

Address 12 RIVERVALE LINK #05-23 SINGAPORE
Postcode 545045
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions LIGHT DRIZZLE
Road Surface WET

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) 3

Passenger 1 NAME: : PAX A
GENDER: : FEMALE

Passenger 2 NAME: : PAX B
GENDER: : MALE

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

SEE ATTACH SKETCH PLAN,STATEMENT & VIDEO.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGX9071B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number S1518388H
Contact Number
Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMM4109Y

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

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 wilful misrepresentation or withholding of material facts may allow insurance companies to renegate 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 situated 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 enforcers 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: 21/12/19 3:15pm

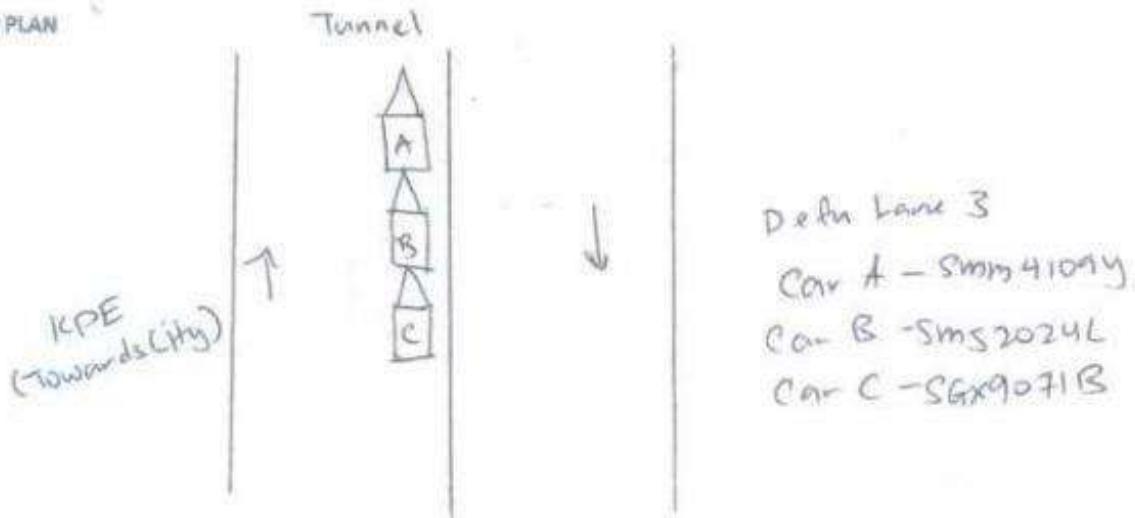


Driver's Signature
If driver is not the policyholder
Date & Time: 21/12/19 3:15pm

Reporting Centre Personnel's Signature
Name:
MOP/EMN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along KPE towards City on lane 2 of expressway. At the stretch of KPE before Defn Lane 3, before the tunnel entrance, the vehicle in front of mine came to a stop. I stopped my car behind the vehicle in front, felt a bang from the back of my car and subsequently hit the vehicle in front of mine.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 21/12/19
3:15pm

Driver's Signature

(If driver is not the policyholder)
Date & Time: 21/12/19
3:15pm

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No:

Sketch Plan #3

八九四

MOTOR ACCIDENT REPORT FORM

DETAILS OF OTHER VEHICLE PROPERTY 2	
Vehicle Registration No.: <u>SiMM 410745</u>	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver: <u>Sim Tock Yeng</u>	NRIC/Passport Number: <u>S 3534955D</u>
Contact Number:	
Address:	(Post Code)
Insurance Company Name:	
Nature of Damage:	No. of Passengers (including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF OTHER VEHICLE PROPERTY 3	
Vehicle Registration No.:	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver:	NRIC/Passport Number:
Contact Number:	
Address:	(Post Code)
Insurance Company Name:	
Nature of Damage:	No. of Passengers (including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF OTHER VEHICLE PROPERTY 4	
Vehicle Registration No.:	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver:	NRIC/Passport Number:
Contact Number:	
Address:	(Post Code)
Insurance Company Name:	
Nature of Damage:	No. of Passengers (including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF INJURED PERSONS	
Name:	
Address:	
Post Code:	
Approximate Age:	
Injuries Sustained:	
Occupied person in which vehicle:	
Were seat belts worn? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Were injured conveyed to hospital by ambulance? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Name:	
Post Code:	
Approximate Age:	
Injuries Sustained:	
Occupied person in which vehicle:	
Were seat belts worn? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Were injured conveyed to hospital by ambulance? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

