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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/12/2019 17:15
Date Of Accident	08/12/2019 18:50
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX6286J
Insured/Policyholder	
Name Of Registered Owner	ZHUO JIA'EN
NRIC No	S8707134J
Email Address	ZHUOJIAEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90477177
Alternative Phone No	OTHERS-90477177
Vehicle Particulars	
Manufacturer	VOLVO
Model	S80-2.5 T (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA447921
Cover Note Number	
Driver	
Name of Driver	ZHUO JIA'EN
NRIC No	S8707134J

Name of Driver ZHUO JIA'E
NRIC No S8707134J
Date Of Birth 19/03/1987
Occupation INDOOR
Date Of Driving Pass 02/09/2008

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90477177

Fax Number

Contact Number OTHERS-90477177

EMail Address ZHUOJIAEN@GMAIL.COM

649 WOODLANDS RING ROAD Address

#05-434

Postcode 730649

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

COLLISION - HEAD TO REAR Type Of Accident

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? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJT4378K

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)

DETAILS OF INJURED PERSON 1

UNKNOWN Name

Approximate Age

Injuries Sustain Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

NO

YES

BACK PAIN

SJT4378K

Sketch Plan Pg. 1

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:
 - 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.

W

Policyholder's Signature Date & Time: Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Ceneral Personner's Signature Name:

Sketch Plan Pg. 2

Alproximate 650pm Date of accident: 08/12/19 Time: Provident Location: Woodlevels five 12 My Vehicle A: SJT 4378 K Vehicle B: Vehicle C: SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT - We 2 SIRNOF traffic junction (2) Woodlands Ave last arrow away WP18 Archie Movence distance to react 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: zhuojioen@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 Driver's Signature Reporti nel's Signature Date & Time: (If driver is not the policyholder)

Date & Time;

Name:

NRIC/FIN No.:

ARUMMOTO A COMMUNA



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: _	09/12/19	To: Owner of	of Vehicle Number:	SLX 62865		
The fo	Towing has been advised to y /EILEEN / MUI HONG.	ou via your workshop,	AH LIM MOTOR C	OMPANY through their staff,		
Please	تـــ tick the applicable box if you ha	d 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 ve option except to indent it from	hicle repair due to the u overseas.	navailability of spare p	arts locally and there is no other		
()	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 fo arrival time does not include the	r the spare parts to arrivne repair period.	/e is	. The estimated		
()	You will be driving the vehicle may not be road worthy.	out despite being advise	d by the workshop med	hanic/ personnel that the vehicle		
()	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.					
	company will be carrying out	epairs where any dama ed will be replaced usi	iged part that can be re	local distributor, your insurance epaired will be repaired and any of original parts and/or original		
()	You had been advised by the workmanship related to the ad	e workshop of the Twel cident.	ve (12) months warrar	nty for <u>Own Damage repairs</u> on		
()	For vehicles that are under wa with your local distributor on a	rranty with a local distrib	outor, you have been ad by prior to making this (dvised by the workshop to check Dwn Damage claim.		
5	Others Reporting Onl	2.				
	and acknowledged by:					
Name a	and signature of policyholder/	authorized driver* and	l company stamp (wh	iere applicable)		
*author permitte	ized driver to either the named ed drivers who are permitted to	drivers as per motor in drive the insured Vehicle	surance policy or in the	ne case of commercial vehicles,		
Name a	and signature of workshop pe	rsonnel including com	pany stamp			





ZHUO JIA'EN BLK 649 WOODLANDS RING ROAD #05-434 SINGAPORE 730649

Endorsement

AXA Insurance Pte Ltd

(65) 6880 4740 ☑ customer.care@axa.com.sg www.axa.com.sg

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

date 05/09/2019

your servicing distributor

GS ASSURANCE AGENCY PTE LTD /

15369

your servicing distributor contact

81391744

Policy Schedule

Your SmartDrive Comprehensive Essential

Your Policy Schedule has been updated effective 26/02/2020.

Your policy snapshot

Policyholder name Cover Period of Insurance ZHUO JIA'EN Comprehensive expiring 05/03/2020

Policy number FIN / NRIC

VA1 / GA447921 \$87071341

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 Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Vehicle details

Off-Peak car

Make & Model of Vehicle Vehicle registration number Body type Seating capacity (excl driver)

SALOON Νo

SLX6286J

VOLVO S80 2.5 T Year of manufacture Type of Use Engine capacity (c.c.) Engine number Chassis number

2006 Private use 2521

B5254T4036110 YV1AS565071010825

Insured's Estimated Market Value

Limitation to use Finance Loan Company Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance Nil

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

Basic Own Damage Excess SGD 1,000.00 Windscreen Excess SGD 100.00

Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	ZHUO JIA'EN	19/03/1987	11 year(s)

Additional clauses & endorsements to your policy

Nil

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01

1 of 2

Identification Card Pg. 1



























