

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	29/07/2019 16:01
Date Of Accident	29/07/2019 01:45
Exact Location Of Accident	JB CUSTOMS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY455X
Insured/Policyholder	
Name Of Registered Owner	TEH THIAN SENG
NRIC No	S2594403H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92354535
Alternative Phone No	OTHERS-92354535

Vehicle Particulars

Manufacturer	BMW
Model	320I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVTE 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	THIRD PARTY
Fleet Policy	NO
Policy Number	GA463325
Cover Note Number	23/04/2019 - 22/04/2020

Driver

Name of Driver	BENEDICT TEH KIT SIANG
NRIC No	S9345277A
Date Of Birth	30/11/1993
Occupation	INDOOR
Date Of Driving Pass	11/04/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92354535
Fax Number	
Contact Number	OTHERS-92354535
EEmail Address	BENEDICT.TEH.KS@GMAIL.COM

Address	277D COMPASSVALE LINK #04-296
Postcode	544277
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)	2
Passenger 1	NAME: : PHUA HWEE KIANG GENDER: : MALE

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	SLG3926E
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

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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:

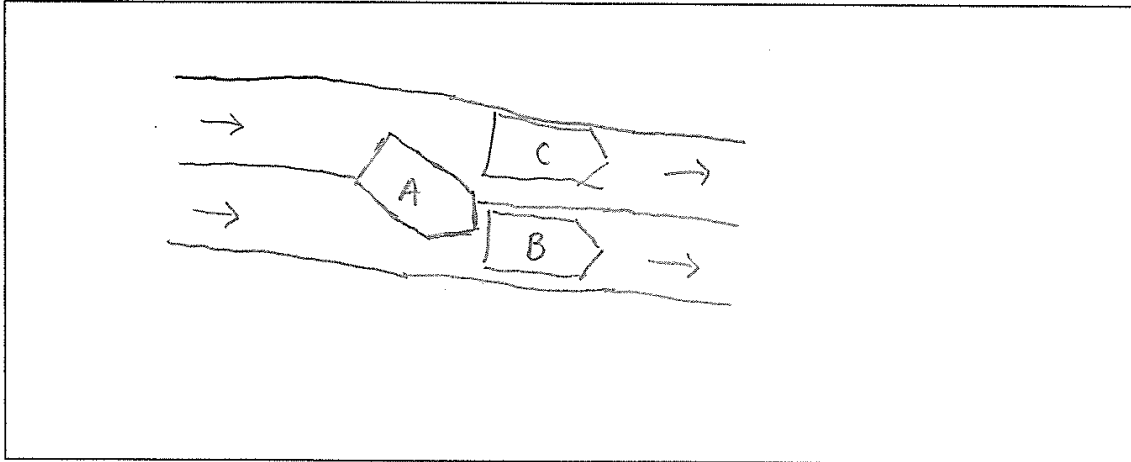
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

Date of accident: 29/07/19 Time: 1.45AM Location: JB Customs
 My Vehicle A: CJY 455X Vehicle B: SLG 347E Vehicle C: -
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The road to Johor Bahru Customs was very congested and there was a stationary tow truck parked in my lane. Cars were merging into the right lane thus resulting in a bottleneck. All the cars were very close to each other and I was inching forward while merging into the lane. The car in front braked and I did not had time to react in time. There was a small impact and after checking the damages we moved to the side. My headlights washer cover dropped and the other party's ^{left} rear exhaust pipe cover had some minor scratches and alignment was off. No one was injured in the process and no police was involved.

Driver has mentioned that he will make use of the accident to earn from it by inflating the claims, and tried to ~~offer~~ extort an unreasonable amount to do a private settlement. He has mentioned that his workshop had promised him cash \$2,000 if he were to report the accident through them and they will inflate the amount.

☐ 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 :

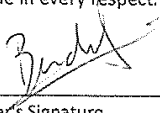
Email address : benedict.ten.ks@gmail.com


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

AN LIM MOTOR COMPANY



redefining / insurance

TEH THIAN SENG
BLK 277D #04-296
COMPASSVALE LINK
SINGAPORE 544277

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

New business

date
23/04/2019

your servicing distributor
ASSURE INSURANCE AGENCY PTE LTD /
11517

your servicing distributor contact
6848 9119

Policy Schedule

Your SmartDrive Third Party Only Third Party

Your policy snapshot

Policyholder name	TEH THIAN SENG	Policy number	VA2 / GA463325
Cover	Third Party Only	FIN / NRIC	S2594403H
Period of Insurance	from 23/04/2019 to 22/04/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD 1,341.65
Total Discounts	- SGD 0.01
7% GST	SGD 93.91
Final Premium	SGD 1,435.55

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Third Party Only Third Party Benefits

- Legal Liability

Vehicle details

Make & Model of Vehicle	BMW 320 I COUPE	Year of manufacture	2010
Vehicle registration number	SJY455X	Type of Use	Private use
Body type	COUPE	Engine capacity (c.c.)	1995
Seating capacity (excl driver)	4	Engine number	B422I724N46B20BD
Off-Peak car	No	Chassis number	WBAKD52010E492349

Insured's Estimated Market Value	Not Applicable
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

