

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	11/06/2019 13:28
Date Of Accident	10/06/2019 08:30
Exact Location Of Accident	YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3578B
Insured/Policyholder	
Name Of Registered Owner	LIM SIP HONG
NRIC No	S8377060J
Email Address	SIPHONG34@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96190355
Alternative Phone No	OTHERS-96190355

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 (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	GA447693
Cover Note Number	30/04/2019 - 29/04/2020

Driver

Name of Driver	LIM SIP HONG
NRIC No	S8377060J
Date Of Birth	02/11/1983
Occupation	INDOOR
Date Of Driving Pass	03/08/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96190355
Fax Number	
Contact Number	OTHERS-96190355
E-Mail Address	SIPHONG34@HOTMAIL.COM

Address	BLK 458 YISHUN AVE 1 #06-740
Postcode	760458
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)	2
Passenger 1	NAME: : JOYCE HO HUI JUAN 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 ATTACHED STATEMENT AND SKETCH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL1264T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN XIAN GUO
NRIC/Passport Number	S85387971
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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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.

[Signature] 10-Jun-2014

Policyholder's Signature
Date & Time:

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

AM LIM MOTOR COMPANY
 No. 10 Ang Mo Kio Industrial Park 2A
 #01-09 AMK Autopoint Singapore 569047
 Tel. 6483 1244 Fax. 6483 6170

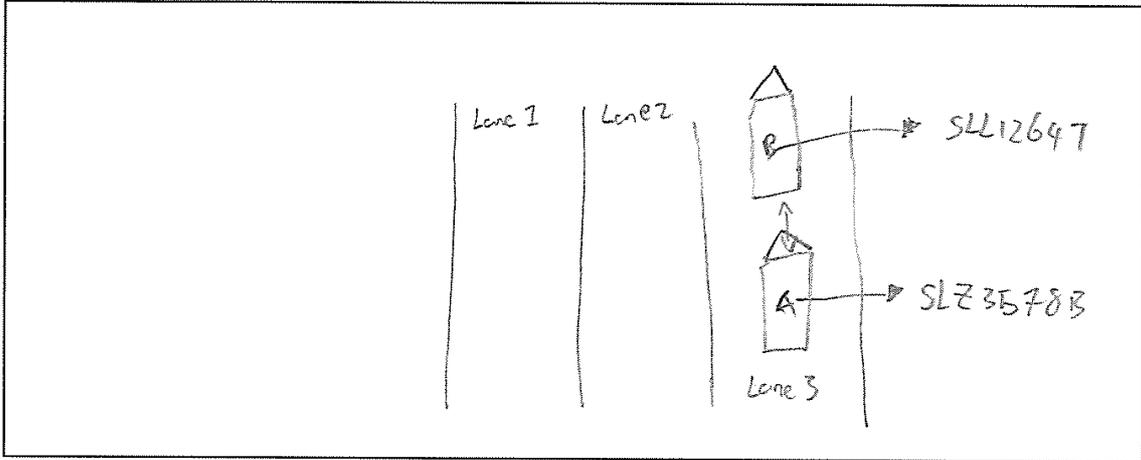
[Signature]

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

Sketch Plan Pg. 2

Date of accident: 10-Jun-19 Time: 8.30am Location: Yio chu Kang Road
 My Vehicle A: SLZ3578B Vehicle B: SLL1264T Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

light knock into the ^{rear} bumper of vehicle SLL1264T
 along Yio Chu Kang Road turning to Ang Mo Kio
 street 65.

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 : siphong54@hotmail.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.

