

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	17/08/2020 16:14
Date Of Accident	14/08/2020 13:50
Exact Location Of Accident	CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC4334L
Insured/Policyholder	
Name Of Registered Owner	SETHU S/O RAJAGOPAL
NRIC No	S6912867Z
Email Address	LUNGI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90281577
Alternative Phone No	OTHERS-90281577

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA524777
Cover Note Number	18/01/2020 - 17/01/2021

Driver

Name of Driver	SETHU S/O RAJAGOPAL
NRIC No	S6912867Z
Date Of Birth	28/04/1969
Occupation	INDOOR
Date Of Driving Pass	13/02/1998
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90281577
Fax Number	
Contact Number	OTHERS-90281577
Email Address	LUNGI@HOTMAIL.COM

Address	BLK 104A ANG MO KIO STREET 11 #02-73
Postcode	560104
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	COLLIDED INTO PROPERTY
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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

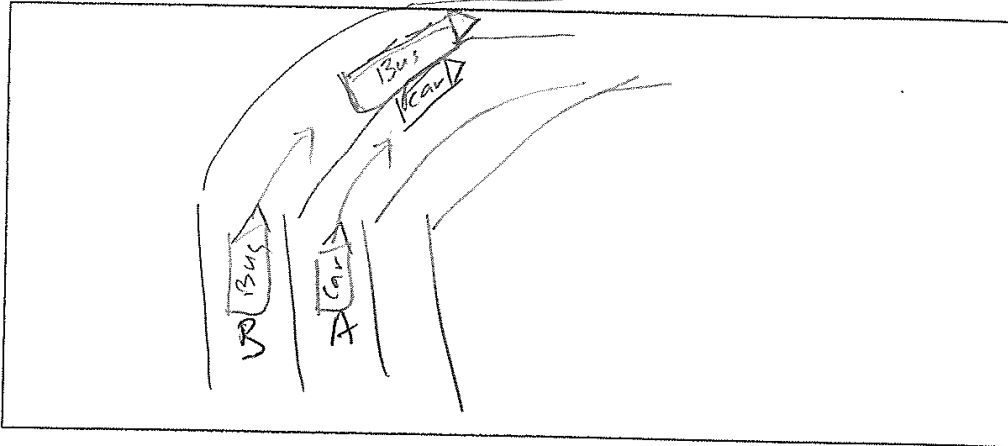
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6259B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMAD AIDIL BIN RANIN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

Date of accident: 14/08/2020 Time: 1350 Location: Alemhiti Road
 My Vehicle A: SGC 4334L Vehicle B: RC 6259B Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to my statement.

Veh B: Mohamad Adil Bin Ranin

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

17/08/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



AH LIM MOTOR COMPANY

Sketch Plan Pg. 2

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:

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



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

Accident Date / Time: 14/8/2020 at 1350 hours.

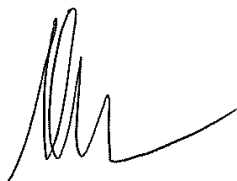
Location: Clementi Road

Vehicle no: ~~A) PC 6259 B~~ - B
~~B) SGC 4334 L~~ - A

On **14/8/2020** at about **1350**, I was driving my vehicle no. **SGC 4334 L**, along Clementi road towards the direction of Dover road. As I was making a turn, a bus was travelling on the extreme left lane and I was driving on the centre lane. As it was raining heavily, the road was extremely wet and my car skidded towards the bus and hit against the right of the bus. I then alighted and parked my car at the side of the road. I noticed that side of the bus was slightly scratched and the rims were scratched also. My left side of the car had damages. We exchanged details and left.

No one was injured in this accident.

I file this report to inform my insurance company.

