

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	-
	-
	-
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 renege on 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 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: 21/12/19 3:15pm

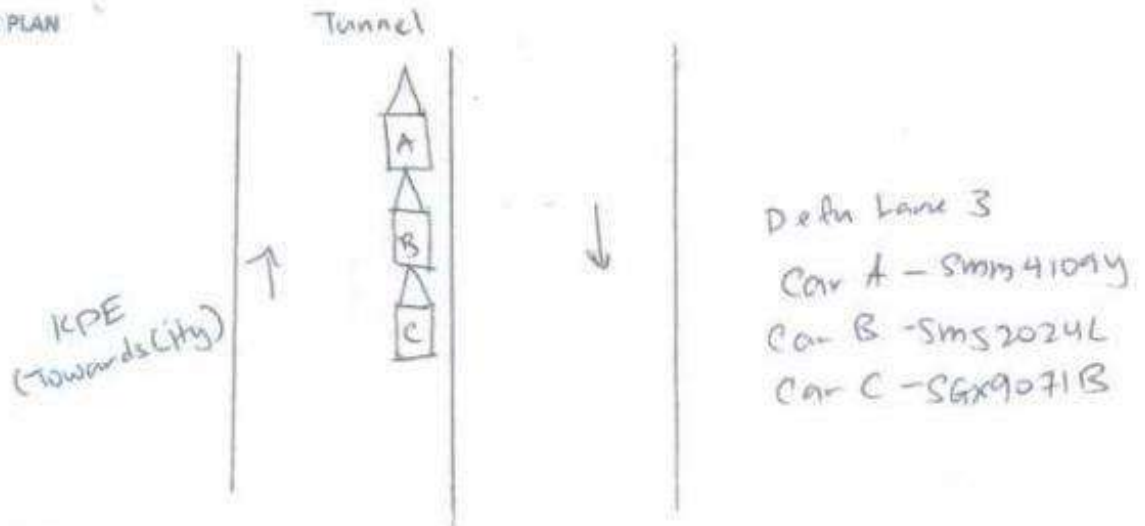


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/12/19 3:15pm

Reporting Centre Personnel's Signature
Name: ABU/PSM 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

MOTOR ACCIDENT REPORT FORM

ANNEX A

DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration No.: <u>Smm41074</u>	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver: <u>Sim Tiok Yeng</u>	NRIC/Passport Number: <u>S 7534858D</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 2	
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 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 INJURED PERSON 1	
Name:	
Address:	
Post Code:	
Approximate Age:	
Injuries Sustained:	
Injured person in which vehicle:	
Were seat belts worn? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	
DETAILS OF INJURED PERSON 2	
Name:	
Address:	
Post Code:	
Approximate Age:	
Injuries Sustained:	
Injured person in which vehicle:	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	

30 April 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

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. 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.

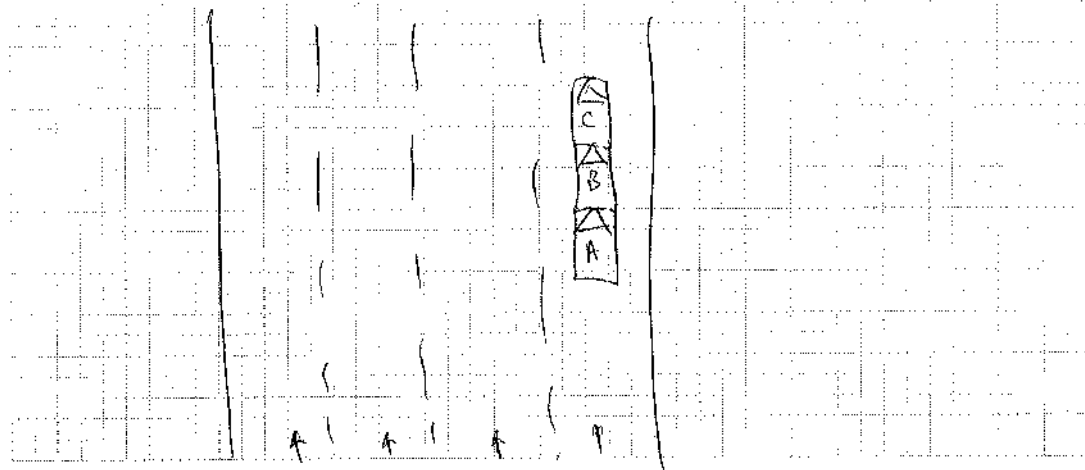
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

From vehicles suddenly jammed brake and stop, I brake but could not stop in time and hit into vehicle B new position. As vehicle B is caught in between vehicle A and C, I did not manage to take down vehicle B capture number.

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.:



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 23/12/2009 To: Owner of Vehicle Number: 24X 9071B
 The following has been advised to you via your workshop, ONE MOTOR PT 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 indent 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:

[Signature]
 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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo

Licence Number: **S7534858D**
Name: **SIM TIOK YENG**
Birth Date: **15 Nov 1975**
Issue Date: **17 Aug 2009**

Barcode: 001774743F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7534858D**

Portrait photo

Name: **SIM TIOK YENG**
沈竹榮
Race: **CHINESE**
Date of birth: **15-11-1975** Sex: **M**
Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver, and other motor vehicles $\leq 2500\text{kg}$

PASS DATE: **17 Aug 2009**

Licence No: **S7534858D**

NP 428A

Barcode

NRIC No: **S7534858D**

Portrait photo

Date of issue: **27-02-2006**

APT BLK 998A BUANGKOK CRESCENT #16-713
SINGAPORE 531998

NRIC No: **S7534858D** Date: **26/02/2019**



redefining / insurance

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

AXA Insurance Pte Ltd
☎ 1800 380 4688 (Within Singapore)
(65) 6880 4886 (International)
☎ (65) 6880 4740
✉ customer.care@axa.com.sg
www.axa.com.sg

Renewal

date
19/09/2019

your servicing distributor
WATERBANK AGENCIES / 04049

your servicing distributor contact
93853766

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	SIM TIOK YENG	Policy number	VA1 / GA280720
Cover	Comprehensive	FIN / NRIC	S7534558B
Period of Insurance	from 11/09/2019 to 10/09/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% VECG	SGD 871.78
Total Discounts	- SGD 121.11
	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 \$50 cash reward with no excess
- Courtesy Car / Replacement Vehicle (if applicable)
- Loss or Damage
- Legal Wrider

SmartDrive Comprehensive Essential Benefits

- Basic own damage excess waiver
- No Claim Discount Protection

Add-on Benefits

- Courtesy Car Provided in Singapore up to 14 (14) days

Vehicle details

Make & Model of Vehicle	HONDA CIVIC 1.8 VTI	Year of manufacture	2007
Vehicle registration number	S6X80713	Type of Use	Private use
Body type	SALOON	Engine capacity (cc)	1799
Seating capacity (exact figure)	4	Engine number	R18A1032076
On Road car	No	Chassis number	FD11101970

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Intended to use	As per Certificate of Insurance
Financed from Company	MAYBANK

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

Windscreen Excess	Not Applicable
-------------------	----------------

AXA Insurance Pte Ltd (189933512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 2



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	TOYOTA NOAH HYBRID 1.8X CVT
Date of registration	27/6/2019
Excess	
Market Value	\$117,000.00
Part 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