

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	17/07/2019 08:24
Date Of Accident	16/07/2019 16:00
Exact Location Of Accident	JUNCTION OF GENTING ROAD AND TANNERY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBY2088D
Insured/Policyholder	
Name Of Registered Owner	CHO CHEW KEUK
NRIC No	S1510930J
Email Address	NAOMICHO@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97389901
Alternative Phone No	OFFICE-97389901

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 (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/P2204923
Cover Note Number	

Driver

Name of Driver	NG WEE MING
NRIC No	S1297601A
Date Of Birth	06/03/1958
Occupation	INDOOR
Date Of Driving Pass	17/05/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96187596
Fax Number	
Contact Number	
Email Address	JOSHUANG36@OUTLOOK.COM

Address	24 TAI HWAN DRIVE
Postcode	555534
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9908S
Vehicle Make/Model/Colour	RENAULT RED LATITU
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAI JOHNNY ANTHONY
NRIC/Passport Number	
Contact Number	90519306
Address	50 CANBERRA DRIVE #15-19
Postcode	768438
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

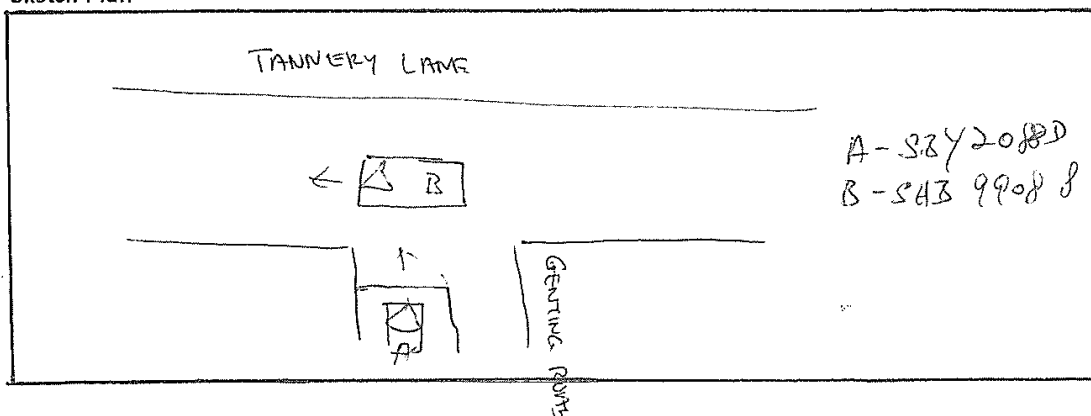
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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.

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

When I was stop at Genting Road waiting to turn left to Tannery Lane, once I saw no vehicle on my right I slowly moving forward my vehicle and turning left. Suddenly a Red Taxi SBH 9908 S moving very fast from the right of Tannery Lane I heard a sharp bang and hit my front part of the vehicle. so much so that my vehicle moved to the left side kerb. I came up from my vehicle and found out that my part of the vehicle was badly damaged and my left side tyre was punctured.

