

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	22/10/2019 09:46
Date Of Accident	22/10/2019 07:00
Exact Location Of Accident	CTE TO CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM73D
Insured/Policyholder	
Name Of Registered Owner	LIM LEONG SENG ADRIAN
NRIC No	S7318622F
Email Address	SKNIGHT_88@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97212002
Alternative Phone No	OFFICE-97212002

Vehicle Particulars

Manufacturer	AUDI
Model	A5
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	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	GA156743
Cover Note Number	

Driver

Name of Driver	LIM LEONG SENG ADRIAN
NRIC No	S7318622F
Date Of Birth	01/06/1973
Occupation	INDOOR
Date Of Driving Pass	25/11/1993
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97212002
Fax Number	
Contact Number	OFFICE-97212002
Email Address	SKNIGHT_88@YAHOO.COM.SG

Address	60 SPRINGSIDE WLAK #03-06
Postcode	786020
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)	2
Passenger 1	NAME: : ETHAN LIM 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

VEHICLE B SUDDENLY SWERVE TO RIGHT AND SWERVE BACK TO HIS LANE, RESULT HIS REAR LEFT HIT ONTO MY VEHICLE.

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	SJX549P
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:

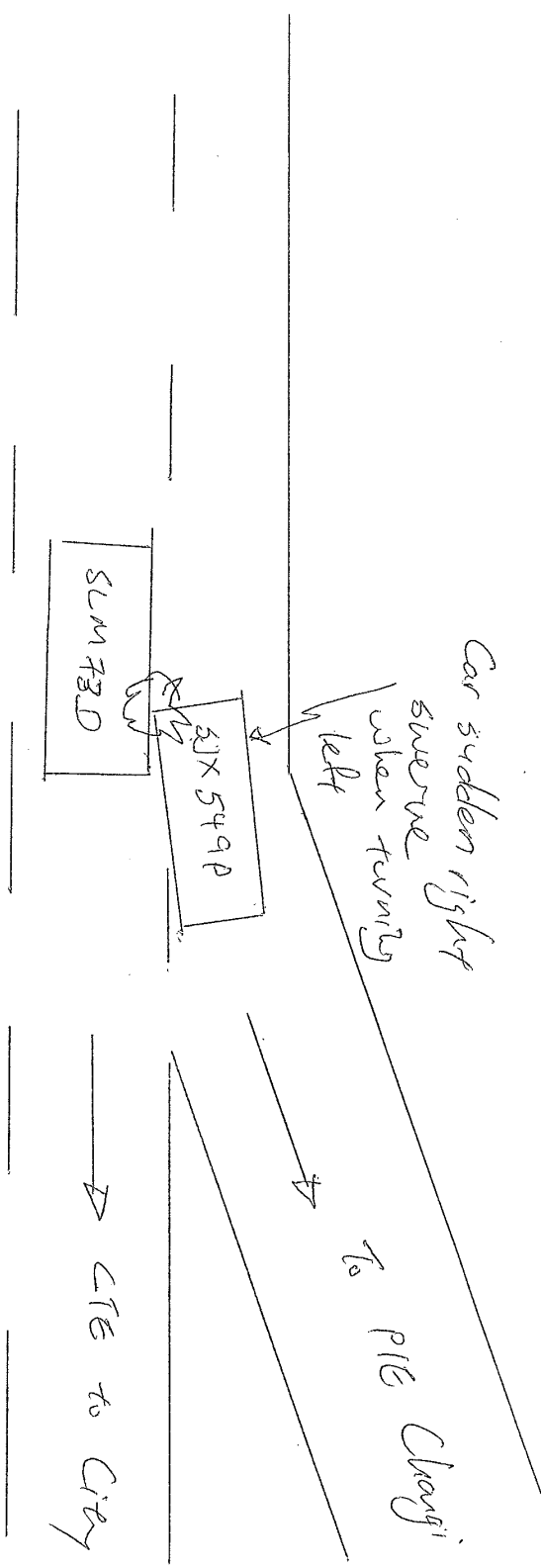
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


REFER TO ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE B SUDDENLY SWERVE TO RIGHT AND SWERVE BACK TO HIS LANE, RESULT HIS REAR LEFT HIT ONTO my VEHICLE.

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.:



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

LIM LEONG SENG ADRIAN
 60 SPRINGSIDE WALK
 #03-06 THE BROOKS 1
 SINGAPORE 786020

Renewal

date
 03/12/2018

your servicing distributor
 THINKERS ALLIANCE PTE LTD / 14403

your servicing distributor contact
 91733780

Policy Schedule

Your SmartDrive Comprehensive Peace

Your policy snapshot

Policyholder name	LIM LEONG SENG ADRIAN	Policy number	VA1 / GA156743
Cover	Comprehensive	FIN / NRIC	S7318622F
Period of Insurance	from 21/01/2019 to 20/01/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 20% NCD	SGD 1,558.45
Total Discounts	- SGD 165.60
7% GST	SGD 97.50
Final Premium	SGD 1,490.35

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Peace 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
- Loss of Personal Effects in Singapore up to \$3,000
- Delivery of repaired car to your preferred location
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Vehicle details

Make & Model of Vehicle	AUDI A5 2.0 TFSI COUPE QUATTRO	Year of manufacture	2009
Vehicle registration number	SLM73D	Type of Use	Private use
Body type	COUPE	Engine capacity (c.c.)	1984
Seating capacity (excl driver)	4	Engine number	CDN085188
Off-Peak car	No	Chassis number	WAUZZZ8T6AA034050

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	UNITED OVERSEAS BANK LIMITED

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

Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 200.00

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

DRIVER NRIC / DL Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7318622F**
Name: **LIM LEONG SENG ADRIAN**

Birth Date: **01 Jun 1973**
Issue Date: **23 Dec 2015**

002507151C

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7318622F**

Name: **LIM LEONG SENG ADRIAN**
林良城

Race: **CHINESE**
Date of birth: **01-06-1973**
Country of birth: **SINGAPORE**

Sex: **M**

4284635

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

Class	Vehicle Class	Effective Date
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	25 Nov 1993

NP 428A



4284635

NRIC No. **S7318622F**

Date of issue: **26-09-2008**

60 SPRINGSIDE WALK #03-06
SINGAPORE 786020

NRIC No: **S7318622F** Date: **12/09/2018**

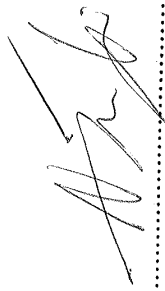
LETTER OF UNDERTAKING

I/We, LIM LEONG SENG ADRIAN, the owner of vehicle no. 5M731.

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:



.....
Nric no. & signature of policyholder

.....
Company stamp

.....
Date

LETTER OF UNDERTAKING Pg. 2

SKETCH PLAN


REFER TO ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE B SUDDENLY SWERVE TO RIGHT AND SWERVE BACK TO HIS LANE, RESULT HIS REAR LEFT HIT ONTO my VEHICLE.

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : **MSME19139796** Vehicle Registration No: **SLM73D**
Name(as shown in NRIC) : **LIM LEONG SENG ADRIAN** NRIC/FIN/Passport No : **S7318622F**
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : **97212002**
Email Address : **sknight_88@yahoo.com.sg**
Date of Accident : **22/10/2019** Time of Accident : **07:00**
Place of Accident : **CTE TO CITY**
Insurance Company: **AXA Insurance Pte Ltd**

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Email should be : sknight_88@yahoo.com.sg

Policyholder / Driver's Signature
Date:

Sebastian From SME MOTOR PTE LTD

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