

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	18/10/2019 13:16
Date Of Accident	17/10/2019 10:45
Exact Location Of Accident	JOHOR BAHRU CUSTOM TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM8111L
Insured/Policyholder	
Name Of Registered Owner	LOW TOONG HON
NRIC No	S2599702F
Email Address	JIMMYLOW020464@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91798111
Alternative Phone No	OFFICE-91798111

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	VA1/GA463242
Cover Note Number	

Driver

Name of Driver	LOW TOONG HON
NRIC No	S2599702F
Date Of Birth	02/04/1964
Occupation	INDOOR
Date Of Driving Pass	27/01/1992
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91798111
Fax Number	
Contact Number	OFFICE-91798111
Email Address	JIMMYLOW020464@HOTMAIL.COM

Address	BLK 715 YISHUN STREET 71 #08-282
Postcode	760715
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	SIDE SWIPE
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)	4
Passenger 1	NAME: : FRIEND GENDER: : FEMALE
Passenger 2	NAME: : FRIEND GENDER: : FEMALE
Passenger 3	NAME: : FRIEND GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	HOUGANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SKW8331R
Vehicle Make/Model/Colour	NISSAN TEANA
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)

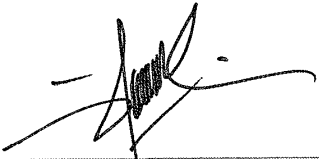
SKETCH PLAN

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7. By the lodgment 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.
- (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:

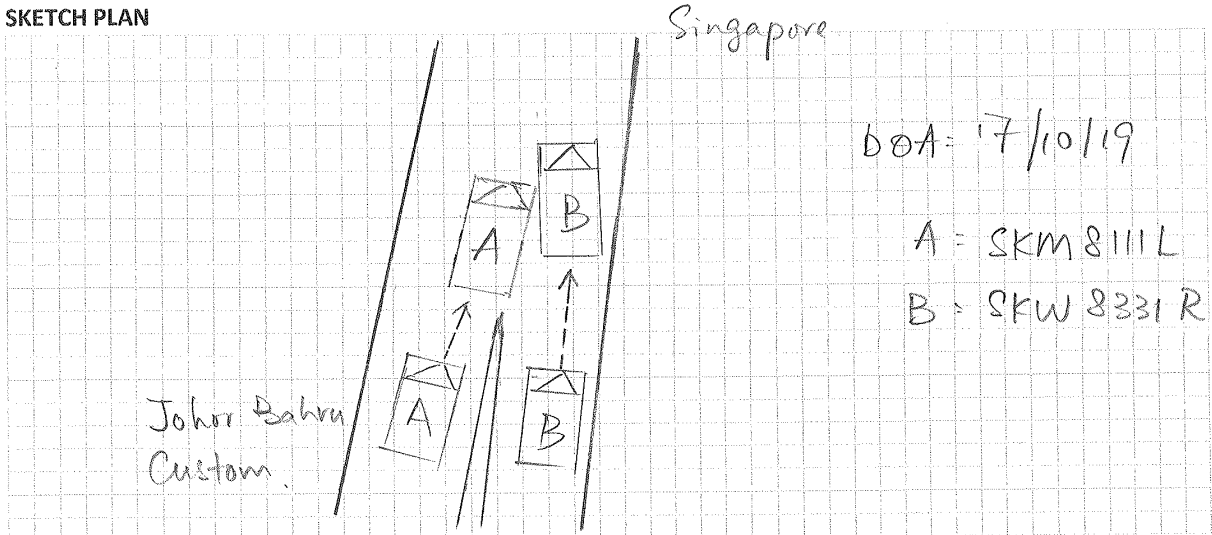
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report attached.

DECLARATION

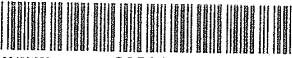
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:


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

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

5184660



NRIC No. S2599702F



Date of issue
04-06-2013

APT BLK 715 YISHUN STREET 71 #08-282
SINGAPORE 760715

NRIC No: S2599702F Date: 08/08/2018

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



Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	27 Jan 1992
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Jan 1992

NP 428A

License No: S2599702F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2599702F



Name
LOW TOONG HON
罗东汉

Race
CHINESE

Date of birth
02-04-1964

Country/Place of birth
MALAYSIA

Sex
M


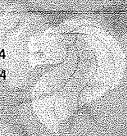

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S2599702F

Name: LOW TOONG HON

Birth Date: 02 Apr 1964

Issue Date: 23 Mar 2004

001170787G



**SINGAPORE
POLICE FORCE**



F/20191018/2032

1 of 2

POLICE REPORT (NP299)

Report No. F/20191018/2032

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 18/10/2019 11:50	Vide Report No.	Station Diary No. 67
Name Of Informant LOW TOONG HON	Address APT BLK 715 YISHUN STREET 71 #08-282 SINGAPORE 760715	
ID Type / ID No. NRIC NO / S2599702F	Contact No. Home/Office	Mobile 91798111
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Interior designer	Sex Male	Age 55
Institution/School Name	Date of Birth 02/04/1964	Race Chinese
Date/Time Of Incident 17/10/2019 10:40 - 17/10/2019 10:45	Location Of Incident Johor Bahru Custom MALAYSIA	

Brief details.