Declaration

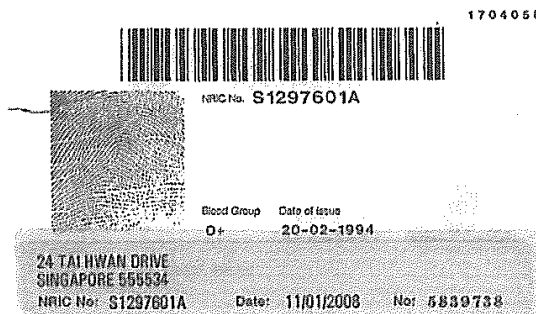
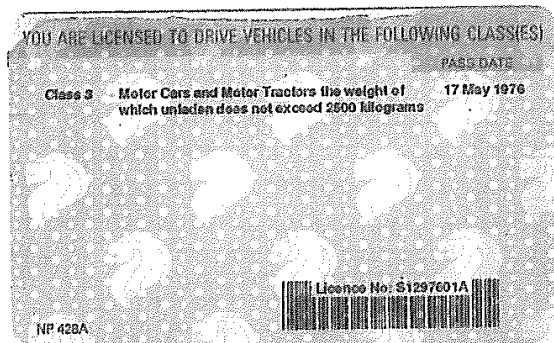
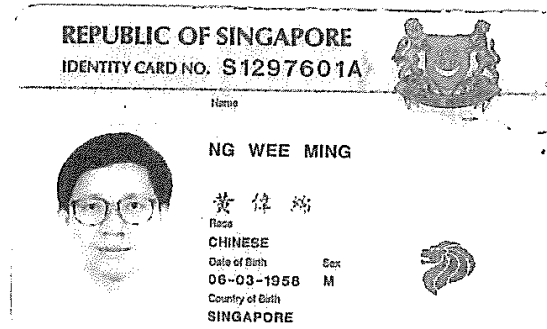
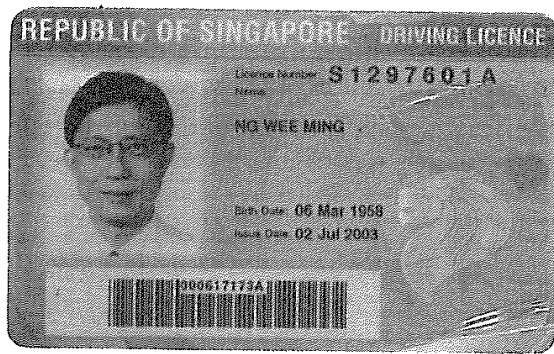
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Identification Card Pg. 1




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Motor Cars and Motor Tractors the weight of which in laden does not exceed 2500 kilograms	PASS DATE
Class 3		10 Apr 1986

NP 428A

License No: S1510930J




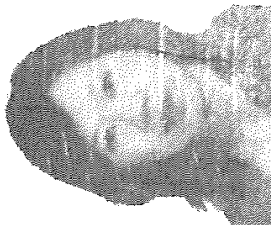
REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1510930J**

Name: **CHO CHEW KEUK**

Birth Date: **28 Oct 1961**

Valid Until: **09 Jul 2003**



AUTHORIZATION LETTER

Date 17.7.2019

To AVA
From Barbara Kewin S.P. Pte Ltd
Attn Ta Ahn Mee C. Pte Ltd

Dear Sir / Madam

RE : Authorization to Act on Behalf for Insurance Claims Documentation

I, CHOW CHEW KEOK (NRIC No. S15109303) hereby
authorized my relationship HUSBAND (Full name) NG WEE MIN
NRIC No. S1297601-A to exercise and execute to sign all any necessary transaction
documentation pertaining to my registration (plate number) SBY 2088-D as I am
currently having tight official business schedule / away from Singapore on overseas travel.

Please do not hesitate to contact me should you require any further clarification on the above.

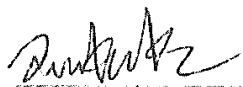
Thank you

Yours truly

Signature :

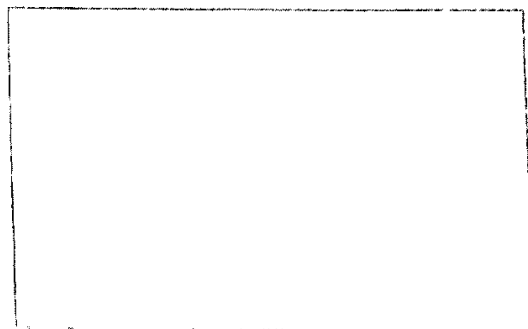
Name :

Contact No :



CHOW CHEW KEOK

96187596



AXA PTE LTD
 11, #24-01
 11, Singapore 068811
 11 Centre #01-21
 11 8804888 Fax:-
 11 site:www.axa.com.sg
 11 Registration Number: 199903512M
 11 customer.care@axa.com.sg



Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Duplicate

POLICY INFORMATION		Policy No. : VPA/P2204923
Source	: (01) 14885 BMS-AXA TOYOTA NB	
Insured	: CHO CHEW KEUK	
Address	: 24 TAI HWAN DRIVE SINGAPORE 555534	
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 15/11/2018 To 14/11/2020 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 50.00% NCD	: SGD 1,158.73	
GST 7.00%	: SGD 81.12	
Annual Premium	: SGD 1,239.85	
Total Payable	: SGD 2,479.68	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SBY2088D	
Type Of Use	: Private Car	
Make/Model	: TOYOTA SIENTA 1.5	
Year of Manufacture	: 2018	Seating Capacity (excl. Driver) : 06
Body Type	: MULTI - PURPOSE VEHICLE Engine C.C. : 1496	
Engine No.	: 2NRX395680	
Chassis No.	: MHFZ28H3200059683	
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	
Hire Purchase	: DBS BANK LTD	
Extra Coverage(Premium Breakdown)		
NCD Protector	Limits (SGD)	Premium (SGD)
Basic Own Damage Excess	: SGD 600.00	
Named Drivers		
1 CHO CHEW KEUK		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
Sales Agent ID : BSTL033		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



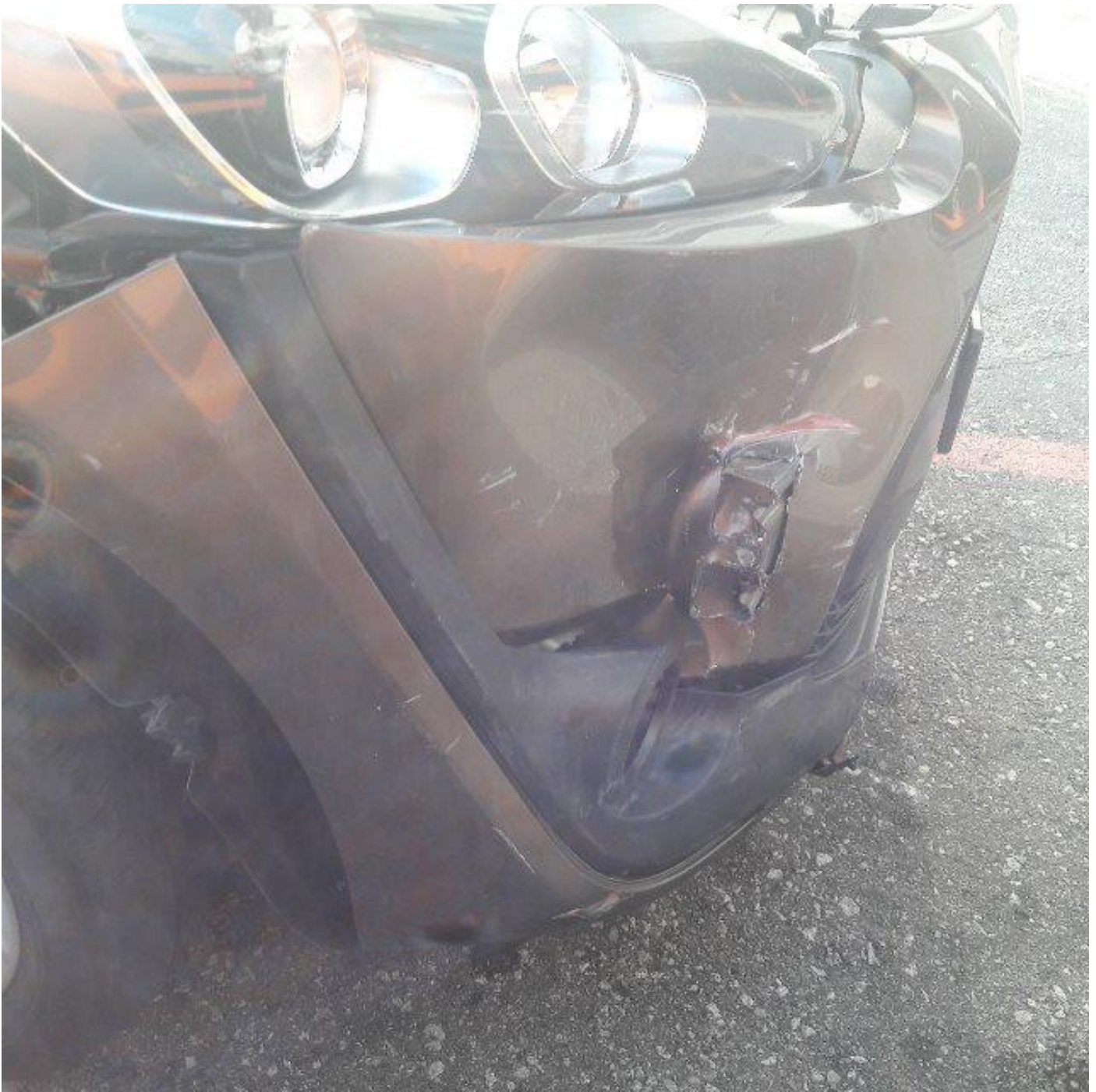
Accident Photo



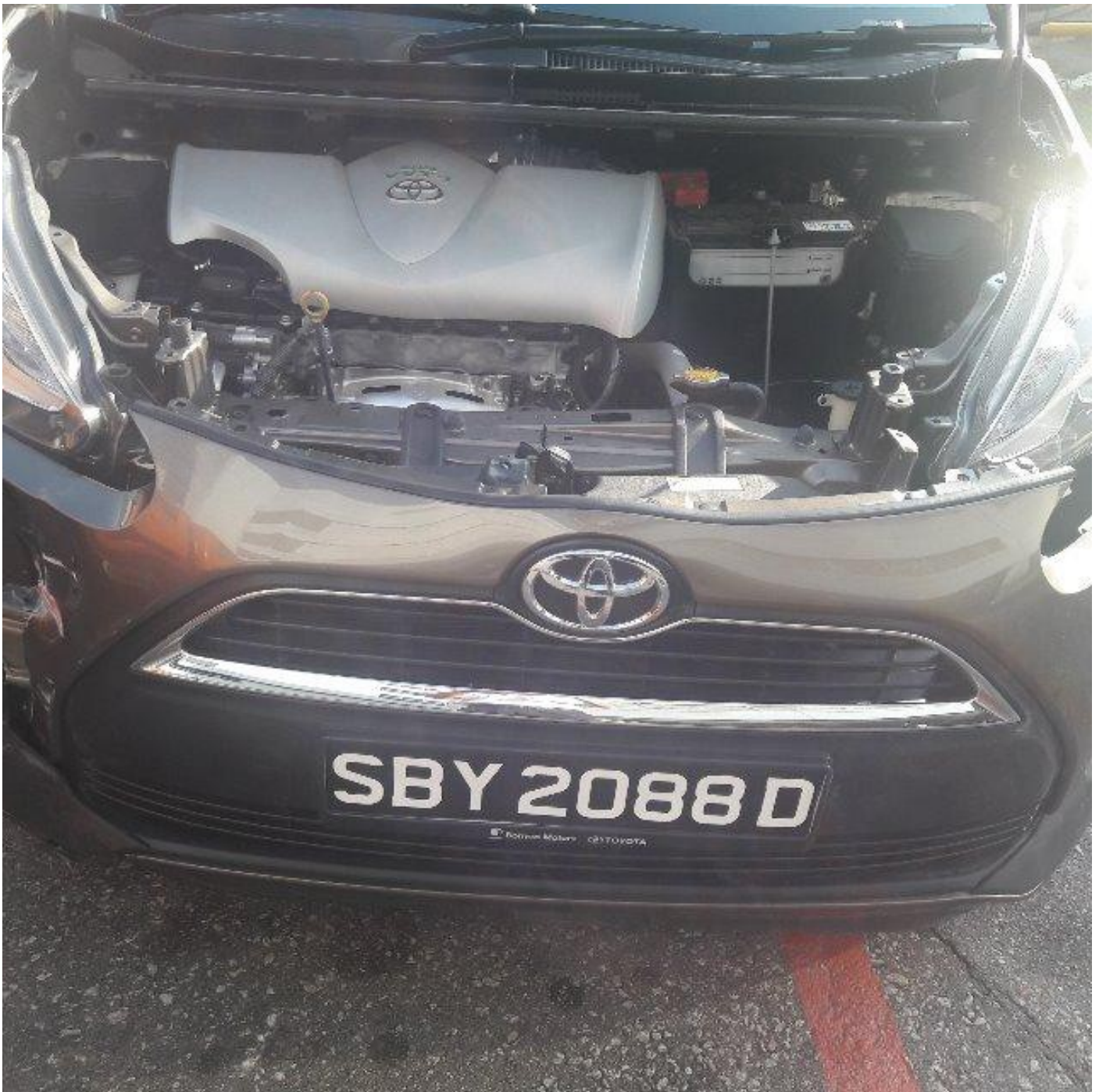
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