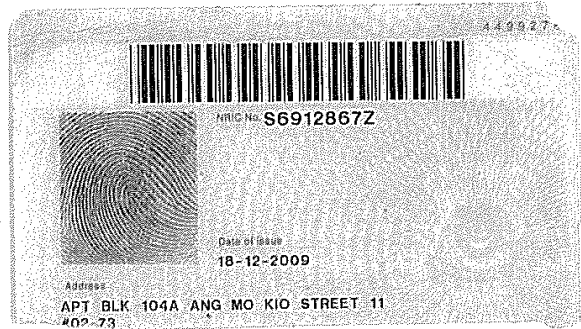
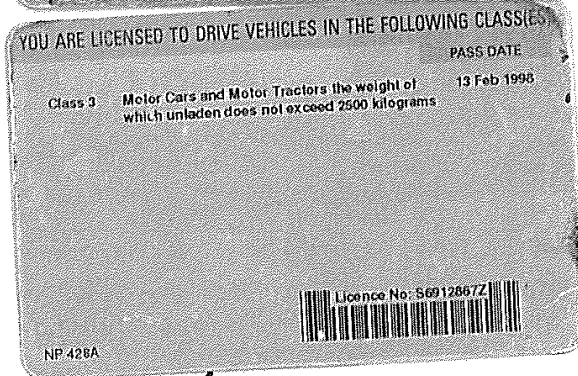
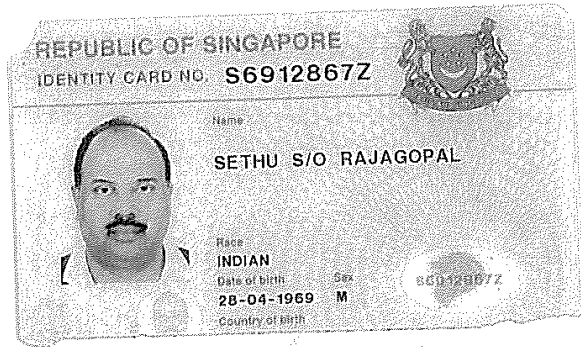
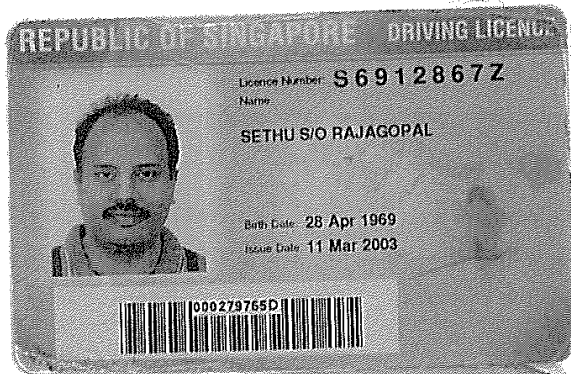


SETHU S/O RAJAGOPAL 17/08/2020

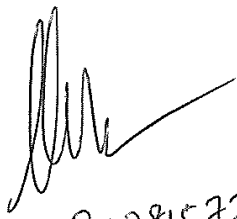
I/C: XXX2867Z

HP: 90281577

Driving License Pg. 1



82560104)

Hp:  90281577

Email: lungi@hotmail.com

Ravi
Wef
Lug. No
ca. No
Total. 1.



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

SETHU S/O RAJAGOPAL
 BLK 104A ANG MO KIO ST 11
 #02-73
 SINGAPORE 560104

Renewal

date
 10/01/2020

your servicing distributor
 AXA DIRECT / 18267

your servicing distributor contact

Policy Schedule

Your SmartDrive Comprehensive Toyota Prestige Max

Your policy at a glance

Policyholder name	SETHU S/O RAJAGOPAL	Policy number	VA1 / GA524777
Cover	Comprehensive	FIN / NRIC	S6912867Z
Period of Insurance	from 18/01/2020 to 17/01/2021 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,303.57
7% GST	SGD 91.25
Final Premium	SGD 1,394.82

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Toyota Prestige Max Benefits

- Loss or Damage
- Legal Liability
- Windscreen coverage with no Excess
- 24/7 Towing & Transportation in Singapore or Overseas
- Medical and dental expenses up to \$1,500 per person for you, your named drivers and your immediate family members
- Personal Accident Benefits to Insured - Limit of Liability: S\$100,000
- Personal Accident Benefits to Drivers at \$20,000 each and Passengers at \$10,000 each
- New for Old Replacement - up to 24 months from vehicle registration date
- Loss of personal items in the car - up to S\$3000
- Fixtures and Accessories (Solar Film)
- Hotel accommodation for one (1) night up to \$300
- \$100 Voucher for Windscreen repair at AXA Authorised Windscreen Workshop (Glass-Fix Pte Ltd)
- Guaranteed Repairs for twelve (12) Months for repairs at AXA Authorized Premium Workshop
- Repairs at AXA Authorized Premium Workshop

Vehicle details

Make & Model of Vehicle	TOYOTA COROLLA ALTIS 1.6	Year of registration	2016
Vehicle registration number	SGC4334L	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1598
Seating capacity (excl driver)	5	Engine number	1ZRY244104
Off-Peak car	No	Chassis number	MR053REH104543677

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	Nil

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

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



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 17/8/2020To: Owner of Vehicle Number: SGC 4334L

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, ZILA / EILEEN / MUI HONG.

Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case 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.
- ☒ if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
☒ if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- ☒ 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.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ The estimated waiting time for the spare parts to arrive is TBD. 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 or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledged by: _____

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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