

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	03/09/2020 08:16
Date Of Accident	02/09/2020 11:55
Exact Location Of Accident	PIE TO BT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK3751J
Insured/Policyholder	
Name Of Registered Owner	YAP CHEONG LIM
NRIC No	S7312705Z
Email Address	THOMAS_YAP@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97480990
Alternative Phone No	OFFICE-90617672

Vehicle Particulars

Manufacturer	LEXUS
Model	NX300H-2.5 E EXECUTIVE (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	VPA/P2274746
Cover Note Number	

Driver

Name of Driver	YAP CHEONG LIM
NRIC No	S7312705Z
Date Of Birth	10/04/1973
Occupation	INDOOR
Date Of Driving Pass	20/10/1993
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97480990
Fax Number	
Contact Number	OFFICE-90617672
Email Address	THOMAS_YAP@HOTMAIL.COM

Address	57 JALAN SALANG
Postcode	769533
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	CHAIN 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	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : CHEN HUI CHUN GENDER: : FEMALE
Passenger 2	NAME: : YAP JING FENG 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

PLEASE REFER TO ATTACHED SEKTCH PLAN AND STATEMENT.

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	SJP3590R
Vehicle Make/Model/Colour	TOYOTA WISH
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKS3374X
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

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

Accident Sketch Plan

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



A-SMK3751J
B-SJP 3590R
C-Unknown
D-SKS 3374X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~My~~ Right hand lane is close. So CAR-B move into my lane. CAR-B subsequently slow down & come to a stop. my car (CAR-D) ~~was~~ did not stop in time before ~~the~~ hand.

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.:



POLICY INFORMATION		Policy No. : VPA/P2274746
Source	: (01) 14886 (A/C TERMINATED)BMS-AXA LEXUS	
Insured	: YAP CHEONG LIM (YE SONGLIN)	
Address	: 57 JALAN SALANG SINGAPORE 769533	
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 08/04/2019 To 07/04/2021 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 40.00%	: SGD 1,671.95	
NCD		
GST 7.00%	: SGD 117.04	
Annual Premium	: SGD 1,788.99	
Total Payable	: SGD 3,577.97	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SMK3751J	
Type Of Use	: Private Car	
Make/Model	: LEXUS NX300H	
Year of Manufacture	: 2018	Seating Capacity (excl. Driver) : 04
Body Type	: SPORTS UTILITY VEHICLE	Engine C.C. : 2494
Engine No.	: 2AR2108123	
Chassis No.	: JTJBJRBZ602115533	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	: As specified in Certificate of Insurance	
Hire Purchase	: DBS BANK LTD	
Basic Own Damage Excess	: SGD 700.00	
Named Drivers		
1 YAP CHEONG LIM (YE SONGLIN)		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
Sales Agent ID : BSL027		

Other Payment Mode		
BLX2		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7312705Z



YAP CHEONG LIM
(YE SONGLIN)
葉松林
Race
CHINESE
Date of Birth
10-04-1973
Sex
M
Country of Birth
SINGAPORE



NRIC No S7312705Z



Blood Group Date of Issue
B+ 20-08-1993

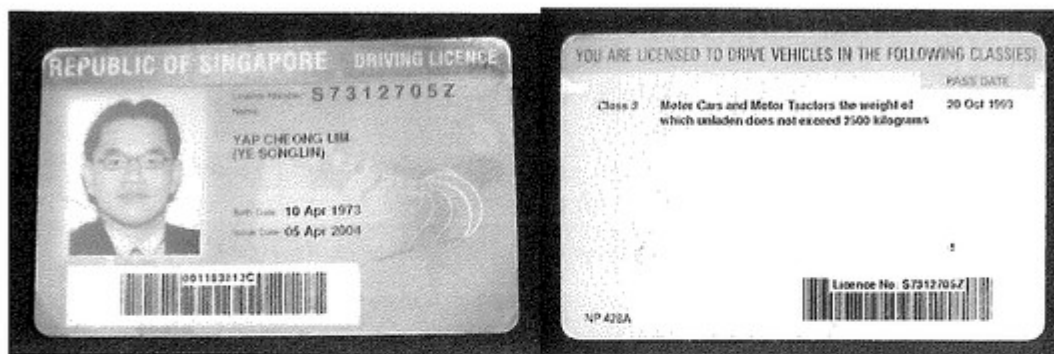
57 JALAN SALANG
SINGAPORE 760533
NRIC No: S7312705Z Date: 11/10/2015