30 June 2010

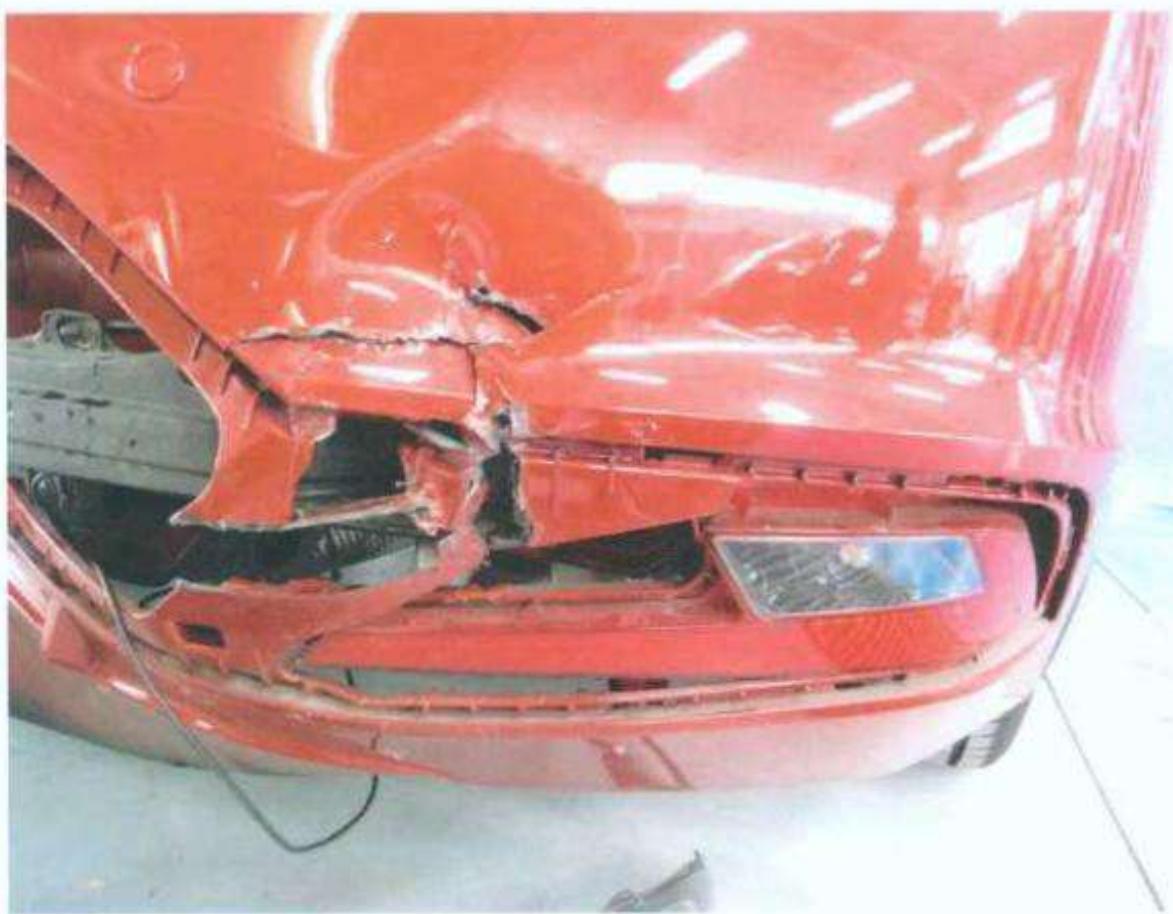
Accident Photo



Accident Photo



Accident Photo



Accident Photo



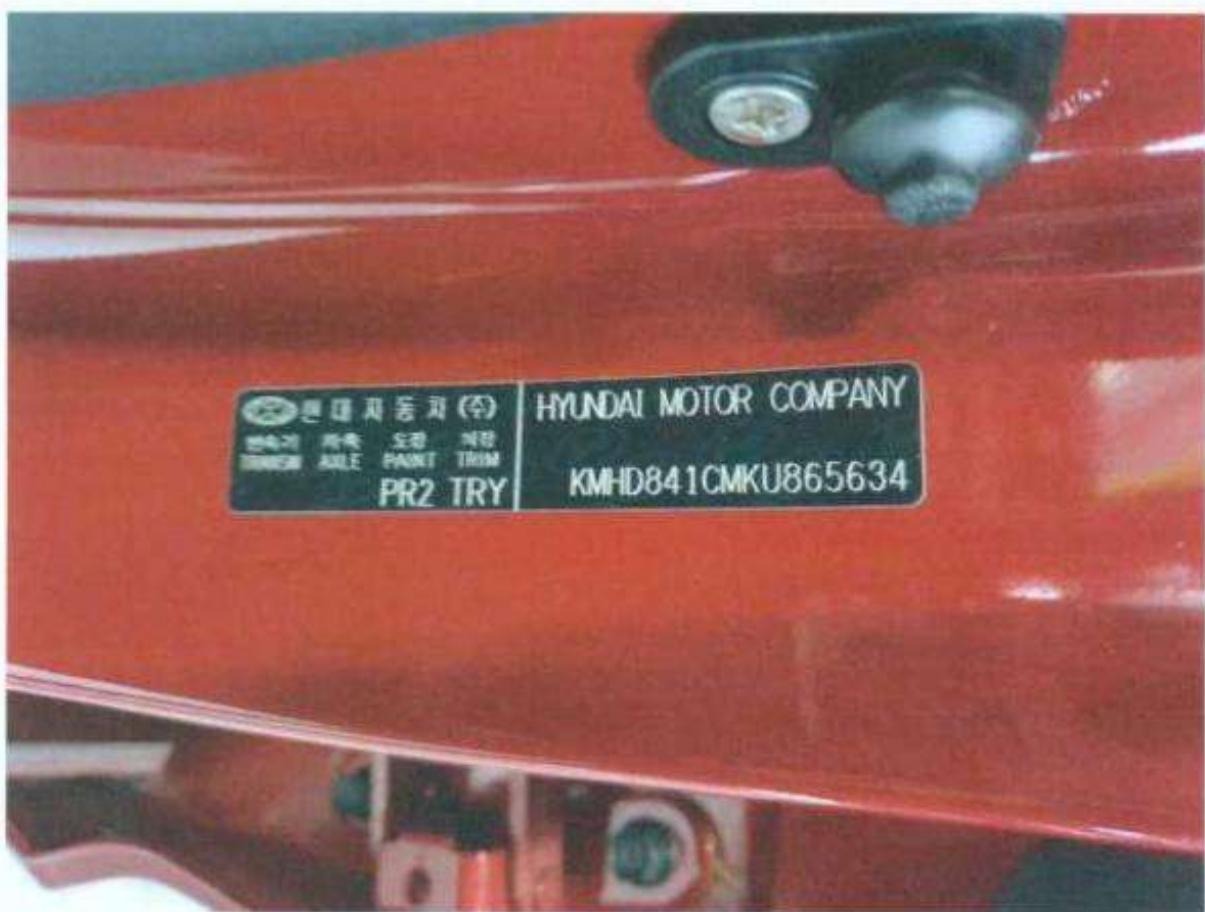
Accident Photo



Accident Photo



Accident Photo



Driving License



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 23/12/2019 13:27
Date Of Accident 21/12/2019 11:50
Exact Location Of Accident BUANGKOK ENTERING KPE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGX9071B

Insured/Policyholder

Name Of Registered Owner SIM TIOK YENG
NRIC No S7534858D
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-93556666
Alternative Phone No OFFICE-93556666

Vehicle Particulars

Manufacturer HONDA
Model CIVIC

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? YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number GA260720
Cover Note Number

Driver

Name of Driver SIM TIOK YENG
NRIC No S7534858D
Date Of Birth 15/11/1975
Occupation INDOOR
Date Of Driving Pass 17/08/2009
Driving Experience 10 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-93556666
Fax Number
Contact Number OFFICE-93556666
EMail Address NOEMAIL

Address	BLK 998A BUANGKOK CRESCENT #16-713
Postcode	531998
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	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	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

FRONT VEHICLE SUDDENLY JAM BRAKE AND STOP. I BRAKE BUT COULD NOT STOP IN TIME AND HIT INTO VEHICLE B REAR PORTION. AS VEHICLE IS CAUGHT IN BETWEEN VEHICLE A AND VEHICLE C, I DID NOT MANAGE TO TAKE DOWN VEHICLE B NUMBER PLATE.