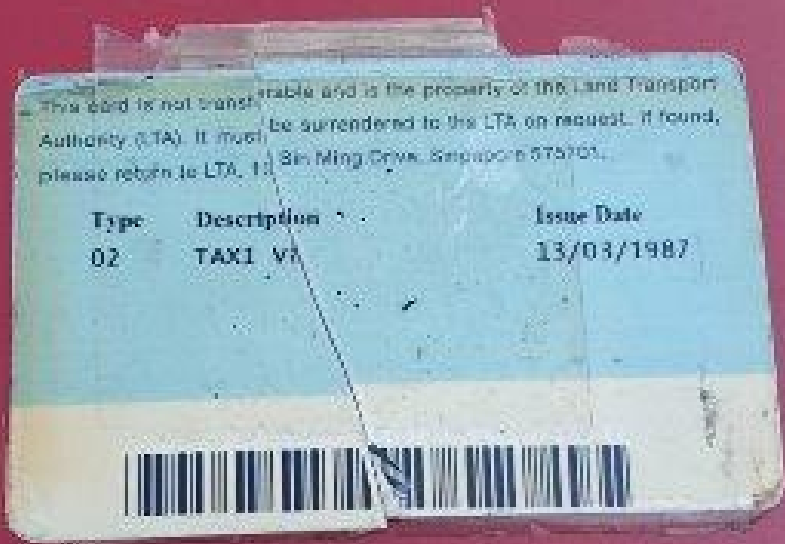
Accident Photo



Accident Photo



Driving License



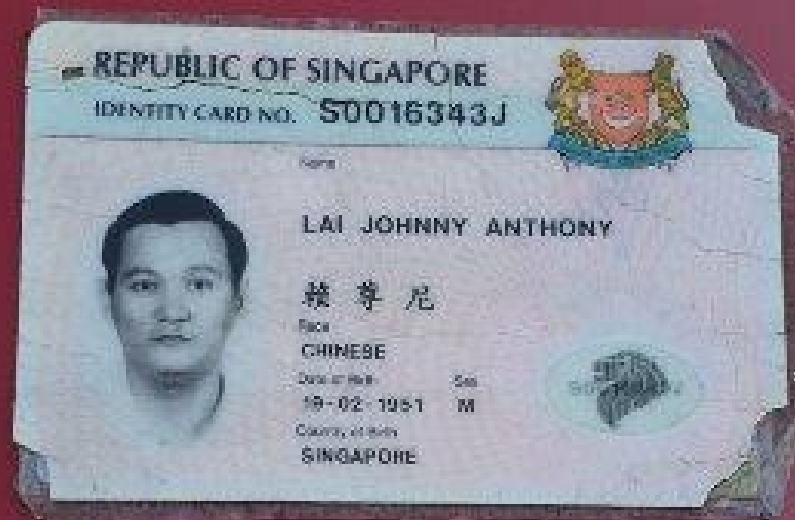
Driving License



Identification Card



Identification Card



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1510930J



Name
CHO CHEW KEUK
朱秀娇

Race
CHINESE

Date of Birth
28-10-1961

Sex
F

Country of Birth
SINGAPORE



Accident Photo



Accident Photo



Accident Photo



Identification Card

1703675



NRIC No. S1510930J

Blood Group

Date of issue

O+

20-02-1994

24 TAI HWAN DRIVE
SINGAPORE 555534

NRIC No: S1510930J

Date: 11/01/2008

No: 5839739

Accident Photo



Accident Photo