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

Windscreen Excess	Not Applicable
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Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	TEH THIAN SENG	31/05/1963	33 year(s)

Additional clauses & endorsements to your policy

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9345277A



Name
BENEDICT TEH KIT SIANG

鄭 企 翔

Race
CHINESE

Date of birth
30-11-1993

Sex
M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9345277A

Name:
BENEDICT TEH KIT SIANG

Birth Date: 30 Nov 1993

Issue Date: 03 Jan 2017

002644060C

STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY

9235 45 35

91c

NO SUPPLY


Carer

per


(M). Pina Hwee Kiang

STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY

5678650



NRIC No. S9345277A



Date of issue
21-11-2016

APT BLK 277D COMPASSVALE LINK #04-296
SINGAPORE 544277

NRIC No: S9345277A Date: 17/03/2018

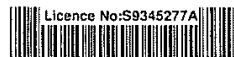
SINGAPORE 544277

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 11 Apr 2013

NP 428A



Licence No: S9345277A

I, TEH THIAN SENG S2594403H, HEREBY DECLARE THAT
I HAVE AUTHORIZED BENEDICT TEH KIT SIANG S9345277A, TO
BE THE DRIVER AT THE TIME OF ACCIDENT 2AM 29/07/19 IN
JOHOR BAHRU.



TEH THIAN SENG

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



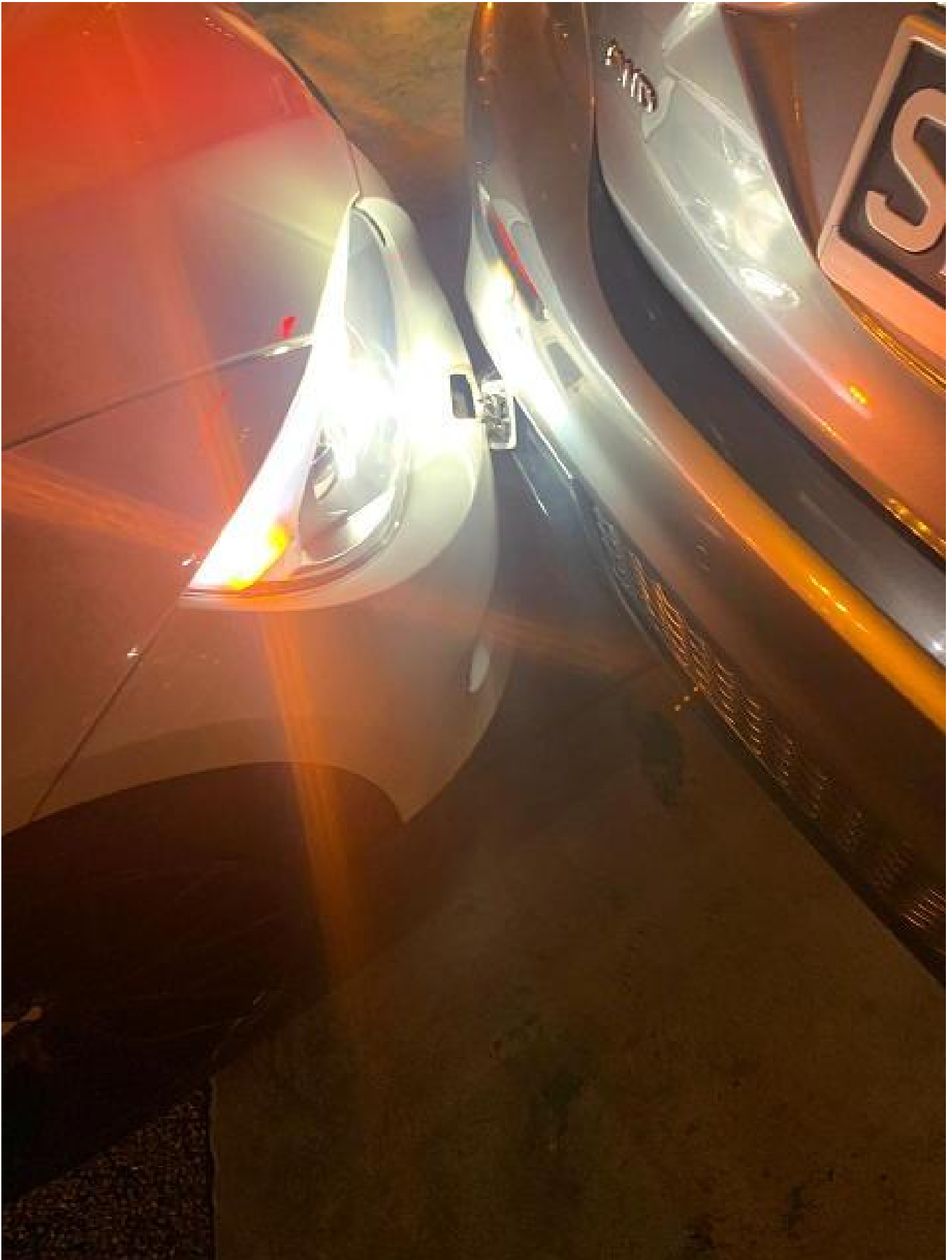
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