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	UNKNOWN
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMM4109Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
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

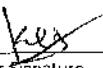
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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I understand, acknowledge, agree and consent that:

- (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:

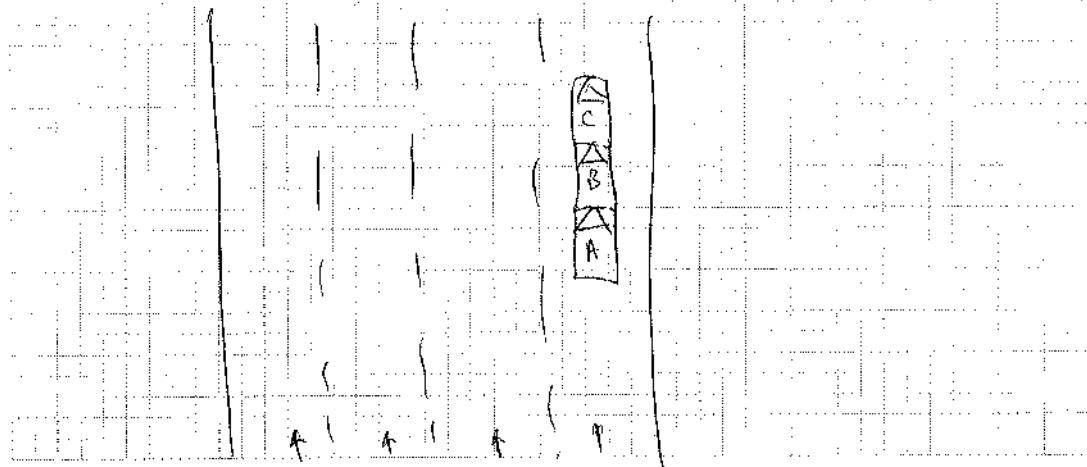
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

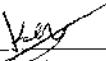


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front vehicle suddenly jammed brake and stop, I brake but could not stop in time and hit into vehicle B rear portion. As vehicle B is caught in between vehicle A and C, I did not manage to take down vehicle B complete much.

DECLARATION

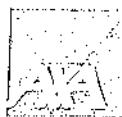
I/We declare the foregoing particulars are true in every respect.


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.:

Sketch Plan #3 Pg. 1



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 23/12/2029 To: Owner of Vehicle Number 26X 907HB

The following has been advised to you via your workshop, SAME MOTOR LTD through their staff,

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.
➤ if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
➤ if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible

There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to import 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 4 - 6 weeks. 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.

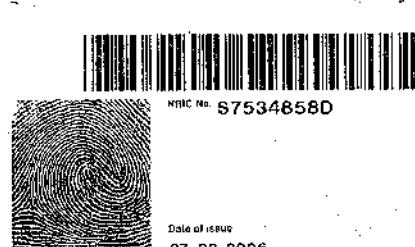
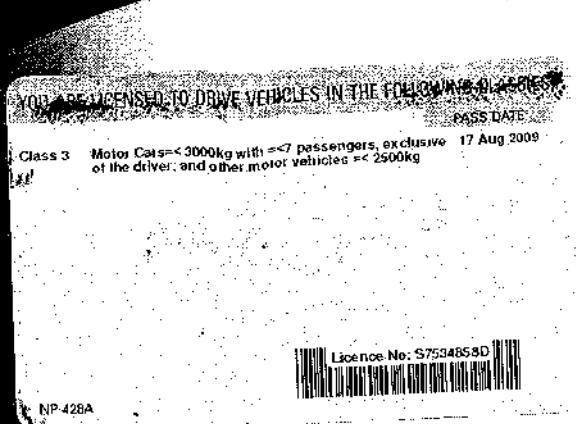
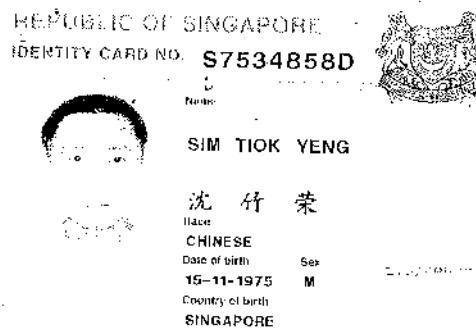
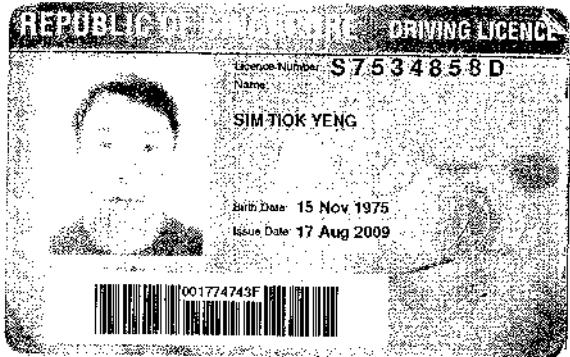
Others _____

