

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	25/06/2020 12:10
Date Of Accident	24/06/2020 15:55
Exact Location Of Accident	PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH2266P
Insured/Policyholder	
Name Of Registered Owner	TAY BOON CHONG KEVIN
NRIC No	S7910226A
Email Address	TAYKELVIN2266@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91912601
Alternative Phone No	OFFICE-91912601

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER

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	GA508506
Cover Note Number	

Driver

Name of Driver	TAY BOON CHONG KEVIN
NRIC No	S7910226A
Date Of Birth	01/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2000
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91912601
Fax Number	
Contact Number	OFFICE-91912601
Email Address	TAYKELVIN2266@GMAIL.COM

Address	BLK 670B EDGEFIELD PLAINS #12-626
Postcode	822670
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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

VEHICLE B IN FRONT WAS TURNING LEFT. THE DRIVER STOP TO GIVE WAY TO PEDESTRAIN CROSSING. I DID NOT NOTICE AND END UP HIT ONTO VEHICLE B REAR PORTION.

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	SKE4073G
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.



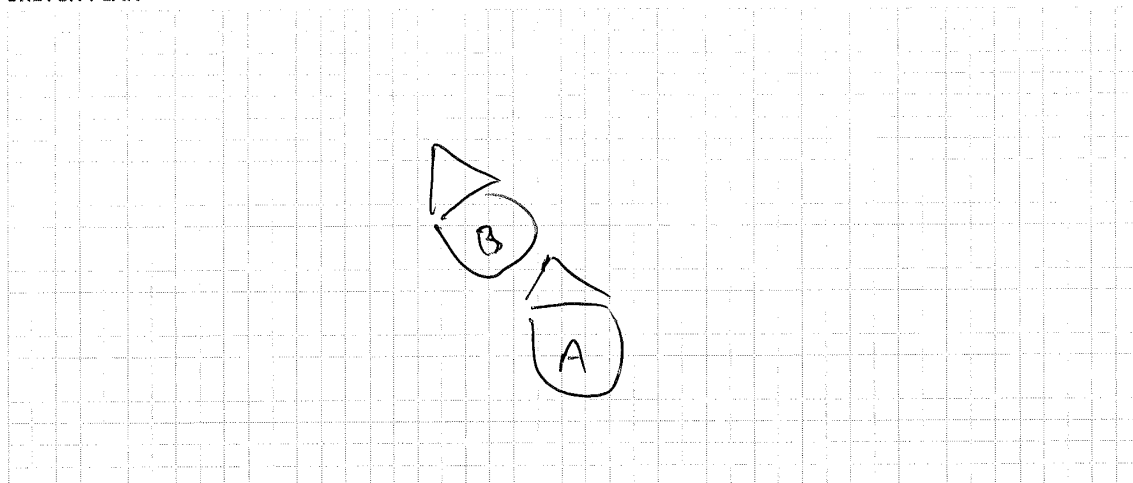
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B in front was turning left, the driver
stop to give way to pedestrian crossing, I did not
notice and end up hit onto vehicle B rear
portion.

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.:

LETTER OF UNDERTAKING

I/We, TAY BOON CHONG KEVIN, the owner of vehicle no. SRH 2266P

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our ^{OP}~~Third Party~~ claim is handle by my/our preferred workshop, AF MOTORWORKZ PTE LTD

Signed and Acknowledge by:

Kevin 57910226A
Nric no. & signature of policyholder

.....
Company stamp

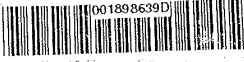
25/06/20
.....
Date

Identification Card Pg. 1

REPUBLIC OF SINGAPORE
DRIVING LICENCE

Licence Number: **S7910226A**
Name: **KEVIN TAY BOON CHONG**

Birth Date: 01 Apr 1979
Issue Date: 01 Oct 2010

 001898639D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7910226A**



Name: **KEVIN TAY BOON CHONG**

Race: **CHINESE**
Date of birth: **01-04-1979** Sex: **M**
Country of birth: **SINGAPORE**


Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: SKH 2266P


Date of Accident: 24/06/20

Driving License Pg. 1

4617332



NRIC No: S7910226A



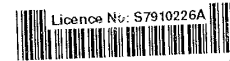
Date of issue
17-08-2010

APT. BLK 670B EDGEFIELD PLAINS #12-626
SINGAPORE 822670

NRIC No: S7910226A Date: 24/12/2015

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	10 Jul 1996
Class 2A	Motorcycles between 201 cc and 400 cc	30 Nov 1999
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	10 Jul 2000




NP 428A


Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: SC 2266 P
Date of Accident: 24/06/20

4617332



NRIC No: S7910226A



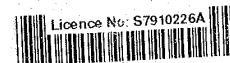
Date of issue
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SINGAPORE 822670

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NP 428A



redefining insurance

TAY BOON CHONG KEVIN
670B EDGEFIELD PLAINS #12-626
SINGAPORE 822670

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

New business

date
24/10/2019

your servicing distributor
YUNROU AF-JIANG / 12830

your servicing distributor contact
62205333

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	TAY BOON CHONG KEVIN	Policy number	VA1 / GA508506
Cover	Comprehensive	FIN / NRIC	S7910226A
Period of Insurance	from 11/11/2019 to 10/11/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 40% NCD	SGD 1,418.15
Total Discounts	- SGD 75.62
7% GST	SGD 93.98
Final Premium	SGD 1,436.51

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- 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

- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	mitsubishi outlander 2.4 CVT	Year of manufacture	2015
Vehicle registration number	SKN2266P	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	2360
Seating capacity (excl driver)	5	Engine number	4B12QM3496
Off-Peak car	No	Chassis number	JMYXTGF3WGW001921

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	MAYBANK

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

Basic Own Damage Excess	SGD 400.00
Windscreen Excess	SGD 100.00

Drivers details

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

