#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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

	ACCIDENT STATEMENT
Data Of Danast	
Date Of Report Date Of Accident	21/12/2019 11:32
	20/12/2019 12:55
Exact Location Of Accident	CTE EXPRESSWAY
Country/State of Loss	SINGAPORE STAN A CE CAND VEHICLE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV1648D
Insured/Policyholder	
Name Of Registered Owner	LIM HAN HGEE
NRIC No	S1335723D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90127376
Alternative Phone No	OTHERS-90127376
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 RSZ (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA453021
Cover Note Number	27/03/2019 - 26/03/2020
Driver	
Name of Driver	LIM JOSHUA JONATHAN
NRIC No	S8514121Z
Date Of Birth	14/05/1985
Occupation	INDOOR
Date Of Driving Pass	10/08/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90127376
Fax Number	

OTHERS-90127376

**NOEMAIL** 

Address 592B MONTREAL LINK

#16-24

Postcode 752592

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 AFTER RAIN

Road Surface WET

#### Other Information

ambulance?

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?

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

Passenger 1

NAME: : LIN HONG HUI

GENDER: : FEMALE

Passenger 2

NAME: : MATILDA SABIRA LIM

GENDER: : FEMALE

#### **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 THE SKETCH PLAN BY DRIVER

#### 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 SDJ9893E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LIM CHIN SENG

NRIC/Passport Number S7118588E

**Contact Number** 

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

## **IMPORTANT NOTICE**

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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 C

el's Signature

Name: NRIC/FIN No.:

# Sketch Plan Pg. 2

Date of acciden	t: 20/12/19	Time: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Pm Location:	CTE	
/ly Vehicle A:	(KV/04BD	Vehicle B:	SDJ9893E	Vehicle C:	
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Claim(OD/)[1	Pat Ah Lim Mot	or 🔲 Claim OD/	TP at other wor	kshop 🔲 Reporting Only	
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		ate & Time:	nerj	Name: NRIC/FIN No.:	
				AHLIMMOTORCO	IARNI

## Sketch Plan Pg. 3

To Whom It May Concern,
Accident involving my vehicle no. SKY 1648D on 2012/19 (date) with S959893 E (other vehicle no) along CTE
1, Nric No. \$1335723D
Owner of vehicle no
Nric No
Date:
I am aware of the circumstances and agreeable to claim my own insurance for the above accident.
Name
Date:



# POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: _	21/12/14	To: Owner	of Vehicle Number:	3 KV 16	487.				
The fol	flowing has been advised to y	ou via your workshop,	AH LIM MOTOR	COMPANY	through their staff,				
Please tick the applicable box if you had been advised on any of the following:									
LY	You had been advised by the is a Fourteen (14) days claus of occurrence.	workshop that in the ca e whereby the claim mu	se that you wish to cla st be made within the	aim against yo stipulated tim	our own policy, there eframe from the day				
1	You had been advised by the workshop on the liability and merits of the case accordingly.								
	However, there if fire damage a	workshop on the claims nd you claim under your will be <u>no recovery pro-</u> und you are claiming ac covery is not quarante	own insurance, any spect and NCD will be tainst the Third Party	applicable exe e affected.	cess will be waived.				
( )	There will be delay to your ve option except to indent it from	hicle repair due to the u overseas.	navailability of spare <sub>l</sub>	parts locally a	and there is no other				
( )	There will be no cancellation/ placed. If you wish to cance incurred directly &/or indirectly	l/withdraw the claim, yo	u shail bear all costs	e order of spa , expenses &	are parts have been Vor related charges				
( )	The estimated waiting time for arrival time does not include t	r the spare parts to arrivhe 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 me	chanic/ perso	nnel that the vehicle				
1	For vehicles below three (3) y use only original parts to repa	ears old or under warrai ir your vehicle.	nty with a local distribu	utor, your insu	urance company will				
	For vehicles above three (3) company will be carrying out part that needs to be replacequipment manufacturer (OEI	repairs where any dama ed will be replaced usi	iged part that can be i	renaired will b	ne repaired and any				
1/	You had been advised by the workmanship related to the ad	e workshop of the Twel	ve (12) months warra	anty for <u>Own</u>	Damage repairs on				
( )	For vehicles that are under wa with your local distributor on a	arranty with a local distrib any effect to your warrant	outor, you have been a by prior to making this	advised by the Own Damage	workshop to check e claim.				
1) Others Claim own Dumage									
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 workshop personnel including company stamp									







LIM HAN NGEE BLK 357B ADMIRALTY DRIVE #06-148 SINGAPORE 752357

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

New business

15/03/2019

your servicing distributor AVA INSURANCE BROKERS PTE LTD / 04271

your servicing distributor contact 65356828

# **Policy Schedule**

Your SmartDrive Comprehensive Essential

#### Your policy snapshot

Policyholder name Cover

LIM HAN NGEE Comprehensive

Policy number FIN / NRIC

VA1 / GA453021 \$1335723D

Period of Insurance from 27/03/2019 to 26/03/2020 (both dates inclusive)

#### Premium breakdown

Gross Premium after 50% NCD **Total Discounts** 7% GST **Final Premium** 

SGD 1.011.39 - SGD 53.92 SGD 67.02 SGD 1,024.49

#### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### Smart Drive Comprehensive Essential Benefits

- 医含化物 医阿斯特氏性结肠炎 化二甲基酚 化铁管电池 医皮肤遗嘱性 计 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

### Add-on Benefits

医毛头切除 等的 人名英巴拉尔西拉州 经外租的股票的 医电路管管 经联系的 经非常的 No Claim Discount Protector

#### Vehicle details

Make & Model of Vehicle HONDA STREAM 1.8 Year of manufacture 2007 Vehicle registration number SKV1648D Type of Use Private use Body type MPV Engine capacity (c.c.) 1799 Seating capacity (excl driver) 4 Engine number R18A1751007 Off-Peak car Nη Chassis number RN61045301

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 Nil

Finance Loan Company

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

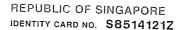
Basic Own Damage Excess SGD 300.00 Windscreen Excess SGD 100.00

#### **Drivers details**

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

1 of 2

#### Identification Card Pg. 1





Name

LIM JOSHUA JONATHAN (LIN JOSHUA JONATHAN)

林俊宏

Race
CHINESE
Date of birth
14-05-1985
Country/Place of birth
SINGAPORE



STRICTLY FOR WORKSHOP USAGE
USE FOR ACCIDENT REPORTING ONLY

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STRICTLY FOR WORKSHOP USAGE

USE 75 O GRANC CLOOL ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE

Class 3 Motor Cars of unladen weight not exceeding 10 Aug 2004

NRIC Na. S.8

NRIC No. S85141217



10-05-2016

Address
APT BLK 5928 MONTREAL LINK

#16-24 SINGAPORE 752592 Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg