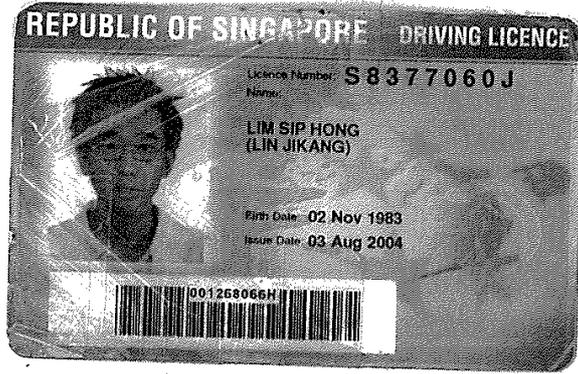
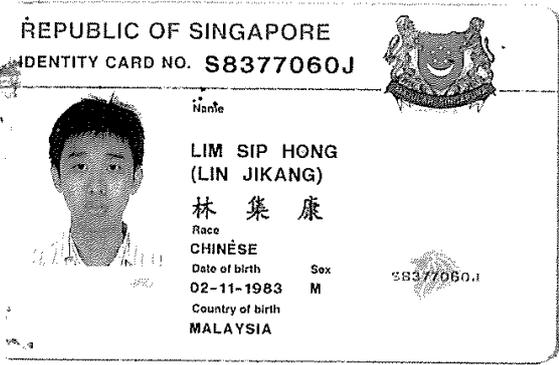
[Signature]
 Policyholder's Signature
 Date & Time: 10-Jun-2019

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

AH LIM MOTOR COMPANY
 No. 10 Ang Mo Kio Industrial Park 2A
 Singapore 568047
[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

AH LIM MOTOR COMPANY

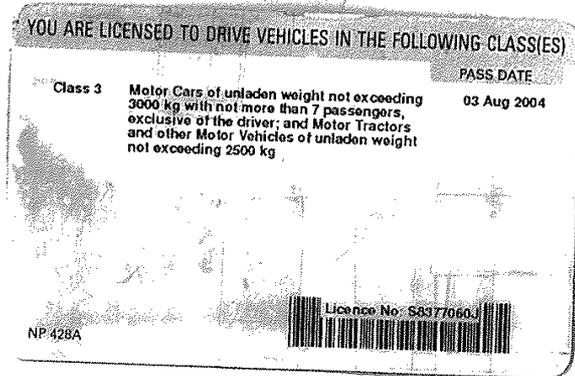
Sketch Plan Pg. 3



2pax - Joyce Ho Hui Juan
no video
no injury.
clear & dry.

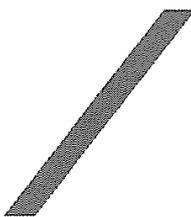
3rd party
S8538797I
Chan Xian Guo
Jordan

9619 0355





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

LIM SIP HONG (LIN JIKANG)
 BLK 458 YISHUN AVENUE 11
 #06-740
 SINGAPORE 760458

Renewal

date
 27/02/2019

your servicing distributor
**INCHCAPE AUTOMOTIVE SERVICES PTE.
 LTD. / 14885**

your servicing distributor contact
 6631 1000

Policy Schedule

Your SmartDrive Comprehensive Toyota Prestige

Your policy at a glance

Policyholder name	LIM SIP HONG (LIN JIKANG)	Policy number	VA1 / GA447693
Cover	Comprehensive	FIN / NRIC	S8377060J
Period of Insurance	from 30/04/2019 to 29/04/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 10% NCD	SGD 1,691.58
7% GST	SGD 118.41
Final Premium	SGD 1,810.00

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Toyota Prestige Benefits

- Loss or Damage
- Legal Liability
- Windscreen coverage with no Excess
- 24/7 Towing & Transportation in Singapore or Overseas
- Repairs at Distributor Workshop BORNEO MOTORS (SINGAPORE) PTE LTD
- Guaranteed Repairs for twelve (12) Months
- Medical and dental expenses up to \$1,500 per person for you, your named drivers and your immediate family members
- Personal Accident Benefits to Insured – Limit of Liability: S\$100,000
- Personal Accident Benefits to Drivers at \$20,000 each and Passengers at S\$10,000 each
- New for Old Replacement – up to 24 months from vehicle registration date
- Up to 15 Days Courtesy Car
- Loss of personal items in the car – up to S\$3000
- Phone Assistance and Roadside Support
- Fixtures and Accessories (Solar Film)
- Hotel accommodation for one (1) night up to \$300

Vehicle details

Make & Model of Vehicle	TOYOTA SIENTA 1.5	Year of registration	2018
Vehicle registration number	SLZ3578B	Type of Use	Private use
Body type	MPV	Engine capacity (c.c.)	1496
Seating capacity (excl driver)	6	Engine number	2NRX317979
Off-Peak car	No	Chassis number	MHFZ28H3400053500

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
 UNITED OVERSEAS BANK LIMITED

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



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 10/06/2019

To: Owner of Vehicle Number: SLZ 3578B

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 Reporting Only.

