

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	24/02/2020 17:17
Date Of Accident	21/02/2020 18:55
Exact Location Of Accident	ALONG PASIR RIS DRIVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCH82K
Insured/Policyholder	
Name Of Registered Owner	CHEONG TIN PENG
NRIC No	S1325853H
Email Address	LINELCHEONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93833155
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 (A)
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	VA1/GA191971
Cover Note Number	

Driver

Name of Driver	LINEL CHEONG EN HUI
NRIC No	S9419047I
Date Of Birth	28/05/1994
Occupation	INDOOR
Date Of Driving Pass	14/05/2013
Driving Experience	6 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90308686
Fax Number	
Contact Number	
Email Address	LINELCHEONG@GMAIL.COM

Address	24B TOH TUCK ROAD
Postcode	596693
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	CHAIN COLLISION
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	3
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

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	SMN4053T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TENGKU SHARIL BIN TENGKU AZEMAN
NRIC/Passport Number	
Contact Number	9270 2629
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL6926H
-----------------------------	----------

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)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: 8CH 82 K
ACCIDENT DATE: 21/03/2020 @ 18:55

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. The 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 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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature
Date & Time:

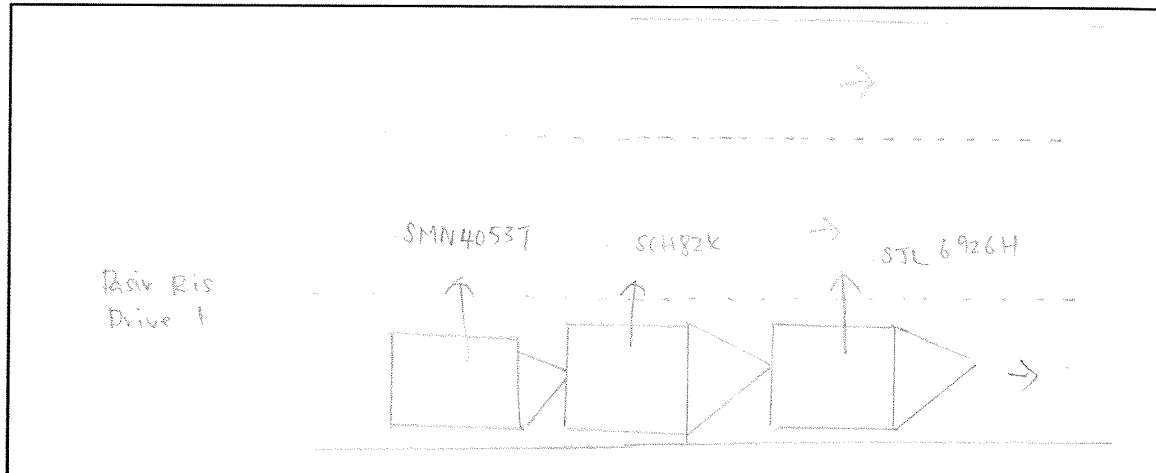
Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/03/2020
2.47 PM

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



Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along Posiv Ris Drive I towards Costa Ris at 6:57 PM, I stopped at the red light. SMC4053T collide into On 21st Feb 2020. my vehicle, SCH82K. My car moved forward and knocked ~~at~~ SJC6926H. Causing damage to front & back. No injuries occurred.

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: 24/02/2020

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9419047I**

Name: **LINEL CHEONG EN HUI (ZHANG ENHUI)**

Birth Date: **28 May 1994**

Issue Date: **29 Aug 2018**

002839758H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9419047I**

Name: **LINEL CHEONG EN HUI (ZHANG ENHUI)**

张恩慧

Race: **CHINESE**

Date of birth: **28-05-1994**

Sex: **F**

Country/Place of birth: **SINGAPORE**

5729624

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ 14 May 2013

NP 428A

Licence No: S9419047I

5729624

NRIC No. **S9419047I**

Date of issue: **17-04-2017**

Address: **24B TOH TUCK ROAD SINGAPORE 596693**

Letter Of Authority Pg. 1

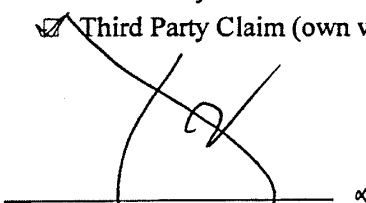
To Whom It May Concern

LETTER OF AUTHORITY

Accident Involving: SCH82K & SMH40537 & 8JL6926H ON 21/02/2020
AT/ALONG Pacific Rise Drive 1

I, Cheong Tin Peng (NAME) owner/policyholder of vehicle no:
SCH82K authorized Lim Cheong En Hui (NAME) of
NRIC/FIN/PASSPORT NO. S9419047I to *submit the following below:

- ☐ Accident Report
- ☐ Own Damage Claim
- ☐ Third Party Claim
- ☒ Third Party Claim (own workshop)



Signature of Policyholder
(Company Stamp if applicable)

S1325853H

NRIC/FIN/PASSPORT NO.

24/02/2020

Date

***PLEASE TICK ACCORDINGLY**

Policyholder Acknowledgement Form Pg. 1



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 24/02/2020
To: Owner of Vehicle Number: SCH82K
The following has been advised to you via your workshop, Cham's Customervert through their staff,
ESMUV.

Please tick the applicable box if you had 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.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ 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 for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ 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.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledged by:

Linell Cheong Euthoi
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.

[Signature]
Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

