0900.

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



THE UNIVERSITY OF CHICAGO PRESS

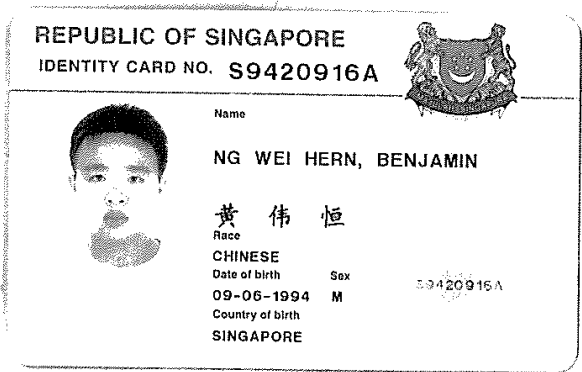
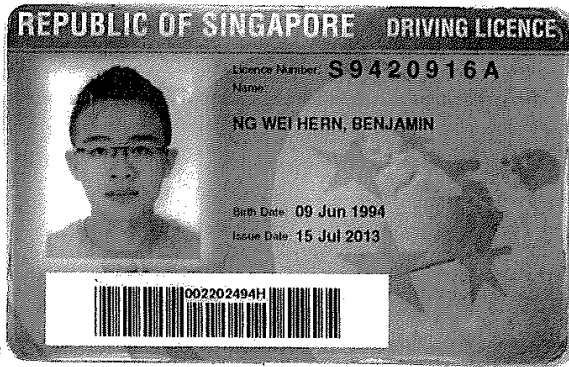
INSURANCE PTE LTD  
 menton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 Tel: 1800 8804888 Fax:-  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.care@axa.com.sg



Private Cars COMP  
 POLICY SCHEDULE  
 NEW BUSINESS  
 Original

<b>POLICY INFORMATION</b>		Policy No. : VPA/P2184597
Source	: (01) 08260 KOMOCO TRADING PTE LTD (HY)	
Insured	: NG BOON HOON @NG BOON HOON PANSY	
Address	: 329 RIVER VALLEY ROAD #24-01 SINGAPORE 238361	
Business/Profession	: PERSONAL ASSISTANT Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 24/08/2018 To 23/08/2019 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
<b>PREMIUM</b>		
Premium After 0.00% : SGD 1,495.33	NCD	
GST 7.00% : SGD 104.67		
Annual Premium : SGD 1,600.00		
Total Payable : SGD 1,600.00		
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type Of Cover	: Comprehensive	
Regn No.	: SME44T	
Type Of Use	: Private Car	
Make/Model	: HYUNDAI ELANTRA AD 1.6 GLS AT	
Year of Manufacture	: 2018	Seating Capacity (excl. Driver) : 04
Body Type	: SALOON	Engine C.C. : 1591
Engine No.	: G4FGJU237310	
Chassis No.	: KMHD841CMJU728701	
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		
<u>Excess Applicable</u>		
Basic Own Damage Excess	: SGD	
<u>Named Drivers</u>		
1 NG BOON HOON @NG BOON HOON PANSY		
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
Memorandum A		
Make & Model : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS)		

Sketch Plan Pg. 4



97373263.

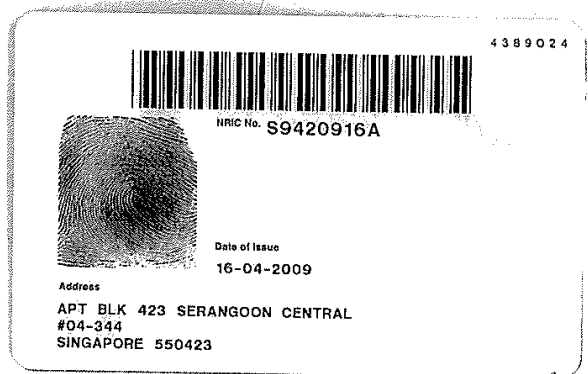
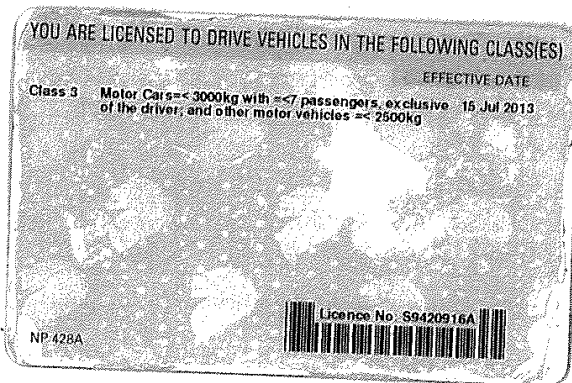
plc

HO 1/2 way.

leg - owner

24x.

(F) CAU AHLER



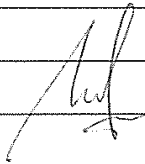
Date

No.

To whom it may concern,

Accident involving my vehicle SUE 44T on 14/06/2019 with  
SHD 5023K along Boundary Road.

I, NG BOON HOON PANDY NRIC NO. S1245903C owner  
of vehicle no. SGG 44D am aware of the accident of my  
vehicle on 14/06/2019 while my car was driven by NG WEI KERN  
BENJAMIN, IC NO. S94209164. I hereby authorise him to  
make the report.



Name: NG BOON HOON PANDY  
Date: ~~20~~ 15/06/2019.





**POLICYHOLDER ACKNOWLEDGEMENT FORM**

Date: 15/6/19

To: Owner of Vehicle Number: SME44T

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 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 Repairing Only.

Signed and acknowledged by:

x

Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)

\*authorized driver is 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 including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

