

## 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	17/01/2020 15:52
Date Of Accident	17/01/2020 10:35
Exact Location Of Accident	CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK813J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RODNEY CHNG MENG HUAT
NRIC No	S1163813I
Email Address	RJ813178@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96758869
Alternative Phone No	OFFICE-62970089

### Vehicle Particulars

Manufacturer	SKODA
Model	SUPERB
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	VPA/P2252639
Cover Note Number	

### Driver

Name of Driver	RODNEY CHNG MENG HUAT
NRIC No	S1163813I
Date Of Birth	13/06/1956
Occupation	INDOOR
Date Of Driving Pass	12/01/1979
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96758869
Fax Number	
Contact Number	OFFICE-62970089
Email Address	RJ813178@GMAIL.COM

Address	2 JALAN RABU
Postcode	577018
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)	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

MORE DETAILS PLEASE REFER TO SKETCH PLAN

#### 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	SHC7900X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR ABDUL RAHIM B SELAMAT
NRIC/Passport Number	S0043676C
Contact Number	91704266
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


**SKETCH PLAN**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

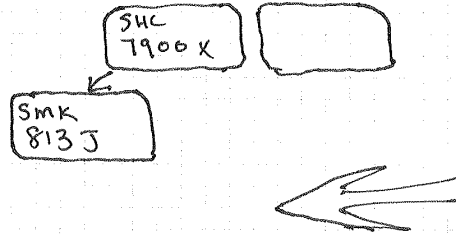
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Time: 10.35 am.	Changi Road	Date: 17 January 2020
I was driving along and suddenly I hear a 'bang'. I realise that someone hit the side of my car, right side. Apparently this is a taxi. He turn out without checking. The left front of his car is damaged.		
We drove further up so as not to obstruct the road.		
We exchange NRIC details. He asked if I want to claim. Yes, I said. He suggests that I go to his workshop. He apologised for the accident.		
We both drove off after this exchange.		
During the exchange, I told him that even if he wants to pay, it must be agent workshop because the car is under warranty.		
There are no injuries from my observation of him. I am also not injured.		
Third Party: SHC 7900 X		
Name: Mr. ABDOL RAHIM B SZLAMAT		
NRIC: S 0043676 C		

## 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.:

AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 Tel: 1800 8804888 Fax:-  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.care@axa.com.sg



Private Cars COMP  
 POLICY SCHEDULE  
 NEW BUSINESS  
 Original

POLICY INFORMATION		Policy No. : VPA/P2252639
Source	: (01) 16720 ARF (AP) PTE LTD (SKODA)	
Insured	: CHNG MENG HUAT RODNEY	
Address	: 2 JALAN RABU SINGAPORE 577018	
Business/Profession	: RETIREE Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 28/02/2019 To 27/02/2020 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
<b>PREMIUM</b>		
Premium After NCD	: 50.00% : SGD 1,573.87	
Prem W/Shop	: Disc : SGD 236.08	
15.00%		
GST 7.00%	: SGD 93.65	
Annual Premium	: SGD 1,431.44	
Total Payable	: SGD 1,431.44	
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type Of Cover	: Comprehensive	
Regn No.	: SMK813J	
Type Of Use	: Private Car	
Make/Model	: SKODA SUPERB AMBITION 2.0 TSI	
Year of Manufacture	: 2018 Seating Capacity (excl. Driver) : 04	
Body Type	: SALOON Engine C.C. : 1984	
Engine No.	: CHH294592	
Chassis No.	: TMBBD7NP9K7016686	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance		
<b>Excess Applicable</b>		
Basic Own Damage Excess	: SGD 900.00	
<b>Named Drivers</b>		
1 CHNG MENG HUAT RODNEY		
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
MEMORANDUM A		

# Identification Card



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo

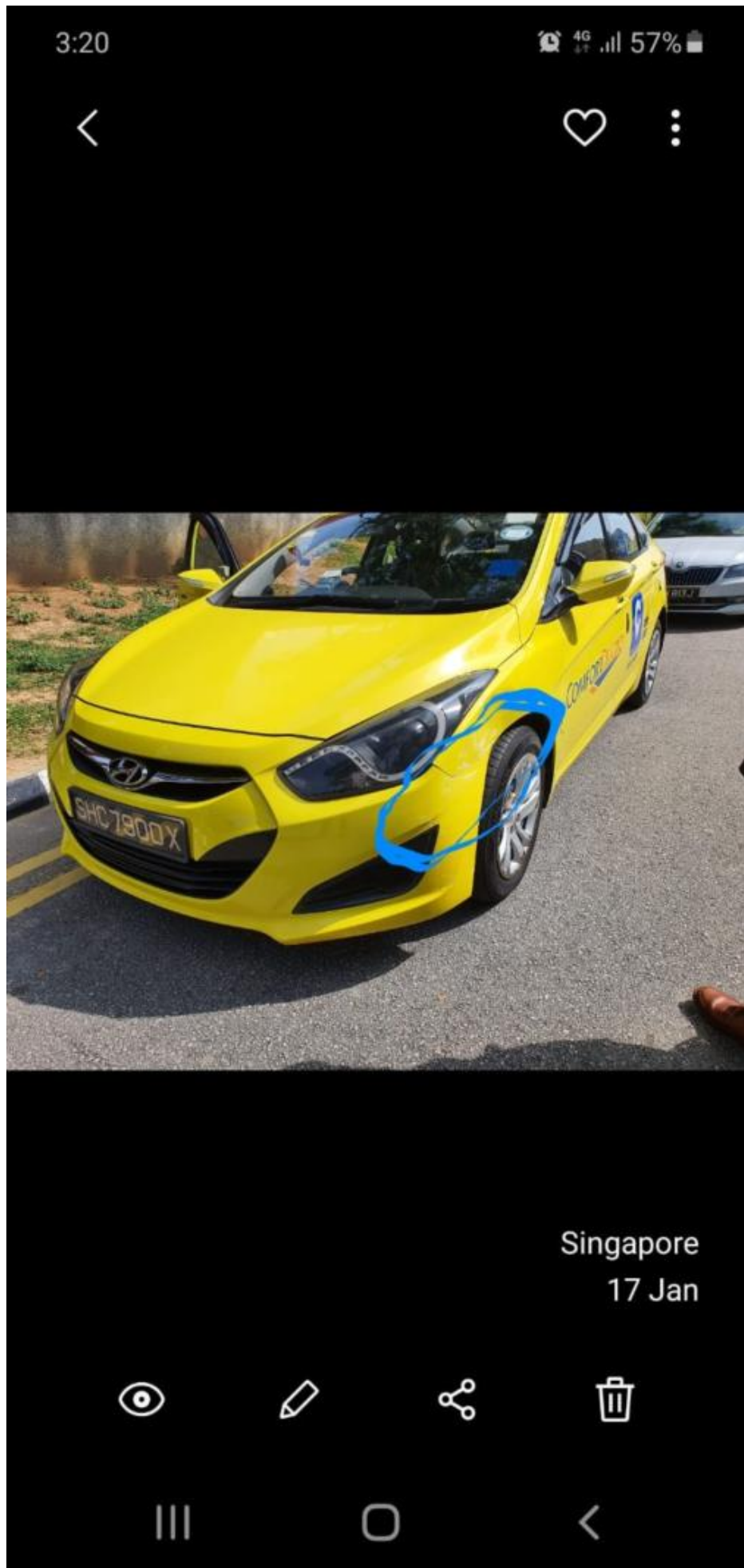




Driving License



Accident Photo



Accident Photo

