

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	24/04/2020 14:16
Date Of Accident	14/04/2020 14:00
Exact Location Of Accident	AUTOBAG UBI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK45E
Insured/Policyholder	
Name Of Registered Owner	TEH ZI SHENG
NRIC No	SXXXX302Z
Email Address	ISSACTEH@MVLTIPIERINFINITY.COM
Mobile Phone No	(LOCAL) +65-96153258
Alternative Phone No	OFFICE-96153258

Vehicle Particulars

Manufacturer	TOYOTA
Model	MR2 T / B ROOF
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	GA367737
Cover Note Number	

Driver

Name of Driver	TEH ZI SHENG
NRIC No	SXXXX302Z
Date Of Birth	27/02/1995
Occupation	INDOOR
Date Of Driving Pass	22/10/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96153258
Fax Number	
Contact Number	OFFICE-96153258
Email Address	ISSACTEH@MVLTIPIERINFINITY.COM

Address	BLK 124 BEDOKNORTH ROAD #10-151
Postcode	460124
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	SFX4S
	-
	-
Insurance Company of Driver's Own Vehicle	AXA INSURANCE PTE LTD
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

Please see 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

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.

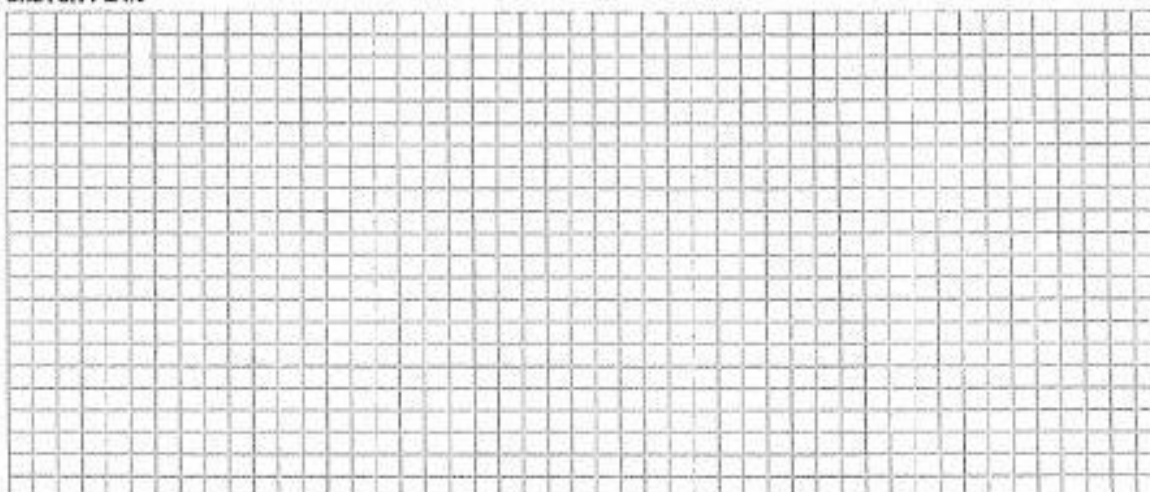
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

During parking in a workshop, I was told that a staff crashed into my car, due to faulty brakes. The rear fender suffered a medium impact dent, with part of the right side door going out of alignment, and paint damages along with chips.

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.:

UAS/52/00000000000000000000

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

5403536



APREC No. S9570302Z



Date of issue
22-09-2015

Address
APT BLK 124 BEDOK NORTH ROAD
#10-151
SINGAPORE 450124

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	22 Oct 2010

NP 428A

Licence No: S9570302Z



Identification Card



Insurance Certificate



redefining / insurance

TEH ZI SHENG
APT BLK 134 BEDOK NORTH ROAD
#1D-151
SINGAPORE 460134

AXA Insurance Pte Ltd
1800 800 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

GA367737-2019-78088

**SmartDrive: Third Party Only Third
Party
Renewal**

date
25/10/2019

policy number
IA2 / GA367737

your servicing distributor
**DICKSON INSURANCE AGENCY PTE LTD /
17129**

Tax Invoice (Client Copy)

Your policy information

Policyholder name	: TEH ZI SHENG
Period of Insurance	: from 01/11/2019 to 31/10/2020 (both dates inclusive)
Transaction Number	: AXA-MTR-SG-REN-2019-78088
Effective Date	: 01/11/2019

Billing details

Gross Premium after 10% NCD	SGD 1,464.65
7% GST	SGD 102.53
Total Payable	SGD 1,567.18

What you should do

- Please keep this Tax Invoice as reference for premium due.

AXA Insurance Pte Ltd

This is an auto-generated document thus no signature is required

Issued by 17120002-DIA Renewal on 25/10/2019 12:23:58 PM
AXA Insurance Pte Ltd(199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #81-01

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