On 17/10/2019 at about 1045hrs, I was travelling from Johor Bahru Custom back to Singapore in my vehicle SKM8111L. At this point of time, I was travelling straight and the other car SKM8331R was travelling beside me and we were supposed to merge lanes. I wish to inform I was ahead of the other vehicle, however the other vehicle tried to squeeze in as such his vehicle grazed against my right bumper resulting in scratches. I came down to make a check however the other party said he will meet me at the end of the custom. However, the other party was nowhere to be seen after the accident.

Signature Of Officer Recording The Report: F / Sgt 2 LOW KAI TAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2019 11:50
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 3 SAIFUL ARIFFIN BIN BUANG Contact No.: 64890999	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20191018/2032

2 of 2

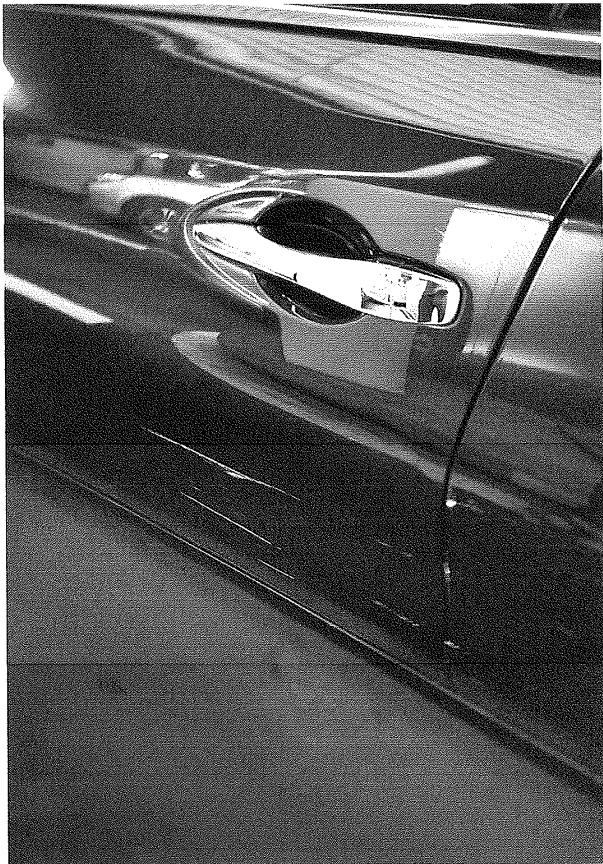
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191018/2032

I have already informed my insurance company and I was advised to make a police report.

Signature Of Officer Recording The Report: F / Sgt 2 LOW KAI TAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2019 11:50
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 3 SAIFUL ARIFFIN BIN BUANG Contact No.: 64890999	Classification Of Case:
Authentication Stamp	





redefining / insurance

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

LOW TOONG HON
 BLOCK 715
 #08-282
 YISHUN STREET 71
 SINGAPORE 760715

New business

date
23/04/2019

your servicing distributor
META AGENCY PTE LTD / 15277

your servicing distributor contact
63346210

Policy Schedule

Your **SmartDrive Comprehensive Essential+**

Your policy snapshot

Policyholder name	LOW TOONG HON	Policy number	VA1 / GA463242
Cover	Comprehensive	FIN / NRIC	S2599702F
Period of Insurance	from 20/05/2019 to 19/05/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 652.65
7% GST	SGD 45.69
Final Premium	SGD 698.34

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential+ 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 Repairs 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
- Delivery of repaired car to your preferred location
- Daily Transport Allowance of \$100 for a maximum of ten (10) days
- Reimbursement of 110% of your car's market value in the event of total loss (without Basic Own Damage Excess)

Add-on Benefits

- Personal accident benefit of up to \$ 100,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	TOYOTA COROLLA ALTIS 1.6	Year of manufacture	2008
Vehicle registration number	SKM8111L	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1598
Seating capacity (excl driver)	5	Engine number	3ZZ4755754
Off-Peak car	No	Chassis number	MR053ZEE106105653

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	TOKYO CENTURY LEASING (S) PTE LTD

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

Windscreen Excess	SGD 100.00
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AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 18/10/19

To: Owner of Vehicle Number: SKM 8111 L

The following has been advised to you via your workshop, CNGE through their staff, John.

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 _____

Signed and acknowledged by:

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to 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



Accident Photo



Accident Photo



