

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	05/03/2020 17:13
Date Of Accident	04/03/2020 15:30
Exact Location Of Accident	PIE (TUAS) BEFORE CTE (CITY) EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1005T
Insured/Policyholder	
Name Of Registered Owner	GOH MAO QUAN
NRIC No	S9300140J
Email Address	ADENGMQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96691203
Alternative Phone No	OFFICE-96691203

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX

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 THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA523082
Cover Note Number	

Driver

Name of Driver	GOH MAO QUAN
NRIC No	S9300140J
Date Of Birth	04/01/1993
Occupation	INDOOR
Date Of Driving Pass	11/01/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96691203
Fax Number	
Contact Number	OFFICE-96691203
EEmail Address	ADENGMQ@GMAIL.COM

Address	BLK 23 EUNOS CRESCENT #12-3021
Postcode	400023
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 - CHANGE/CROSS LANE
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?	YES
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

I AM TRAVELLING IN MY LANE WHEN VEHICLE B FROM THE RIGHT LANE CUT ACROSS 3 LANES AND HIT INTO MY VEHICLE'S FRONT RIGHT 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	SMK5676E
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 INJURED PERSON 1

Name	GOH MAO QUAN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJM1005T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

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: 5/3/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

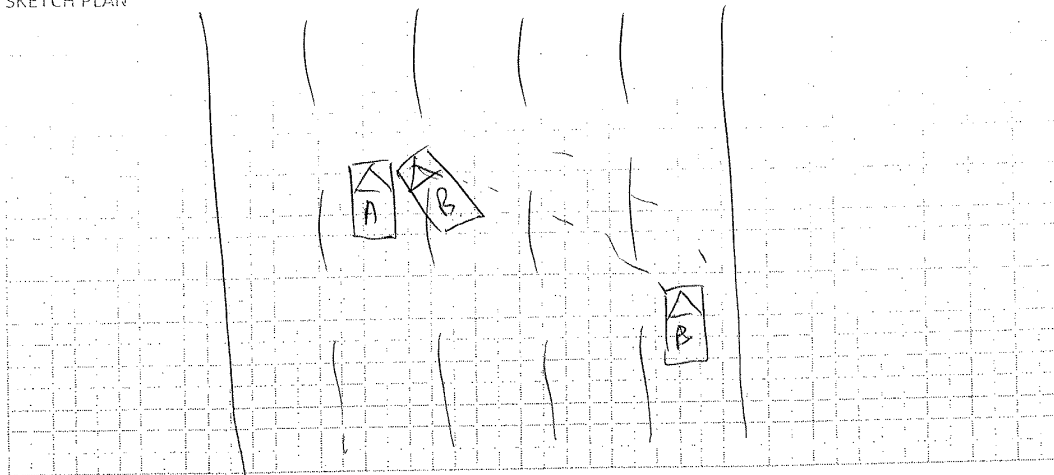
NRIC/FIN No.:

ADEN BM @ GMAIL . COM

ADEN BM @ GMAIL . COM

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am traveling straight in my lane when vehicle B from the right lane cut across 3 lanes and hit into my vehicle's front right 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, GIORH MAD QUAN, the owner of vehicle no. SYM10057

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 Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:



.....
Nric no. & signature of policyholder

.....
Company stamp

05/03/20
.....
Date

Driving License Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9300140J**



Name
GOH MAO QUAN


吴茂全

Race
CHINESE

Date of birth
04-01-1993


Sex
M

Country of birth
SINGAPORE



S9300140J

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **S9300140J**

Name
GOH MAO QUAN


Birth Date: **04 Jan 1993**

Issue Date: **11 Jan 2018**


002762934E



4160438



NRIC No. **S9300140J**



Date of issue
15-01-2008


Address
**APT BLK 23 EUNOS CRESCENT
#12-3021
SINGAPORE 400023**

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	11 Jan 2018

NP 428A

Licence No: **S9300140J**





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

GOH MAO QUAN
 23 EUNOS CRESCENT #12-3021
 SINGAPORE 400023

New business

date
 02/01/2020

your servicing distributor
 INSURE LINK PTE LTD / 04247

your servicing distributor contact
 64444644

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	GOH MAO QUAN	Policy number	VA1 / GA523082
Cover	Comprehensive	FIN / NRIC	S93001401
Period of Insurance	from 24/12/2019 to 23/12/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 10% NCD	SGD 1,784.14
7% GST	SGD 124.89
Final Premium	SGD 1,909.03

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on Benefits

- Basic Own Damage Excess Doubled

Vehicle details

Make & Model of Vehicle	MITSUBISHI LANCER EX 2.0	Year of manufacture	2008
Vehicle registration number	SJM1005T	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1998
Seating capacity (excl driver)	4	Engine number	4B11CN6411
Off-Peak car	No	Chassis number	JMYSTCY4A9U001783

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	INDEX CREDIT PTE LTD

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

Basic Own Damage Excess	SGD 1,300.00
Voluntary Excess	SGD 1,300.00
Total Own Damage Excess	SGD 2,600.00
Windscreen Excess	SGD 200.00

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

