

## 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	21/04/2020 15:43
Date Of Accident	18/04/2020 06:25
Exact Location Of Accident	BEHIND BLK 301 PUNGGOL CENTRAL SERVICE RD (SHENG S
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ1383C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG BUAY KOON
NRIC No	S1500988H
Email Address	KRISNGBK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96380105
Alternative Phone No	OFFICE-96380105

### Vehicle Particulars

Manufacturer	KIA
Model	SPORTAGE
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA047050
Cover Note Number	

### Driver

Name of Driver	NG BUAY KOON
NRIC No	S1500988H
Date Of Birth	07/12/1961
Occupation	INDOOR
Date Of Driving Pass	05/08/1983
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96380105
Fax Number	
Contact Number	OFFICE-96380105
EEmail Address	KRISNGBK@GMAIL.COM

Address	BLK 117 EDGEFIELD PLAINS #15-326
Postcode	820117
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 - HEAD TO REAR
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

I WAS AT SERVICE ROAD AND I STOPPED MY CAR. I LOOKED BEHIND AND I DO REVERSING SLOWLY. SUDDENLY, A CAR HONKED AT ME. I WAS SHOCKED AND CAME DOWN. I DIDN'T HEAR ANY BANG AT ALL. BUT I CAME FORWARD TO SEE HIS CAR AS HE APPROACHED MY CAR WITH CAMERA. I DIDNT HIT HIS CAR. AS I WAS ABOUT TO LEAVE, A COUPLE CAME UP TO ME AND TOLD ME THAT I DIDN'T HIT HIM. SHE LEFT ME HER HP NUMBER: 97606677, JONNA.

#### 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	SLX2799Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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

### SKETCH PLAN

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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:

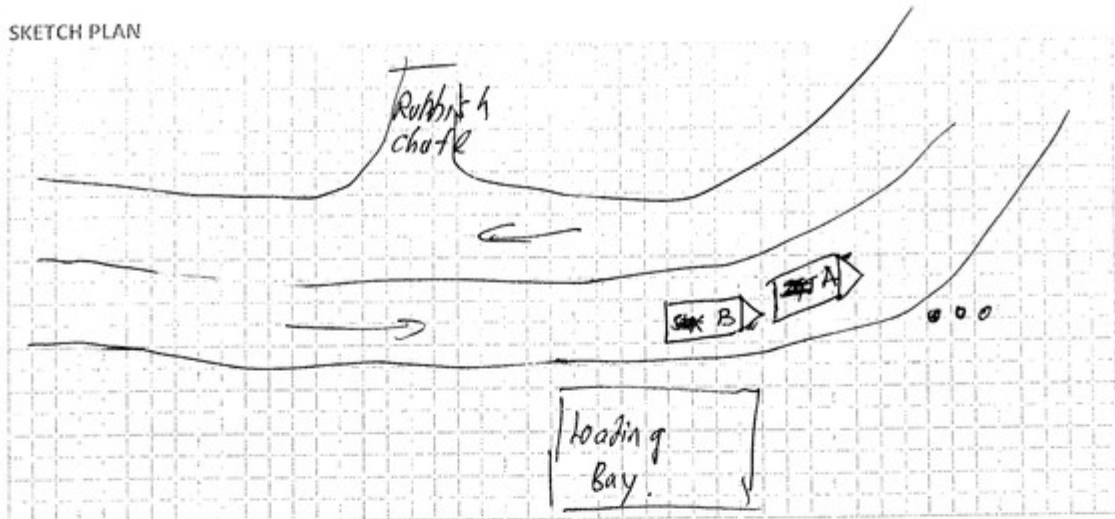
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

# SKETCH PLAN



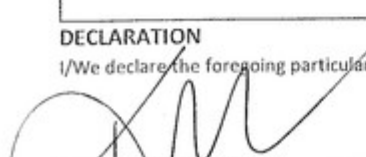
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Service road and I stopped my car. I look at the behind and I do a reversed slow. Suddenly, a car honked at me. I was shocked and came down. I didn't hear any bang at all. But I came forward to see his car as he approached my car with camera. I didn't hit him his car.

As I was about to leave, a couple came up to me and told me that I didn't hit him. She left me her hp: 97606677 Jonna.

## 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.: 21/4/20

## LETTER OF UNDERTAKING

I/We, NG BUIY KOON, the owner of vehicle no. 39J 1383C

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:



.....  
Nric no. & signature of policyholder

.....  
Company stamp

21/04/2020  
.....  
Date

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1500988H**

Name: **NG BUAY KOON**

Birth Date: **07 Dec 1961**

Issue Date: **18 May 2015**

902421305J

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1500988H**

Name: **NG BUAY KOON**

Race: **CHINESE**

Date of birth: **07-12-1961**

Sex: **F**

Country of birth: **SINGAPORE**

Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: 8EJ 1383C

Date of Accident: 18 Oct 2020

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

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

EFFECTIVE DATE

05 Aug 1983

NP 428A

Licence No: S1500988H

4052837

NTIC No: **S1500988H**

Date of issue: **18-05-2007**

Address:  
APT BLK 117 EDGEFIELD PLAINS  
#15-326  
SINGAPORE 820117



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

NG BUAY KOON  
 BLK 117 EDGEFIELD PLAINS  
 #15-326  
 SINGAPORE 820117

#### Renewal

date  
 06/06/2019

your servicing distributor  
 DICKSON AUTO AGENCY / 09028

your servicing distributor contact  
 63447667

## Policy Schedule

### Your SmartDrive Comprehensive Private APW

#### Your policy snapshot

Policyholder name	NG BUAY KOON	Policy number	VA1 / GA047050
Cover	Comprehensive	FIN / NRIC	S1500988H
Period of Insurance	from 30/06/2019 to 29/06/2020 (both dates inclusive)		

#### Premium breakdown

Gross Premium after 50% NCD	SGD 890.17
Total Discounts	- SGD 224.82
7% GST	SGD 46.57
<b>Final Premium</b>	<b>SGD 711.92</b>

#### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

##### SmartDrive Comprehensive Private APW Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Loss of Personal Effects in Singapore up to \$3,000
- Daily Transport Allowance of \$50 for a maximum of five (5) days
- Personal accident benefit of up to \$30,000 for you or your named drivers while driving
- Medical and dental expenses up to \$500 per person for either you as the driver or your authorised driver and a passenger
- Basic Own Damage Excess Reduction for AXA Premium Workshop
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess

#### Vehicle details

Make & Model of Vehicle	KIA SPORTAGE 2.0	Year of manufacture	2005
Vehicle registration number	SGJ1383C	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	1975
Seating capacity (excl driver)	4	Engine number	G4GC6539741
Off-Peak car	No	Chassis number	KNAJE552367231657

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

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

Basic Own Damage Excess	SGD 0.00
Windscreen Excess	SGD 100.00

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

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