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.

AH LIM MOTOR COMPANY
No. 10 Ang Mo Kio Industrial Park 2A
#01-09 AMK, Singapore 60010
Name and signature of workshop personnel including company stamp

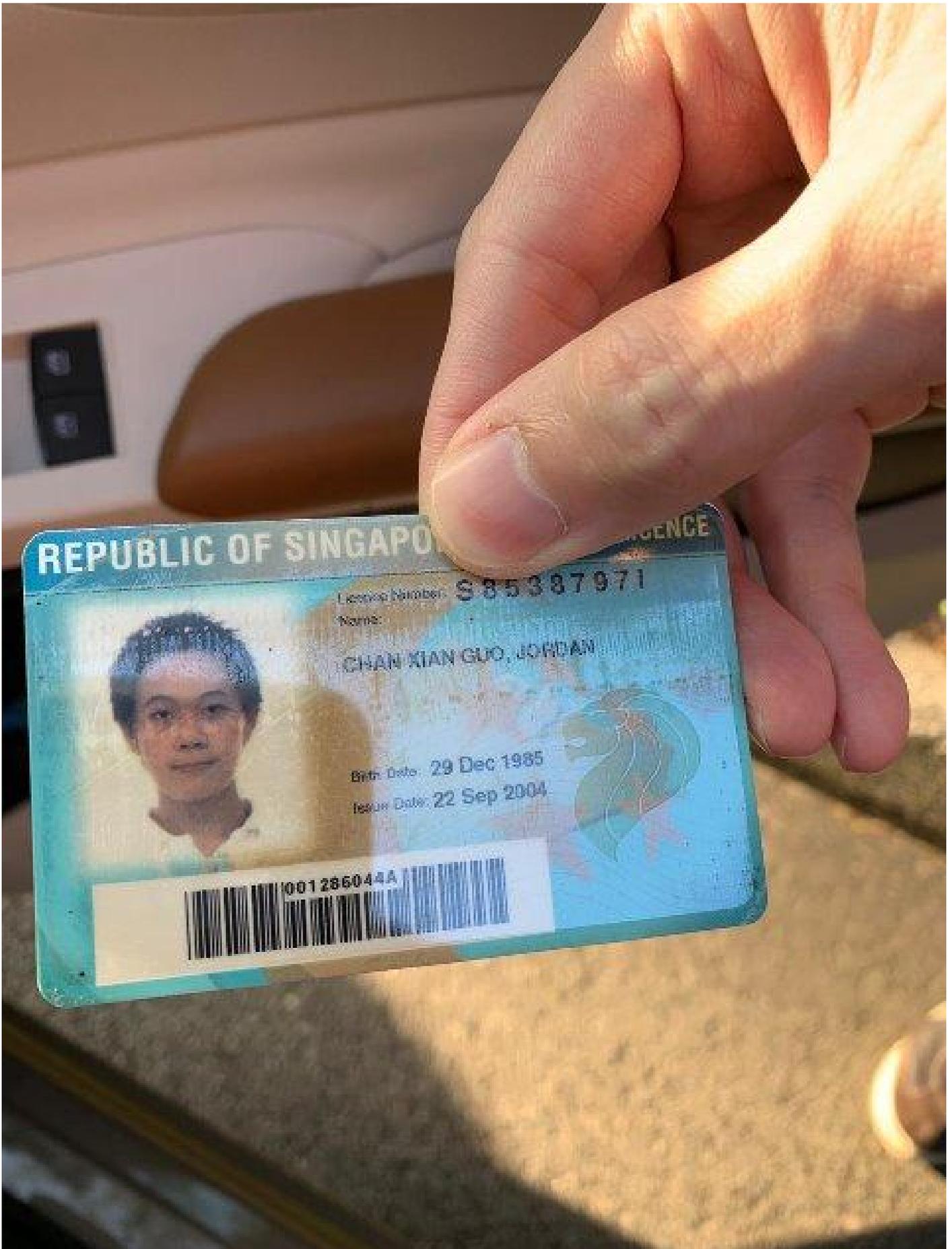
Accident Photo



Accident Photo



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