Signed and acknowledged by:

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

Name and signature of workshop personnel including company stamp

Driving License Pg. 1





redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4688 (Within Singapore)
 (65) 6980 4888 (International)
 ☎ (65) 6880 4740
 ☎ customer.care@axa.com.sg
www.axa.com.sg

SIM TIOK YENG
 BLK 1 KAMPOONG KAYU ROAD
 #02-10
 SINGAPORE 431001

Renewal

Date
 13/08/2019

Your servicing distributor
 WATERBANK AGENCIES / 04049

Your servicing distributor contact
 93853766

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policetholder name Cover Period of Insurance	SIM TIOK YENG Comprehensive from 11/09/2019 to 10/09/2020 (both dates inclusive)	Policy number VIA / NRIC S7634668D
--	--	--

Premium breakdown

Gross Premium after SG\$ 1,000	SGD 871.78
- Total Discounts	- SGD 121.11
- SGD 66.00	SGD 52.55
Final Premium	SGD 803.22

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get SGD cash reward with no excess
- Collision Damage Waiver (CDW) included
- Loss or Damage
- Legal Liability

Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protection

Add-on Benefits

- Courtesy Car Standard (to substitute up to SGD 1,200 per day)

Vehicle details

Make & Model of Vehicle	HONDA CIVIC 1.8 VTi	Year of manufacture	2007
Vehicle's registration number	SGX90718	Type of Use	Private use
Body type	SALOON	Engine capacity (cc.)	1799
Seating capacity (excl. Driver)	4	Engine number	R18A1032076
Off-Road car	No	Chassis number	FD11101970

Insured's Estimated Market Value

Uninsured to use
 Finance Team Company

Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance
 MAYBANK

Excess applicable

(refer to Policy Wording for further applicable Excesses)

Windscreen Excess

Not Applicable

AXA Insurance Pte Ltd (A99903512M)
 8 Shenton Way, #24-02, AXA Plaza,
 Singapore 068811
 Customer Centre, #81-01

1 of 2

Accident Photo

本田技研工業株式会社
型式 DBA-FD1
車番号 FD1-1101970
TYPE 1.8G
SNB7 3B0-NH624P -F -S

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

To : AXA Insurance Pte Ltd

DATE: 7/1/2020

Survey details

Date of loss	21/12/2019
Date of appointment	24/12/2019
Date of survey	26/12/2019
Location of survey	MY CAR CONSULTANT PTE LTD

Vehicle Details:

Claim Type:	THIRD PARTY
Vehicle number	SMM 4109Y
Make and Model	TOYOYA NOAH HYBRID 1.8X CVT
Date of registration	27/6/2019
Excess	
Market Value	\$117,000.00
Parf Rebate	\$67,699.00
Nett Loss	\$49,301.00

Repair details

Initial Estimate	
------------------	--

Proposed/Revised repair cost:

Parts	
"Check items (Estimated)	
Labour	
Total	
Lump Sum (Estimated)	
Number of days of repair	7 days (est)

Remarks:

The estimated repair cost of the damaged vehicle is
in the region of \$5,000.00-\$6,000.00