

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	26/05/2020 12:49
Date Of Accident	23/05/2020 18:00
Exact Location Of Accident	JEWEL CARPARK BASEMENT 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ9832J
Insured/Policyholder	
Name Of Registered Owner	CHIA GEOK CHOO CHRISTINE
NRIC No	S0077479J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81137801
Alternative Phone No	OFFICE-81137801

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS

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
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA098512
Cover Note Number	

Driver

Name of Driver	SEOW LI CHANG MARK
NRIC No	S8340078A
Date Of Birth	22/12/1983
Occupation	INDOOR
Date Of Driving Pass	14/08/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93861911
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	457 KEW CRESCENT
Postcode	466250
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	COLLISION - HEAD ON 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)	4
Passenger 1	NAME: : CHATMANEE GENDER: : FEMALE
Passenger 2	NAME: : SILAS SEOW GENDER: : FEMALE
Passenger 3	NAME: : CELINE SEOW GENDER: : FEMALE

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

REFER TO ATTACH.

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	SMP7997P
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

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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

REFER TO ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED

DECLARATION

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



Policyholder's Signature
Date & Time:



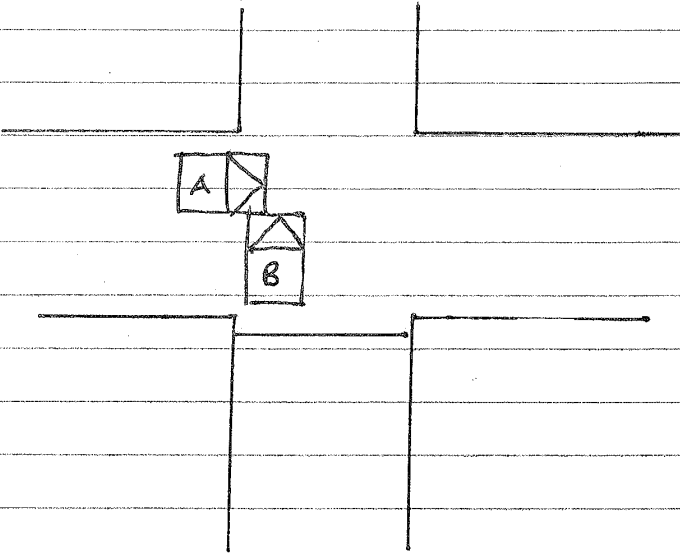
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #3 Pg. 1

No: _____

Date: _____



A - SMP 7997P

B - SCZ 9832J

Mark Seow 88340078A

Mark Seow

No: _____

Date: _____

On 23/5/20, I was driving my car SCZ 9832J along the carpark of Jewel Changi Airport at basement 3. I was looking out for a carpark lot to park my car.

As I was slowly approaching the cross-junction, I slowed down and after observing that the course is clear, I slowly proceeded ahead.

Suddenly, a car SMP 7997P came from my left hand side at a considerably fast speed and collided against the front left corner of my car.

No one was apparently injured and I alighted to exchange personal details.

SCZ 9832 J sustained damages at the ^{front} left side & corner
SMP 7997P sustained damages at the front right corner

No one was injured

Wahg Seow 588400789

a



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 26/05/2020

To: Owner of Vehicle Number: SCZ 9830 J

The following has been advised to you via your workshop, SUNE MOTOR PTE 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 _____ 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
IDENTITY CARD NO. S8340078A



Name

SEOW LI CHANG, MARK
(XIAO LICHANG, MARK)

蕭立昌

Race

CHINESE

Date of birth

22-12-1983

Sex

M

Country of birth

SINGAPORE

S8340078A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8340078A

Name: SEOW LI CHANG, MARK
(XIAO LICHANG, MARK)

Birth Date: 22 Dec 1983
Issue Date: 13 Apr 2013

002170417B

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: SCZ 9830J

Date of Accident: 23/05/20



4969374

NRIC No. S8340078A



Date of Issue

16-04-2013

457 KEW CRESCENT
SINGAPORE 468250

NRIC No: S8340078A

Date: 21/11/2015

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 14 Aug 2008
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg



NP 428A



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

CHIA GEOK CHOO CHRISTINE
 457 KEW CRESCENT
 SINGAPORE 466250

Renewal

date
 05/03/2020

your servicing distributor
 JG MOTOR AGENCY / 00871

your servicing distributor contact
 6344 7432

Policy Schedule

Your SmartDrive Comprehensive For Her

Your policy snapshot

Policyholder name	CHIA GEOK CHOO CHRISTINE	Policy number	VA1 / GA098512
Cover	Comprehensive	FIN / NRIC	S0077479J
Period of Insurance	from 08/04/2020 to 07/04/2021 (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD 2,092.20
Total Discounts	- SGD 220.87
7% GST	SGD 130.99
Final Premium	SGD 2,002.32

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive For Her Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Daily Transport Allowance of \$50 for a maximum of ten (10) days
- Basic Own Damage Excess Waiver from Third Year if you are accident-free during the first two (2) years.
- Phone assistance and roadside support
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	TOYOTA COROLLA ALTIS 1.6	Year of manufacture	2008
Vehicle registration number	SCZ9832J	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1598
Seating capacity (excl driver)	4	Engine number	3ZZ4743279
Off-Peak car	No	Chassis number	MR053ZEE106101930

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 800.00
Windscreen Excess	SGD 100.00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

