

## 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	26/06/2019 15:43
Date Of Accident	26/06/2019 07:45
Exact Location Of Accident	OPEN CARPARK AT BLK 138 TAMPINES ST 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP238D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG KAH HEE
NRIC No	S0010327F
Email Address	TANGKAHHEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94651844
Alternative Phone No	OFFICE-94651844

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	VPA/P2213579
Cover Note Number	

### Driver

Name of Driver	TANG KAH HEE
NRIC No	S0010327F
Date Of Birth	10/08/1954
Occupation	INDOOR
Date Of Driving Pass	25/08/1973
Driving Experience	45 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94651844
Fax Number	
Contact Number	OFFICE-94651844
EEmail Address	TANGKAHHEE@GMAIL.COM

Address	17 SEA BREEZE WALK
Postcode	1648
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

#### 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	SGT8642G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD ZAKIR BIN SIDEK
NRIC/Passport Number	S9124732A
Contact Number	84822120
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

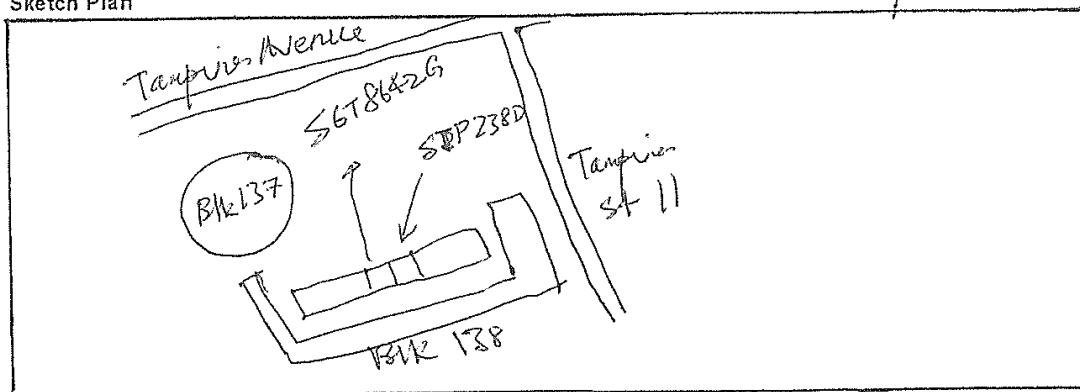
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



### Describe Circumstances of the Accident

My car 5JP238D was parked to the right hand side of 5GT86426.

As I exited from my parking lot to make a left turn, my car got into contact with 5GJ 86926. My left door and side touched the bumper of the other car.

## Declaration

We declare the foregoing particulars are true in every respect.

27/1/00

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre Personnel	
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AXA INSURANCE PTE LTD  
 Shenton 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>		<b>Policy No. : VPA/P2213579</b>	
Source	: (01) 14885 BMS-AXA TOYOTA NB		
Insured	: TANG KAH HEE		
Address	: 17 SEA BREEZE WALK SINGAPORE 487405		
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance : From 21/11/2018 To 20/11/2019 (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 50.00% : SGD 1,300.23			
NCD			
GST 7.00%	: SGD 91.02		
Annual Premium	: SGD 1,391.25		
Total Payable	: SGD 1,391.25		
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	: Comprehensive		
Regn No.	: SJP0238D		
Type Of Use	: Private Car		
Make/Model	: TOYOTA COROLLA ALTIS 1.6		
Year of Manufacture	: 2018	Seating Capacity (excl. Driver) : 04	
Body Type	: SALOON	Engine C.C. : 1598	
Engine No.	: 1ZR0C28449		
Chassis No.	: MR053REH604590452		
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>Extra Coverage (Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
Basic Own Damage Excess		: SGD 600.00	
<u>Named Drivers</u>			
1 TANG KAH HEE			
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : BSTU027			
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Other Payment Mode			

Identification Card Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0010327F



Name

TANG KAH HEE



Race

CHINESE

Date of Birth

10-08-1954

Country of Birth

SINGAPORE

Sex

F



1410741



NRIC No S0010327F

Blood Group

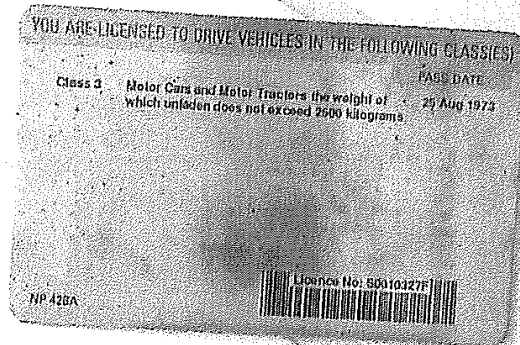
O+

Date of issue

05-11-1993

Address

17 SEA BREEZE WALK  
SINGAPORE 1648



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

