

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 | 04/07/2015 10:47 |
| Date Of Accident | 25/01/2015 10:00 |
| Exact Location Of Accident | BUKIT BATOK WEST AVE 5 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJQ8835Y |
| Insured/Policyholder | |
| Name Of Registered Owner | YEO BEE KHIM |
| NRIC No | S7716129E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96823099 |
| Alternative Phone No | Office-96823099 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HYUNDAI |
| Model | AVANTE-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 | Reporting Only |
| Vehicle Category | Private Car |

Insurance Company

| | |
|---------------------------|---------------------------------|
| Name of Insurance Company | AXA Insurance Singapore Pte Ltd |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | GA000399 |
| Cover Note Number | 29/05/2015-28/05/2016 |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | YEO BEE KHIM |
| NRIC No | S7716129E |
| Date Of Birth | 16/06/1977 |
| Occupation | Indoor |
| Date Of Driving Pass | 13/05/2009 |
| Driving Experience | 5 Years And 8 Months |
| Gender | Female |
| Mobile Number | (Local) +65-96823099 |
| Fax Number | |
| Contact Number | Office-96823099 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | APT BLK 343 BUKIT BATOK STREET 34 #04-98 SINGAPORE |
| Postcode | 650343 |
| Was driver an employee of the Insured's Company | Yes |
| If No, Relationship of the Driver with the Insured | |
| 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 to Rear (Insured Hit TP) |
| 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) | 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

REFER SKETCH PLAN

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SKF6321Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEH B |
| 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 | |

SKETCH PLAN

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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.

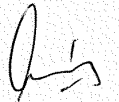
(collectively the "Purposes")

(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

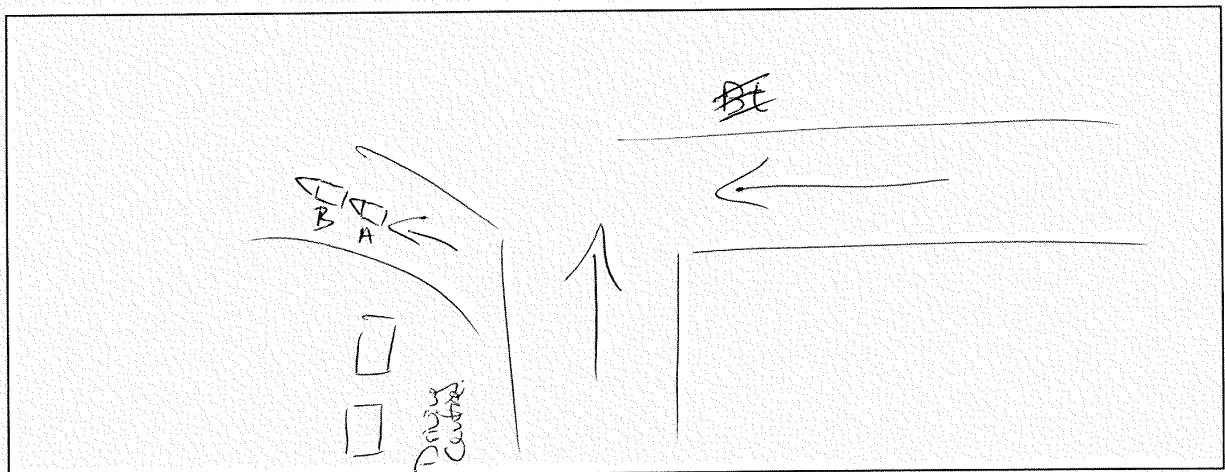
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
JORDAN LEE

Sketch Plan

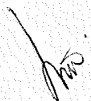


Describe Circumstances of the Accident

I WAS AT THE SLIP ROAD OF BUKIT BATOK ROAD,VEH B- SKF6321Y WAS IN FRONT OF ME. AFTER I CHECKED THE TRAFFIC WAS CLEAR, I SLOWLY MOVE ON, UNFORTUNENALLY THE VEH B IN FRONT OF ME WASN'T MOVING, AT THE END I HIT ON VEH B REAR PORTION. AFTER THAT I FOLLOW THE INSTRUCTOR BACK TO DRVING CENTER TO MAKE A REPORT.