Driving License

Wally Tan PTCBC

From: Thomas Yap <ty97480990@gmail.com>
Sent: Wednesday, 2 September 2020 4:58 PM
To: Wally Tan PTCBC
Cc: Samantha 陳慧君 CHEN
Subject: Driving License

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Accident Photo



Accident Photo



Accident Photo



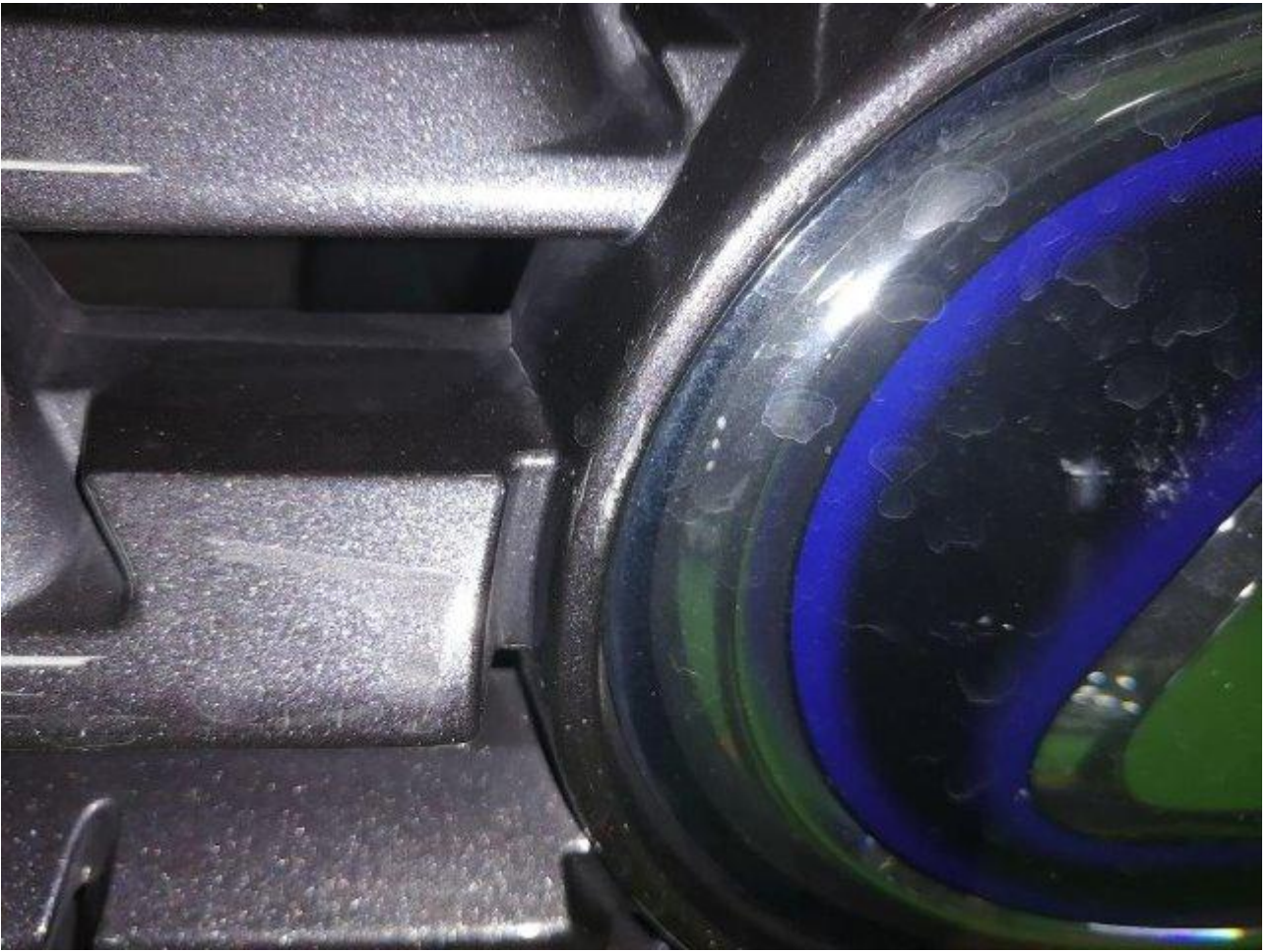
Accident Photo



Accident Photo



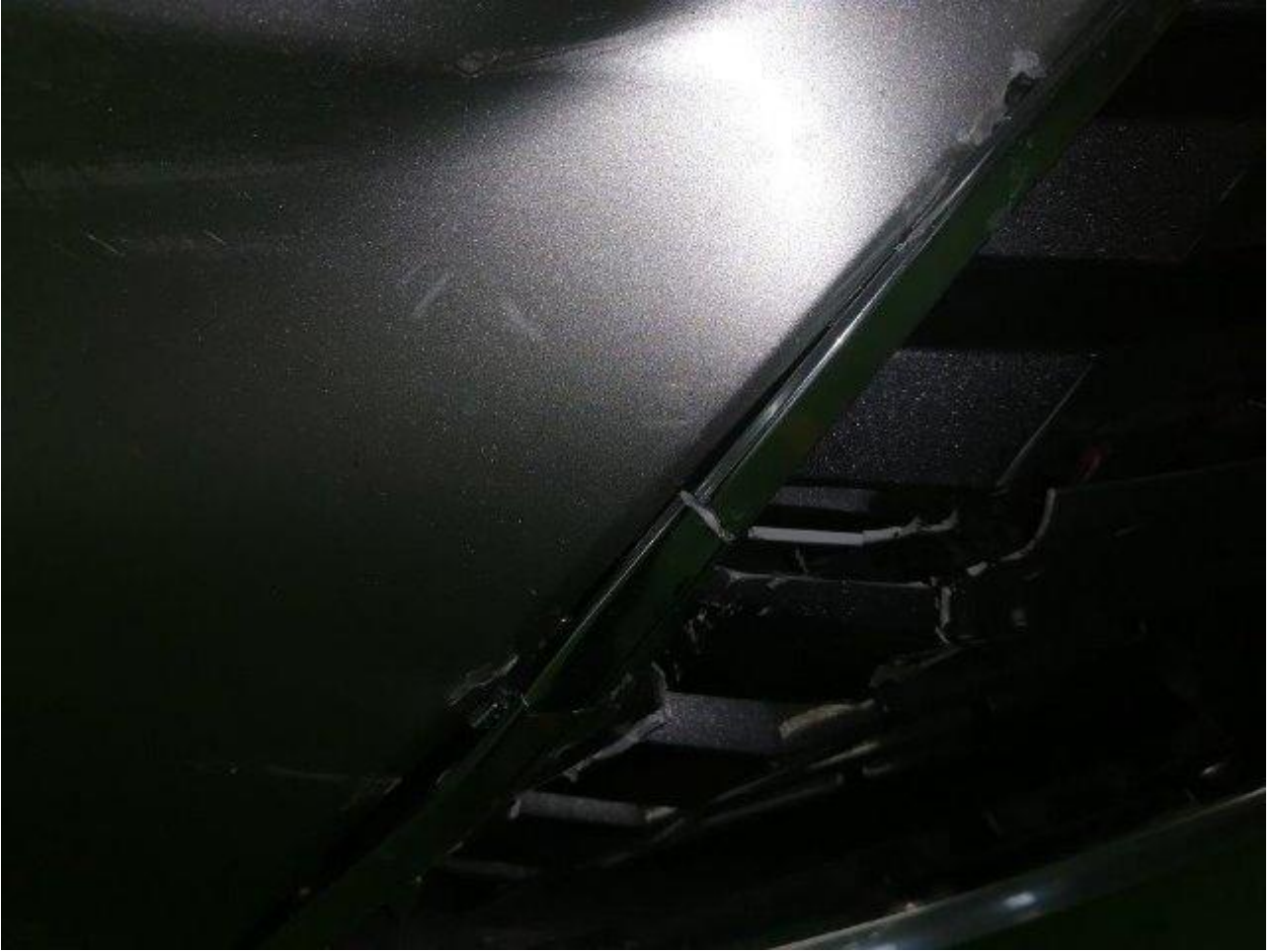
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