

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	29/07/2020 17:28
Date Of Accident	23/07/2020 13:55
Exact Location Of Accident	TOH YI DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ7781K
Insured/Policyholder	
Name Of Registered Owner	LOW HIAN CHENG
NRIC No	S0356322G
Email Address	HIANCHENG21@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82237567
Alternative Phone No	OFFICE-82237567

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200K
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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA414402/1
Cover Note Number	23/11/2019-22/11/2020

Driver

Name of Driver	QUEK AH CHIT
NRIC No	S1841510J
Date Of Birth	20/11/1946
Occupation	INDOOR
Date Of Driving Pass	15/04/1974
Driving Experience	46 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92716700
Fax Number	
Contact Number	
Email Address	LILIANLOWHC@YAHOO.COM.SG

Address	20 CHENG SOON CRESCENT
Postcode	599892
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : LOW HIAN CHENG 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 SKETCH PLAN

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	SGX8886Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97398886
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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7. By the lodgment 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.
- (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:

29. 7. 2020

GIA/ACC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29. 7. 20

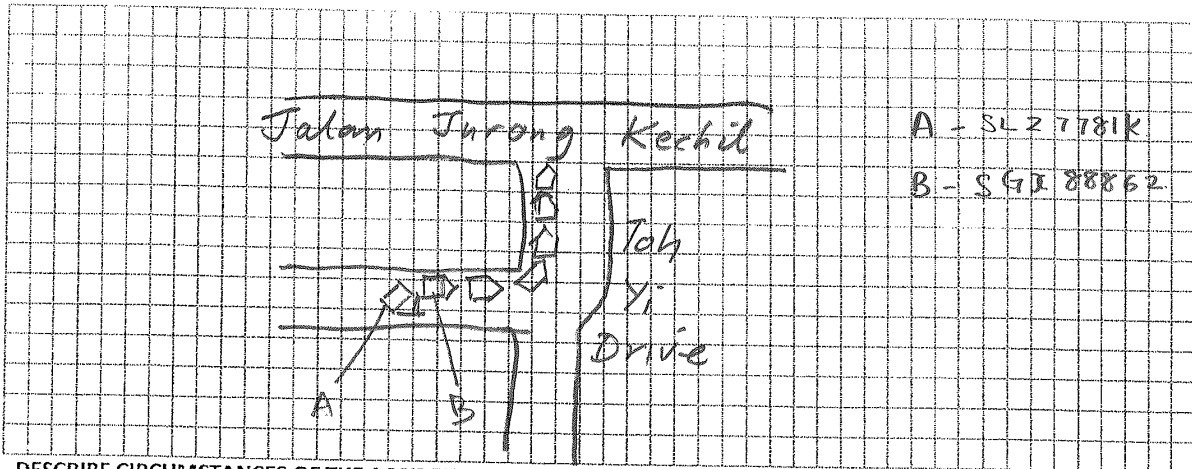
Reporting Centre Personnel's Signature

Name: Rakeshwaran. Anand.

NRIC/FIN No.:

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There was a jam queue from Jalan Jurong Kechil Traffic light tailback into Toh Yi Drive.

My car overtook the car in front to turn right as we were going ~~into~~ inwards not out to Jalan Jurong Kechil. As I overtook, my car scraped the ~~rear~~ side of the front car causing just a slight scrape off the paintwork.

The other driver Hui Hui ~~and~~ and myself communicated later on same day 23 July by WhatsApp. and my husband talked ~~to~~ her and we agreed to settle privately as it was a small minor scratch of paintwork. We were expecting her to inform us after she had estimated her cost of repair but only called us today 29 July to say ~~she~~ she had made report and ~~inform~~ referred matter to her insurer. It was a misunderstanding as we ~~we~~ were waiting for her to tell us her claim for private settlement.

Important:


You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.



- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

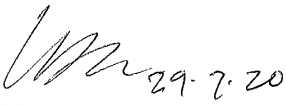
DECLARATION

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



29.7.2020

Policyholder's signature
Date & Time

4:20 pm


29.7.2020
Driver's Signature
(if driver not the policyholder)
Date & Time

4:20 pm


Reporting Centre Personnel's Signature
Name: Rakeshwaran, Anand
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

Certificate of Insurance

account number
 05579

-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	LOW HIAN CHENG	Certificate number	GA414402 / 1
Cover	Comprehensive	Chassis number	WDB2110412A995718
Plan name	Essential	Engine number	27195630787018
NCD applicable	40%		
Vehicle registration number	SCZ7781K		
Period of insurance	from 23/11/2019 to 22/11/2020 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) 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 only for social, domestic and pleasure purposes and for the Policyholder's business.
 The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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	Basic Own Damage Excess	SGD 700.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

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

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a statutory declaration to this effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle Third-Party Risks and Compensation Act (Cap. 189).


The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

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

1 of 3

Identification Card & DL of Driver Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1841510J





Name
QUEK AH CHIT
MRS. LOW HIAN CHENG
@QUEK CHOO LEE

Race
CHINESE

Date of Birth
20-11-1946

Sex
F

Country of Birth
JOHORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S1841510J**


Name
QUEK AH CHIT

Birth Date **20 Nov 1946**


Issue Date **08 Aug 2003**



1924435



NRIC No. **S1841510J**



Blood Group **B+** Date of issue **27-03-1994**


Address
20 CHENG SOON CRESCENT
SINGAPORE 2159

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Apr 1974


NP 428A

Licence No: S1841510J



Identification Card of Owner Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0356322G



Name
LOW HIAN CHENG



刘贤正

Race
CHINESE


Date of Birth
21-07-1946

Sex
M


Country of Birth
SINGAPORE



1829142



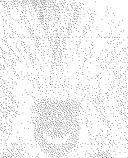
NRIC No. S0356322G



Blood Group
B+

Date of issue
27-03-1994

Address
20 CHENG SOON CRESCENT
SINGAPORE 2159



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

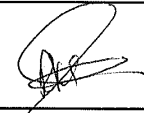
Original Report No : MOR120064108-01 Vehicle Registration No: SCZ7781K
Name(as shown in NRIC) : LOW HIAN CHENG NRIC/FIN/Passport No : SXXXX322G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 23/07/2020 Time of Accident : 13:55
Place of Accident : TOH YI DRIVE
Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the driver gender male to female

Policyholder / Driver's Signature
Date:


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