Declaration

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
JORDAN LEE



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

YEO BEE KHIM
 BLK 343 #04-98
 BUKIT BATOK ST 34
 SINGAPORE 650343

Renewal

date
19/05/2015

your servicing distributor
INSMART (INSURANCE) AGENCY PTE LTD / 08198

your servicing distributor contact
6842 0766

Policy Schedule

Your **SmartDrive Comprehensive ForHer**

Your policy snapshot

| | | | |
|---------------------|--|---------------|----------------|
| Policyholder name | YEO BEE KHIM | Policy number | VA1 / GA000399 |
| Cover | Comprehensive | FIN / NRIC | S7716129E |
| Period of Insurance | from 29/05/2015 to 28/05/2016 (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 0% NCD | SGD 1,559.84 |
| Total Discounts | - SGD 389.74 |
| 7% GST | SGD 81.90 |
| Final Premium | SGD 1,252.00 |

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive ForHer Benefits

- Loss or Damage
- 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
- Phone Assistance and Roadside Support
- Daily Transport Allowance of \$50 for a maximum of 10 days
- Guaranteed Repairs for twelve (12) Months
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Flood Protection
- Basic Own Damage Excess Waiver from 3rd Year

Add-on Benefits

- Personal accident benefit of up to \$50,000 for you and your named drivers

Risk details

| | | | |
|--------------------------------|--------------------------|------------------------|------------------|
| Make & Model of Vehicle | HYUNDAI AVANTE 1.6 SEDAN | Year of manufacture | 2009 |
| Vehicle registration number | SJQ8835Y | Type of Use | Private use |
| Body type | SALOON | Engine capacity (c.c.) | 1591 |
| Seating capacity (excl driver) | 5 | Engine number | G4FC9U661941 |
| | | Chassis number | KMHU41BR9U771668 |

| | |
|----------------------------------|--|
| 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 | MAYBANK |

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

1 of 2



redefining / insurance

AXA INSURANCE SINGAPORE PTE LTD
☎ 1800-880 4888 (Within Singapore)
(65) 6880 4888 (International)
☎ (65) 6338 2522
🌐 www.axa.com.sg

16 June 2015

YEO, BEE KHIM
BLK 343 BUKIT BATOK ST 34 #04-98
SINGAPORE 650343

**AR REGISTERED & NORMAL POST
2ND REMINDER**

Dear Sir,

YOUR REF : SJQ8835Y

OUR REF : C0329473MC/KC

ACCIDENT INVOLVING SJQ8835Y & SKF6321Y ON 25/01/2015 AT/ALONG SLIP RD OF BUKIT BATOK WEST AVENUE 5

We refer to our letters of 28.05.2015 (AR Registered) requesting for your reporting of the above accident.

We have checked our records and we are unable to trace your reporting of the accident to our office. For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of our AXA Premium Workshops. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our Premium Workshops conveniently located throughout Singapore. **Please report the accident within the next 05 days, i.e by noon of 21.06.2015.**

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our Premium Workshops or reporting centres (if applicable) with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

Please take note that we shall inform the Traffic Police of the non-reporting if we do not hear from you then.

Furthermore, the owner of SKF6321Y has submitted a claim against you and we are unable to revert on their claim as a result of your non-reporting of the above accident. If we fail to hear from you by 21.06.2015, we shall assume that indemnification under the Policy is not sought, and we shall refer the third party claim to you for direct handling.

Please disregard this letter if you have already reported the above accident.

If you need any clarification, please do not hesitate to contact our Claims Service Team hotline at 1800-8804741 (operating hours: 9am to 5.30pm) or email us at cst@axa.com.sg by quoting our claim reference and we shall be pleased to assist you.

Yours faithfully

This is a computer generated letter and no signature is required

Motor Claims Department

cc INSMART (INSURANCE) AGENCY PTE LTD - A/c no. 08198
-Please assist in the matter. We shall inform the Traffic Police of the non-reporting if we still do not receive the SAS report

AXA INSURANCE SINGAPORE PTE LTD
8 Shenton Way, #27-01 AXA Tower, Singapore 068811
Customer Care Department: #B1-01
GST Registration No.: M2-0009922-2 Co. Reg. No.: 196900406D



Date: 04/07/2015

To: Owner of Vehicle Number: SJQ8835Y

The following has been advised to you via your workshop, ETHOZ GROUP LTD through their staff, Jordan Lee.

Please tick the applicable box if you had been advice on the content as seen below:

- ☐ You had been advised by the workshop that in the event 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.
- ☐ 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.
- ☐ The Estimation 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, your Insurance company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.

- ☐ You had been advised by the workshop of the Twelve (12) months warranty for **Own Damage** repairs on workmanship related to the accident.

Signed and acknowledge by:

YEO BEE KHIM 

Name and signature of policyholder/ authorised driver


Jordan Lee

Name and signature of workshop personnel including company stamp

ETHOZ GROUP LTD 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | www.ethozgroup.com
Company Registration No. 198104531H

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

