

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	30/12/2019 11:47
Date Of Accident	28/12/2019 15:55
Exact Location Of Accident	SAFRA TOA PAYOH CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR2062E
Insured/Policyholder	
Name Of Registered Owner	OH CHEE TIONG
NRIC No	S7734474H
Email Address	OHCT@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93637282
Alternative Phone No	OFFICE-93637282

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	GA516276
Cover Note Number	

Driver

Name of Driver	OH CHEE TIONG
NRIC No	S7734474H
Date Of Birth	10/12/1977
Occupation	INDOOR
Date Of Driving Pass	26/05/2005
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93637282
Fax Number	
Contact Number	OFFICE-93637282
Email Address	OHCT@YAHOO.COM

Address	BLK 258B COMPASSVALE ROAD #03-569
Postcode	542258
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 - MAJOR/MINOR RD
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?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : TANG MUI KIM GENDER: : FEMALE
Passenger 2	NAME: : OH HENG LENG VALE GENDER: : FEMALE
Passenger 3	NAME: : CHEN SITING 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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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	SKH2567X
Vehicle Make/Model/Colour	VOLKSWAGEN BLUE
Details Of Properties	SIDE OF FRONT BUMPER
Vehicle Category	PRIVATE CAR
Name of Driver	GOH TECK HWEE
NRIC/Passport Number	S9622359E
Contact Number	93230864

Address

Postcode

Insurance Company Name


Nature Of Damage

No. Of Passenger (Including Driver) 1


SKETCH PLAN

IMPORTANT NOTICE

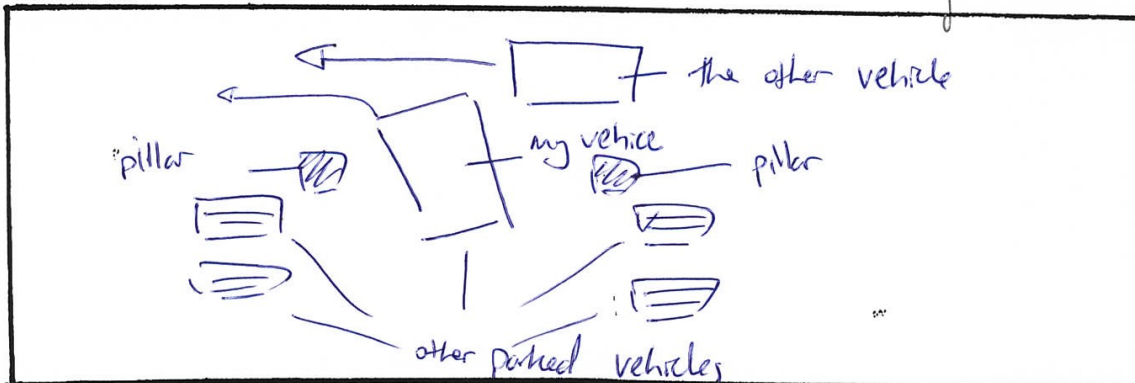
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.


Policyholder's Signature / Date & Time
30 Dec 2019

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


On 28 Dec 2019 (Saturday) at 1558hrs,
 my vehicle was at Ton Ponds School Cr park,
 making a left turn after stopping at the stop line.
 As I was making the turn, the other vehicle
 bumped into mine from the side of the front bumper
 and I stopped. The other vehicle continued to move
 forward for a few metres and stopped.
 My front bumper and front section of car was
 damaged.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time 30 Dec 2019

Driver's Signature (if driver is not the policyholder) / Date
 & Time


 Witnessed by Reporting Centre
 Personnel



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

OH CHEE TIONG (HU ZHIZHONG)
 BLK 258B COMPASSVALE ROAD
 #03-569
 SINGAPORE 542258

Renewal

date
29/11/2019

your servicing distributor
AXA DIRECT / 18267

your servicing distributor contact

Policy Schedule

Your SmartDrive Comprehensive Toyota Prestige Max

Your policy at a glance

Policyholder name	OH CHEE TIONG (HU ZHIZHONG)	Policy number	VA1 / GA516276
Cover	Comprehensive	FIN / NRIC	S7734474H
Period of Insurance	from 05/12/2019 to 04/12/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,186.92
7% GST	SGD 83.08
Final Premium	SGD 1,270.00

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Toyota Prestige Max Benefits

- Loss or Damage
- Legal Liability
- Windscreen coverage with no Excess
- 24/7 Towing & Transportation in Singapore or Overseas
- Medical and dental expenses up to \$1,500 per person for you, your named drivers and your immediate family members
- Personal Accident Benefits to Insured – Limit of Liability: S\$100,000
- Personal Accident Benefits to Drivers at \$20,000 each and Passengers at S\$10,000 each
- New for Old Replacement – up to 24 months from vehicle registration date
- Loss of personal items in the car – up to S\$3000
- Fixtures and Accessories (Solar Film)
- Hotel accommodation for one (1) night up to \$300
- \$100 Voucher for Windscreen repair at AXA Authorised Windscreen Workshop (Glass-Fix Pte Ltd)
- Guaranteed Repairs for twelve (12) Months for repairs at AXA Authorized Premium Workshop
- Repairs at AXA Authorized Premium Workshop

Add-on Benefits

- Daily Transport Allowance of \$80/day up to maximum of 10 days
- Designed to protect NCD

Vehicle details

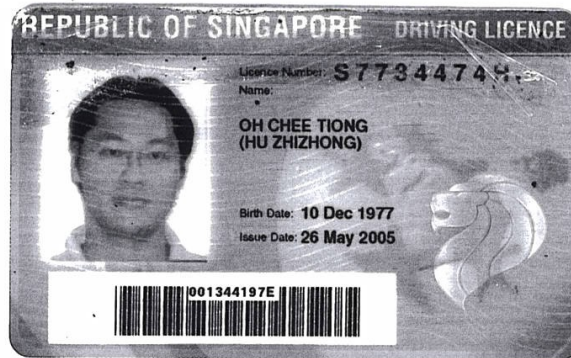
Make & Model of Vehicle	TOYOTA COROLLA ALTIS 1.6	Year of registration	2016
Vehicle registration number	SGR2062E	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1598
Seating capacity (excl driver)	5	Engine number	1ZRY288282
Off-Peak car	No	Chassis number	MR053REH104550494

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	Nil

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



Driving License Pg. 1



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

Class	Description	PASS DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg	26 May 2005

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

