

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	05/11/2019 16:38
Date Of Accident	04/11/2019 19:20
Exact Location Of Accident	BLK 260 KIM KEAT LINK (MSCP) ROUNDABOUT PICK UP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1742E
Insured/Policyholder	
Name Of Registered Owner	CHUA KOK KENG
NRIC No	S8323683C
Email Address	PARANEOX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93396700
Alternative Phone No	OTHERS-93396700

Vehicle Particulars

Manufacturer	MAZDA
Model	MX-5-ROADSTER 2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATRE USE
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/GA334551
Cover Note Number	24/06/2019 - 23/06/2020

Driver

Name of Driver	CHUA KOK KENG
NRIC No	S8323683C
Date Of Birth	08/08/1983
Occupation	INDOOR
Date Of Driving Pass	09/04/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93396700
Fax Number	
Contact Number	OTHERS-93396700
EEmail Address	PARANEOX@GMAIL.COM

Address	BLK 246 KIM KEAT LINK #04-149
Postcode	310246
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	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

REFER TO ATTACHED STATEMENT AND SKETCH BY DRIVER

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	GBG2214B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE SEK CHOONG
NRIC/Passport Number	S6845030F
Contact Number	91060420
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.



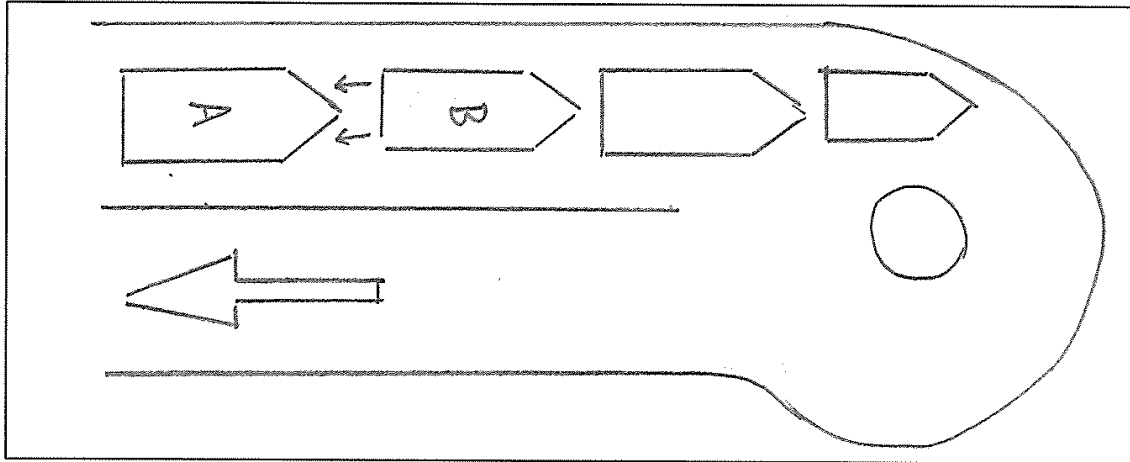
Policyholder's Signature
Date & Time:

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

AH LIM MOTOR COMPANY
No. 10 Ang Mo Kio Industrial Park 2A
#01-09 AMK Autopoint Singapore 569042
Tel: 623 1215
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 4th Nov 2019 Time: 7.20pm Location: Blk 260 Kim Kent Link (Multi-storey carpark)
 My Vehicle A: SJG 1742E Vehicle B: GBC 2214 B Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards roundabout drop off point at multi-storey carpark 260 Kim Kent Link but as there were a few vehicles blocking the roundabout I ~~waited~~ waited behind vehicle B for them to move off. I noticed vehicle B GBC 2214 B was on the verge of moving off hence I kept half a car distance away from him. However, I noticed he started reversing at quite a high speed ~~hence~~ hence I gave a warning horn but he reversed all the way and his rear bumper hit my car. My front bumper was damaged hence I requested for his particulars and contact number. It was 7.20 pm when the accident happened

☐ 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 : paraneux@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:

AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Industrial Park 2A
 #01-09 AMK Autopoint Singapore 569047

Report to Centre Personnel's Signature


Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

Driving License Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8323683C



Name
CHUA KOK KENG
(CAI GUOQING)
蔡 国 擎

Race
CHINESE

Date of birth
08-08-1983

Country/Place of birth
SINGAPORE

Sex
M

S8323683C

1px
Video - yes
no injury.
clear & dry.


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8323683C

Name
CHUA KOK KENG
(CAI GUOQING)

Birth Date: 08 Aug 1983

Issue Date: 26 Sep 2016




002613172C

3rd party
Lee sek choong.
S 6845030F
hp - 91060420

93396700

5659176



NRIC No. S8323683C



Date of issue
26-09-2016

Address
APT BLK 246 KIM KEAT LINK
#04-19
SINGAPORE 310246


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

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 $\leq 2500\text{kg}$	09 Apr 2013
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NP 428A

Licence No: S8323683C





redefining / insurance

CHUA KOK KENG (CAI GUOQING)
BLK 246 KIM KEAT LINK
#04-19
SINGAPORE 310246

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

Renewal

date
07/06/2019

your servicing distributor
SPEEDO CAPITAL PTE LTD / 04139

your servicing distributor contact
6684 7757-YUKI

Policy Schedule

Your SmartDrive Comprehensive Peace

Your policy snapshot

Policyholder name	CHUA KOK KENG (CAI GUOQING)	Policy number	VA1 / GA334551
Cover	Comprehensive	FIN / NRIC	S8323683C
Period of Insurance	from 24/06/2019 to 23/06/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 20% NCD	SGD 1,713.45
Total Discounts	- SGD 182.06
7% GST	SGD 107.20
Final Premium	SGD 1,638.59

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	MAZDA MX5 ROADSTER 2.0	Year of manufacture	2008
Vehicle registration number	SJ61742E	Type of Use	Private use
Body type	CABRIO	Engine capacity (c.c.)	1998
Seating capacity (excl driver)	1	Engine number	LF10437866
Off-Peak car	No	Chassis number	NCEC251032

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	SPEEDO CAPITAL PTE LTD

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

Basic Own Damage Excess	SGD 700.00
Windscreen Excess	SGD 100.00

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



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 05/11/2017

To: Owner of Vehicle Number: STG 1742E

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, ZILA / EILEEN / MUI HONG.

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.
- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be **no recovery prospect** and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, **the recovery is not guaranteed**, and AXA will not be held responsible.
- ☐ 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 claim TP at other workshop.

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.

No. 10 Ang Mo Kio Industrial Park East

#01-09 AMK Auto Centre Singapore 6483 6170

Tel: 6483 1244 Fax: 6483 6170

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

