

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	04/02/2020 12:49
Date Of Accident	03/02/2020 11:00
Exact Location Of Accident	PIONEER RD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5644M
Insured/Policyholder	
Name Of Registered Owner	YU LIANGREN
NRIC No	S6863882H
Email Address	YULIANGREN1968@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-94386425
Alternative Phone No	OFFICE-94386425

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident

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
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2246599
Cover Note Number	

Driver

Name of Driver	YU LIANGREN
NRIC No	S6863882H
Date Of Birth	04/03/1968
Occupation	INDOOR
Date Of Driving Pass	10/02/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94386425
Fax Number	
Contact Number	OFFICE-94386425
Email Address	YULIANGREN1968@OUTLOOK.COM

Address	BLK 647 JURONG WEST ST 61 #11-154
Postcode	
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 - CHANGE/CROSS LANE
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?	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 ATTACHED

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	SKE548E
Vehicle Make/Model/Colour	BMW/GREY
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)	

SKETCH PLAN



Was driving along brain lay way, after entering a left turn junction, upon filtering out was rear end by a BMW Had already indicated a right signal while driving out.

I/We declare the foregoing particulars are true in every respect.

Date & Time: 04/05/2000

If driver is not the policyholder

Reporting Centre Personnel
Name: **ACRAF**



Accident Sketch Plan

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: 04/02/2020
1200 HRS

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


Reporting Centre Personnel's Signature
Name: ASYRAF
NRIC/FIN No.:

INSURANCE CERT

AXA INSURANCE PTE LTD
 100 Raffles Way, #24-01
 A 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
 RENEWAL
 Duplicate

POLICY INFORMATION		Policy No. : VPA/P2246599
Source	: (01) 08260 KOMOCO TRADING PTE LTD (HY)	
Insured	: YU LIANGREN	
Address	: BLK 647 JURONG WEST STREET 61 #11-154 SINGAPORE 640647	
Business/Profession	: ENGINEER Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 28/01/2020 To 27/01/2021 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 10.00% NCD	: SGD 1,312.15	
GST 7.00%	: SGD 91.85	
Annual Premium	: SGD 1,404.00	
Total Payable	: SGD 1,404.00	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SMH5644M	
Type Of Use	: Private Car	
Make/Model	: HYUNDAI AD AVANTE 1.6 GLS (A) S	
Year of Manufacture	: 2018	Seating Capacity (excl. Driver) : 04
Body Type	: SALOON	Engine C.C. : 1591
Engine No.	: G4FGJU076267	
Chassis No.	: KMHD841CMKU846446	
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	
Hire Purchase	: MAYBANK SINGAPORE LTD	
Excess Applicable		
Basic Own Damage Excess	: SGD	
Named Drivers		
1	YU LIANGREN	
2	YU LINGXIU	
3	YU XIAO LIANG	
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		

Driving License



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6863882H



Name
YU LIANGREN
余良仁
Race
CHINESE
Date of birth
03-03-1968 M
Country of birth
CHINA

8388

REPUBLIC OF SINGAPORE
DRIVING LICENCE



Name
YU LIANGREN
Licence Number
S6863882H



0003296951E



Exp. Date: 03 Mar 1999
Issue Date: 10 Feb 2015



SY20YDE



NRIC No. S6863882H



Nationality
CHINESE
Date of issue
28-07-2005

APT BLK 647 JURONG WEST STREET 61 #11-154
SINGAPORE 640647
NRIC No: S6863882H
Date: 19/10/2007
No: S847743

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

	EFFECTIVE DATE
Class 3	Motor Cars< 3000kg with <=7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

NP 425A



Licence No: S6863882H

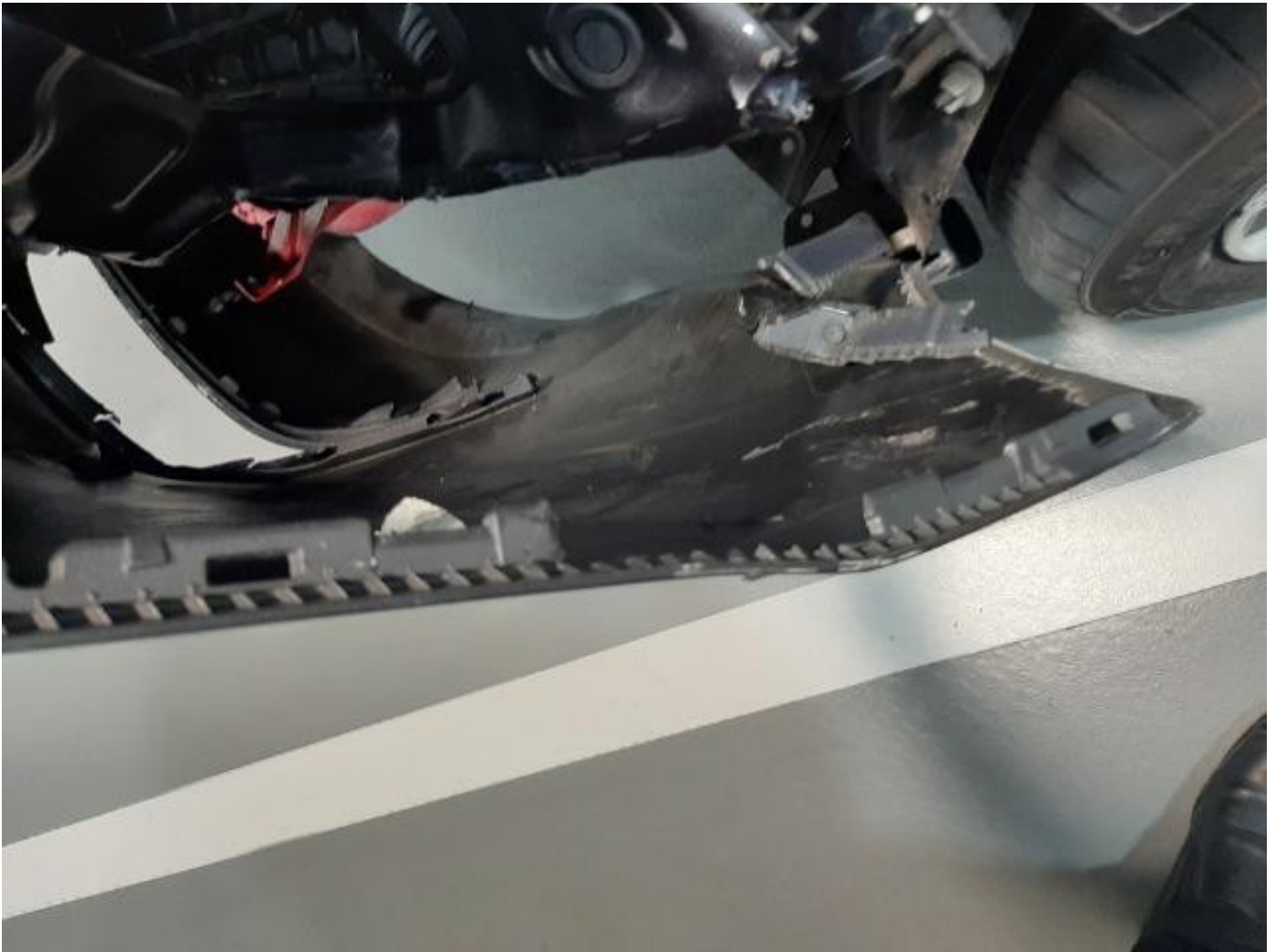
Accident Photo



Accident Photo



Accident Photo



Accident Photo

