

## 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	04/07/2019 15:53
Date Of Accident	03/07/2019 21:00
Exact Location Of Accident	ALONG YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3959P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEOW CHOEN FRANCIS
NRIC No	S1245426J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92265206
Alternative Phone No	OTHERS-96750759

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4-1.6 (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA013720
Cover Note Number	27/02/2019 - 26/02/2020

### Driver

Name of Driver	OLIVIA SEOW WEN
NRIC No	S9122217E
Date Of Birth	21/06/1991
Occupation	INDOOR
Date Of Driving Pass	13/01/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96750759
Fax Number	
Contact Number	OTHERS-92265206
E-Mail Address	OLIVIASEOW@GMAIL.COM

Address	22 SARACA ROAD
Postcode	807368
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW9016U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

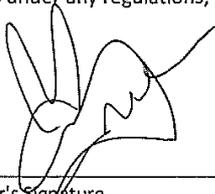
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

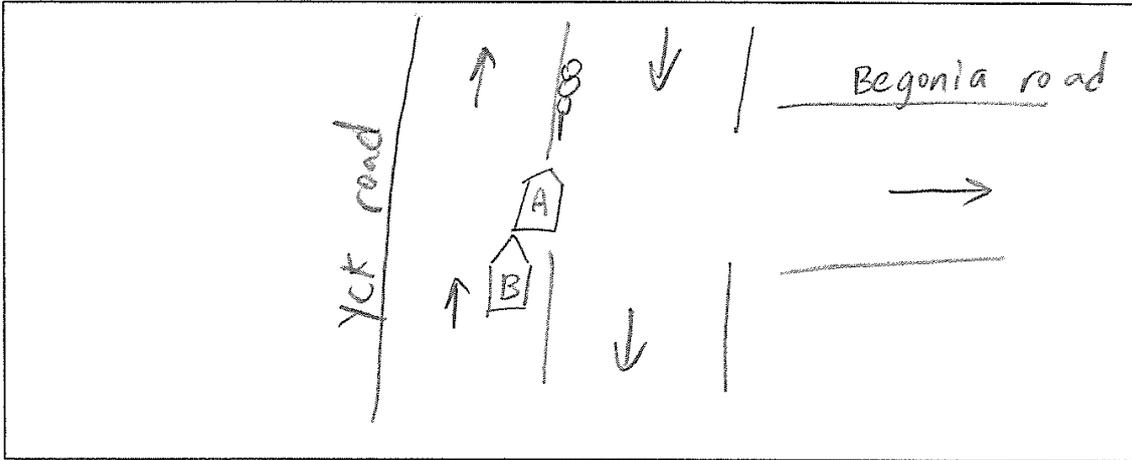
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Sketch Plan Pg. 2

Date of accident: 3/7/19 Time: 9pm Location: Along YCK Rd  
 My Vehicle A: SJY3959P Vehicle B: SKW9016W Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving SJY3959P at about 9PM on July 3, 2019. I was waiting to turn right along Yio Chu Kang Road, into Begonia road. The car behind mine, SKW9016W, driven by Ong Hong Yar, S04601451, suddenly rammed into the back of my vehicle, causing damage. As we were in the middle of the intersection, we stopped along ~~the road~~ Begonia Road to exchange contact details.

I have a rear-car video recording of the incident, which shows Madam Ong was not watching when she hit the back of my car.

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 : oliuaseow@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:

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



AH LIM MOTOR COMPANY



redefining / insurance

SEOW CHOEN FRANCIS  
22 SARACA ROAD  
SINGAPORE 807368

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  
15/01/2019

your servicing distributor  
KHC HOLDINGS PTE LTD / 03180

your servicing distributor contact  
62538288

## Policy Schedule

Your SmartDrive Comprehensive Private APW

### Your policy snapshot

Policyholder name	SEOW CHOEN FRANCIS	Policy number	VA1 / GA013720
Cover	Comprehensive	FIN / NRIC	S1245426J
Period of Insurance	from 27/02/2019 to 26/02/2020 (both dates inclusive)		

### Premium breakdown

Gross Premium after 40% NCD	SGD 1,126.38
Total Discounts	- SGD 60.05
7% GST	SGD 74.64
<b>Final Premium</b>	<b>SGD 1,140.97</b>

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Private 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
- Personal accident benefit of up to \$30,000 for you or your named drivers while driving
- Medical and dental expenses up to \$500 per person for either you as the driver or your authorised driver and a passenger
- Basic Own Damage Excess Reduction for AXA Premium Workshop
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess

### Vehicle details

Make & Model of Vehicle	SUZUKI SX4 1.6	Year of manufacture	2010
Vehicle registration number	SJY3959P	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1586
Seating capacity (excl driver)	4	Engine number	M16A1515449
Off-Peak car	No	Chassis number	JSAGYC21S00331434

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	Nil

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

Basic Own Damage Excess	SGD 250.00
Windscreen Excess	SGD 100.00

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



D/C  
Korinjay.  
Cameron.  
1/16/16

9675 0759/

92265 206.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	13 Jan 2012

NP 428A

Licence No: S9122217E

To Whom It May Concern,

Accident involving my vehicle no. SJY3ASAP on 03/07/19 (date) with  
PKW 9016U (other vehicle no) along Yio Chu Kang Rd

I, SEOW Choen Francis Nric No. S1245426J

Owner of vehicle no. SJY3ASAP am aware of the accident of my vehicle on  
03/07/19 (Date) while car was driven by Oliver Seow Wen

Nric No. S212227E. I hereby, authorise him / her to make the report.

X [Signature]

Name

Date:

.....  
..  
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X \_\_\_\_\_

Name

Date:



**POLICYHOLDER ACKNOWLEDGEMENT FORM**

Date: 04/07/19

To: Owner of Vehicle Number: SJY 3659 P

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 Claim Fund Run

Signed and acknowledged by:

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



**Driving License**



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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