

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	26/08/2019 16:42
Date Of Accident	23/08/2019 08:20
Exact Location Of Accident	OUTSIDE 457 KEW CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ9832J
Insured/Policyholder	
Name Of Registered Owner	CHIA GEOK CHOO CHRISTINE
Passport No/FIN	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81137801
Alternative Phone No	OFFICE-81137801

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	
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	GA098512
Cover Note Number	

Driver

Name of Driver	SEOW LI CHANG MARK
NRIC No	S8340078A
Date Of Birth	22/12/1983
Occupation	INDOOR
Date Of Driving Pass	14/08/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93861911
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	457 KEW CRESCENT
Postcode	466250
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

I AM REVERSING OUT FROM MY HOUSE WHEN SUDDENLY, VEHICLE B DASHED ACROSS AND HIT INTO MY VEHICLE'S REAR LEFT PORTION.

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	SJC2567J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

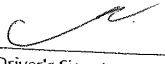
I understand, acknowledge, agree and consent that:

- (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:

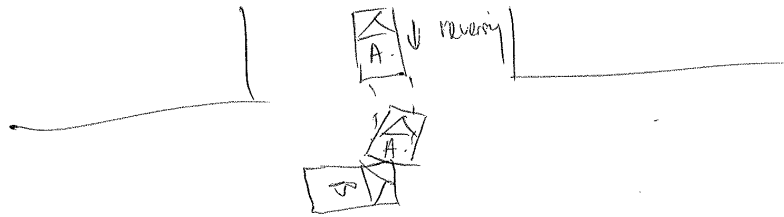
26/8/19


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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am reversing out from my house when suddenly vehicle B dashed across and hit into my vehicle rear left portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X 
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.:


LETTER OF UNDERTAKING

I/We, CHINA ABEK CHOO CHRISTINE, the owner of vehicle no. SCZ 983J

My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

X 
Nric no. & signature of policyholder

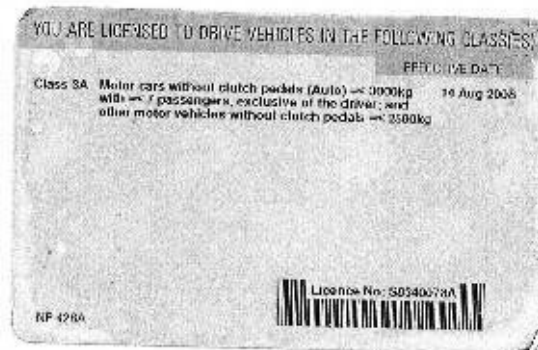
Company stamp

26/8/19
Date

Identification Card



Driving License





redefining / insurance

AXA Insurance Pte Ltd
 1800 860 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axn.com.sg
 www.axa.com.sg

Endorsement

date
 11/03/2019

your servicing distributor
 JG MOTOR AGENCY / 00871

your servicing distributor contact
 6344 7432

CHIA GEOK CHOO CHRISTINE
 457 KEW GRI SCENT
 SINGAPORE 468250

Policy Schedule

Your SmartDrive Comprehensive For Her

Your Policy Schedule has been updated effective 08/04/2019.

Your policy snapshot

Policyholder name	CHIA GEOK CHOO CHRISTINE	Policy number	VA1 / GA698512
Cover	Comprehensive	FIN / NRIC	S00774791
Period of Insurance	expiring 07/04/2020		

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive For Her Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repair for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Daily Transport Allowance of \$50 for a maximum of ten (10) days
- Basic Own Damage Excess Waiver from Third Year if you are accident free during the first two (2) years.
- Phone insurance and roadside support
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Add-on Benefits

- Personal accident benefit of up to \$50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	TOYOTA COROLLA ALTIS 1.6	Year of manufacture	2008
Vehicle registration number	SG298321	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1598
Seating capacity (excl driver)	4	Engine number	3774/43278
Off-Peak car	No	Chassis number	MKD53ZEE106101930

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/Lien Company	Nil

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

Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 100.00

Drivers details

AXA Insurance Pte Ltd (199903512M)
 5 Shenton Way #24-01, AXA Tower,
 Singapore 068811
 Customer Centre: 6B1-01

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

