

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 ability
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 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	22/12/2015 20:24
Date Of Accident	22/12/2015 08:50
Exact Location Of Accident	BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3597X
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	ENG YAN TIAN
NRIC No	S2638047B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82901815
Alternative Phone No	Others-82901815

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-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?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VA1/GA031104
Cover Note Number	

Driver

Name of Driver	ENG YAN TIAN
NRIC No	S2638047B
Date Of Birth	12/07/1965
Occupation	Outdoor
Date Of Driving Pass	24/03/1983
Driving Experience	32 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-82901815
Fax Number	
Contact Number	Others-82901815
EEmail Address	NOEMAIL

Address	BLK 20 DOVER CRESCENT #03-312
Postcode	130020
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- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

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 TRAVELLING ALONG BKE ON 22/12/15 @ 08:50AM. WE STOPPED ON THE ROAD BECAUSE TRAFFIC JEM IN FRONT OF ME. SUDDENLY WE FELT AN IMPACT FROM BEHIND THAT I REALISED THE VEH C (SGM 7751T) CAME FROM BEHIND HIT TO REAR PORTION OF VEH B (GBC 5124D). VEH B JERK FORWARD HIT TO MY CAR AND MY CAR FORWARD HIT TO VEH D (SHD 5170T).

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC5124D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGM7751T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHD5170T
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Accident Sketch Plan

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 truthful and accurate as possible. Any willful 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BKE

D	— SHD 5170 T.
A	— SJU 3597 X
B	— QBC 5124 D
C	— SQM 7751 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident

I was travelling along BKE on 21/12/15 @ 08:50am. We stopped on the road because traffic jam in front of me. Suddenly we felt an impact from behind that I realised the vehicle C (SGM7751T, came from behind hit to rear portion of vehicle B (GBc5124D). Vehicle B jerk forward hit to my car and my car forward hit to vehicle D. (SHD5170T).

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2638047B





Name
ENG YAN TIAN
 黄衍展
 Race
CHINESE
 Date of Birth
12-07-1965
 Country of Birth
MALAYSIA
 Sex
M

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S2638047B**
 Name:
ENG YAN TIAN
 Birth Date: **12 Jul 1965**
 Issue Date: **13 Feb 2004**





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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Mar 1983

NP 428A

Licence No: S2638047B




REPUBLIC OF SINGAPORE
IDENTITY CARD
NAME: ENG YAN TIAN
DATE OF BIRTH: 12-07-1965
APR 01 20 DOVER CRESCENT
100-012
SINGAPORE 180020



redefining / insurance

AXA Insurance Singapore Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

ENG YAN TIAN
 BLK 20 DOVER CRESCENT
 #03-312
 SINGAPORE 130020

Renewal

date
 13/04/2015

your servicing distributor
 JIN-SHI (HOLDINGS) PTE LTD / 03094

your servicing distributor contact
 64678380

Policy Schedule

Your SmartDrive Comprehensive Private APW

Your policy snapshot

Policyholder name	ENG YAN TIAN	Policy number	VA1 / GA031104
Cover	Comprehensive	FIN / NRIC	S2638047B
Period of Insurance	from 29/04/2015 to 28/04/2016 (both dates inclusive)		
Business/Profession	OTHER OCCUPATION		
	In the business or profession as declared and no other for the purpose of this insurance		

Premium breakdown

Gross Premium after 40% NCD	SGD 1,034.59
Total Discounts	- SGD 52.35
7% GST	SGD 68.76
Final Premium	SGD 1,051.00

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Private APW Benefits

- Loss or Damage
- Basic Own Damage Excess Reduction for AXA Premium Workshop.
- Medical and dental expenses up to \$500 per person for you or your authorised driver and a passenger
- Personal accident benefit of up to \$30,000 for you and your named drivers
- Legal Liability
- 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
- Loss of Personal Effects in Singapore up to \$3,000
- Daily Transport Allowance of \$50 for a maximum of 5 days
- Guaranteed Repairs for twelve (12) Months

Risk details

Make & Model of Vehicle	TOYOTA COROLLA ALTIS 1.6	Year of manufacture	2008
Vehicle registration number	SJU3597X	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1598
Seating capacity (excl driver)	4	Engine number	3ZZ4747493
		Chassis number	MR053ZEE106103415

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
Interested Party	HONG LEONG FINANCE LIMITED

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

AXA Insurance Singapore Pte Ltd (M2-0009922-2)
 8 Shenton Way, #27-01, AXA Tower,
 Singapore 068811
 Customer Care Department, #B1-01

JIN-SHI (HOLDINGS) PTE LTD
 5 Coronation Road #02-05
 Coronation Arcade Singapore 269406
 Tel: 6467 8380 Fax: 6467 5356

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



ODOMETER READING



CHASSIS NUMBER

