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 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		
Date Of Report	28/02/2020 12:59		
Date Of Accident	27/02/2020 13:20		
Exact Location Of Accident	BANGKIT ROAD CAR PARK IN FRONT OF BLK 256		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKT9761S		
Insured/Policyholder			
Name Of Registered Owner	NG PUAY JOO WENDY		
NRIC No	S7347751D		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96381318		
Alternative Phone No	OTHERS-96381318		
Vehicle Particulars			

Manufacturer TOYOTA

Model HARRIER 2.0 PREMIUM CVT 2WD SR

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?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA046601

Cover Note Number

Driver

Name of Driver NG BAK HO NRIC No S0020856F Date Of Birth 20/05/1952 Occupation INDOOR **Date Of Driving Pass** 15/07/1970

Driving Experience 49 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96381318

Fax Number

Contact Number

EMail Address SERZHENQIN@GMAIL.COM Address BLK 409 SAUJANA ROAD #08-126

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **PARENT**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLIDED INTO PARKED VEHICLE**

Weather Conditions **CLEAR** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

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)

NO

soliciting/offering accident claims assistance. 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

KINDLY 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

SLT1612E Vehicle Registration Number Vehicle Make/Model/Colour KIA

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 24

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

Policyholder's Signature
Date & Time:

Driver's Signature (If driver is not the policyholder)

-bolichiologic

Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No.:

GIARMC SkeichPlanForm, V3

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<u> </u>		+++++++++++++++++++++++++++++++++++++++
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
	0	
On 27 02 2020 a	gout 13.20 hrs. I was	s driving out in car SKT791
from the car por	PK tot and acciden	stally not out a Jacked late
(SLT 1612E) juh	o was parkes on.	my lest As Lett in Valid
hit outo Something	: So I drove back	to the car oak and sand
a lady came to he	br car. So I fold 1	cer l'accidentally hit on hor
Car She Keep	On Scording M	le and happened a police
parrol car passib	y and attend to us	- Police affices Said Since
no injury we c	en settle our ow	in but the Said lady refusal
so pouce savise	me to & the por	he report - Since no ingery
runame. 130 Leber	1 encident to ensur	ance."
		- Alleton
		afille of
		——————————————————————————————————————
		/
Important:		- Reporting Only
You have been advised by the work	- Claim OD	
claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame		
from the day of the occurrence.		- Claim OD/ TP at other workshop
DECLARATION		Claim Obj Tr at other workshop
I/WE declare the foregoing parti	culars are true in even respect	
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	Alton	\bigcap
	Town the second	94/
Policyholder's signature	Driver's Signature	Reporting Contro Do
Date & Time	(if driver not the policyhold	Reporting Centre Personnel's Signature ler) Name:
	Date & Time	Nric/Fin No.
Date of this		THEO, E HE INO.

Sketch Plan Pg. 3

NG PUAY JOO WENDY BUK 409 SAUJANA ROAD #08-126 SINGAPORE 670409

date 31/05/2019

your servicing distributor

JETTA INSURANCE AGENCY PTE LTD /

04058

Policy Schedule

Your SmartDrive Comprehensive Essential

your servicing distributor contact 67791183

Your policy snapshot

Policyholder name Cover NG PUAY JOO WENDY Comprehensive

Policy number FIN / NRIC VA1 / GA046601 573477510

Period of Insurance

from 26/06/2019 to 25/06/2020 (both dates inclusive)

Premium breakdown

Gross Premium after 50% NCD Total Discounts 7% GST SGD 1,037.19 - SGD 55.29 SGD 68.73 SGD 1.050.63

Final Premium

(refer to Policy Wording for full terms and conditions)

Your benefits highlights

SmartDrive Comprehensive Essential Benefits

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 Liabor.

Add-on Benefits

- Basic Own damage excess waiver
- Personal accident benefit of up to \$ 50,000 00 for you and your named drivers
- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle TOYOTA HARRIER 2.0 Year of manufacture 2015 SKT9761S Private use Vehicle registration number Type of Use SUV Engine capacity (c.c.) 1986 Body type Engine number 3788425087 Seating capacity (excl driver) Off Peak car No Chassis number ZSU600020589

Insured's Estimated Market Value

Limitation to use Finance Loan Company Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance HITACHI CAPITAL ASIA PACIFIC PTE LTD

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

Windscreen Excess Not Applicable

Drivers details

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01 1 of 2

VA1 / GA046601

 Driver type
 Driver name
 Date of birth
 Driving experience

 Main Driver
 NG PUAY JOO WENDY
 23/12/1973
 24 year(s)

Additional clauses & endorsements to your policy

1 (Owner Name) Ng Pury Joo Wantyre S 7347151D owner of this car no. SKT 9761 S authorize the driver (Name) Ng Bak Ho Vono. S 002 08t 6-F to file accident report which happened on (Accident Date) · 27/02/2013 (Location) Bangkit Rol (Car Buk) 1320/40 Owner's Name : WENDY NG PURY JOS Signature : WENDY NG PURY JOS







































