

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	13/07/2020 14:21
Date Of Accident	11/07/2020 23:00
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN605P
Insured/Policyholder	
Name Of Registered Owner	CHOW JU CHUEN JEFFREY
NRIC No	S1548338E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81334387
Alternative Phone No	OFFICE-81334387

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 (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? 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	VA1/GA340154
Cover Note Number	

Driver

Name of Driver	CHOW YI LONG JEREMY
NRIC No	S9434478F
Date Of Birth	17/09/1994
Occupation	INDOOR
Date Of Driving Pass	16/08/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81334387
Fax Number	
Contact Number	OFFICE-81334387
EEmail Address	NOEMAIL

Address	APT BLK 104 JALAN DUSUN #04-05
Postcode	320104
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PASSENGER 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

REFER TO ATTACHMENT.

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	SLM2946Y
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 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:

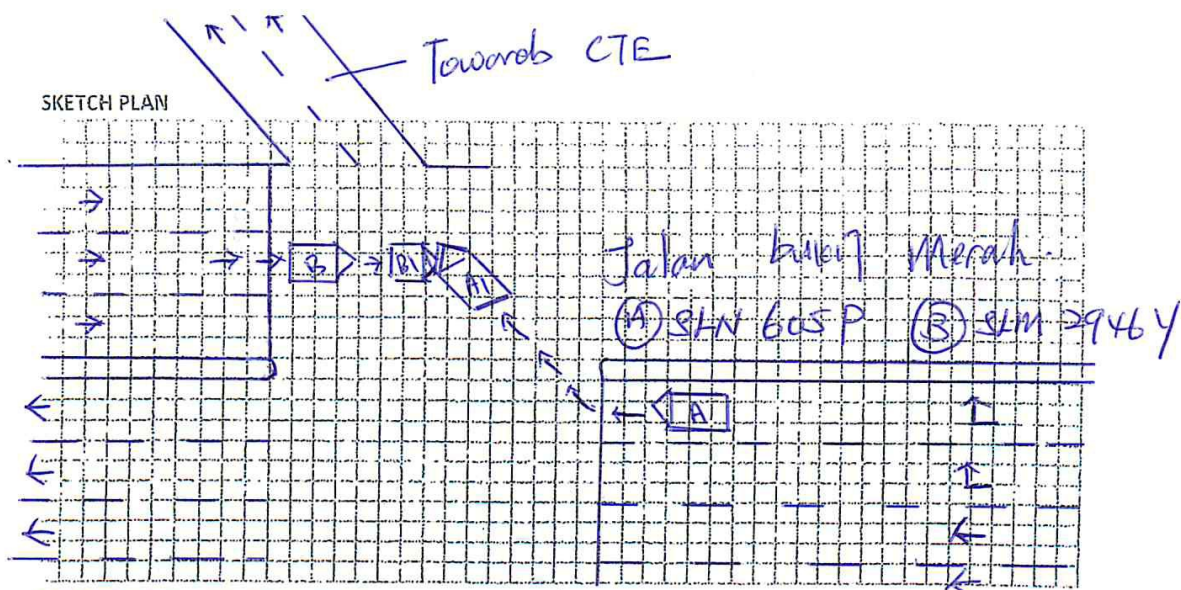
Driver's Signature
(If driver is not the policyholder)
Date & Time:



PAULO

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

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/7/2020 around 11pm, I was driving my veh (SLN 605P) along Jalan bukit Merah on the right lane turning into CTE. As I reach the junction, I slow down a bit. I then saw that the traffic lights was all green so I proceed. I realised that there was a car on my opposite direction a distance away. When I proceed to turn the veh in the opposite direction appeared in front of my veh and we collided. (veh B SLN 2946Y) was driving at a fast speed). I did try to avoid the accident by shifting towards my left but still could not prevent this collision. After the accident, 3 traffic police and 1 ambulance arrived. The 3 police officer check and confirm that there was no government property damage. The ambulance staff also check on all 4 individual on both veh and when nobody is hurt after 45 min. The ambulance left the scene. When the police officer confirm that nobody is hurt, we were allow to engage our tow truck and proceed to the workshop.

DECLARATION

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

Paulo
 Policyholder's Signature
 Date & Time: 13/7/2020

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



PAULO

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



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

date
 26/03/2020

policy number
 VA1 / GA340154

account number
 19173

Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysia)
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	CHOW JU CHUEN JEFFREY	Certificate number	GA340154 / 1
Cover	Comprehensive	Chassis number	MHFZ28H3000030408
Plan name	Toyota Prestige Max	Engine number	2NRX146258
NCD applicable	50%		
Vehicle registration number	SLN605P		
Period of Insurance	from 21/04/2020 to 20/04/2021 (both dates inclusive)		
Finance loan company	UNITED OVERSEAS BANK LIMITED		

Authorized Drivers

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy:
 1. CHOW MIN WEN JAMIE 2. CHOW YI LONG JEREMY
 (c) Any person who is driving on the Policyholder's order or with their permission
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

- Use of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passengers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cover:

- Use for commercial hire or reward, or for racing, pace-making, reliability trail, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS Windscreen Excess

Not Applicable

Young/Inexperienced driver excess

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the Insured MotorCar is being driven by any driver aged below 23 years old and /or has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and/ or Inexperienced driver shall mean any person who :

- Is less than 23 years old , and/or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

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

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait of a man in a white shirt and tie.

Birth Date 17 Sep 1994
Issue Date 16 Aug 2014

Licence Number **S9A34478F**

CHOW YI LONG, JEREMY

Barcode: 002336053A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

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

EFFECTIVE DATE



16 Aug 2014

NP 428A



Licence No: S9434478F

REPUBLIC OF SINGAPORE		
IDENTITY CARD NO. S9434478F		
	Name	CHOW YI LONG, JEREMY
	赵 乙 龙	
	Race	CHINESE
	Date of birth	17-09-1994
	Sex	M
	Country of birth	SINGAPORE

4409410	
	
	NRIC No. S9434478F
	Date of issue 26-05-2009
Address APT BLK 104 JALAN DUSUN #04-05 SINGAPORE 320104	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1548338E



Name
CHOW JU CHUEN, JEFFREY

Race
CHINESE

Date of birth
22-02-1962

Sex
M

Country/Place of birth
SINGAPORE



5706899



NRIC No. S1548338E



Date of issue
27-02-2017

Address
APT BLK 104 JALAN DUSUN
#04-05
SINGAPORE 320104

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

