# 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 witholding 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 Submission 05/04/2021 11:34 (SGT) Date of Accident 03/04/2021 16:30 (SGT) Exact Location of Accident Ang Mo Kio, Singapore Additional Location Information ANG MO KIO AVE 5 SLIP RD TO CTE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number SMR3780M

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JIMMY FOO TZE JUI NRIC No S7702454I Email Address FOO98099@YAHOO.COM.SG Mobile Phone No (Phone) +65-96911646 Alternative Phone No +65-96911646

## VEHICLE PARTICULARS

Model E 250CGI Variant 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 Vehicle Category Private car Transmission Auto 1796

Manufacturer

## INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number GA531118 Cover Note Number 15/04/2020 - 14/04/2021

# **DRIVER**

Name of Driver JIMMY FOO TZE JUI NRIC No. S7702454I

Date Of Birth	28/01/1977
Occupation	Indoor
Date Of Driving Pass	13/11/1999
Driving experience	
Gender	21 YEARS AND 5 MONTHS
	Male
Mobile Number	(Phone) +65-96911646
Alt. Phone Number	+65-96911646
Email Address	FOO98099@YAHOO.COM.SG
Address	BLK 634 ANG MO KIO AVE 6 #10-5195
Address complement	-
Postcode	560634
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Callinian Lland to Book
71	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	•
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
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	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLE3414B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	

Name of Driver
Contact Number
Address
Address complement

Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

SCRIBE CIRCUMSTANCES OF THE ACCIDENT  20 3/4/21 at a bout 16 30 hrs while travelling a long Ang MolKib  The straining into stip road to CTE. The behicle SLE 3414B  In front of me brake and I reacted in medinely and brake  onewer due to the road surface was met at that  incle as after rain, my vehicle abs kick in 8 my vehicle  was unable to brake in time. My vehicle hit on to the  rear of vehicle SLE 3414B. No one was injuried in the  ciclent.  Claim OD/TP at Ah Lim Motor   Claim OD/TP at other workshop   Reporting Only  denables Please forward a copy of my effle accident report to:  why workshop:  imail address:  knyself:  imail address:  Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under  out own policy. Kindly check with your own insurer for more information.		M Vehicle B: SLE34/4B	: Ang Mo KIO AW 5 Slip rd to
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AMERICAN TOR COMPANY			

#### SKETCH PLAN

## 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.
- 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.
- 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.
- The 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.
- 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:
  - 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: 5/3/21 @ 0950 h/s (If driver is not the policyholder)

Driver's Signature (If driver is not the policyholder

Date & Time:

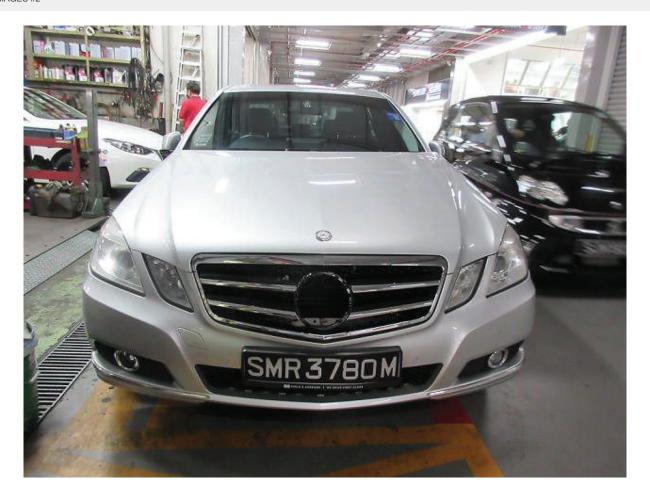
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





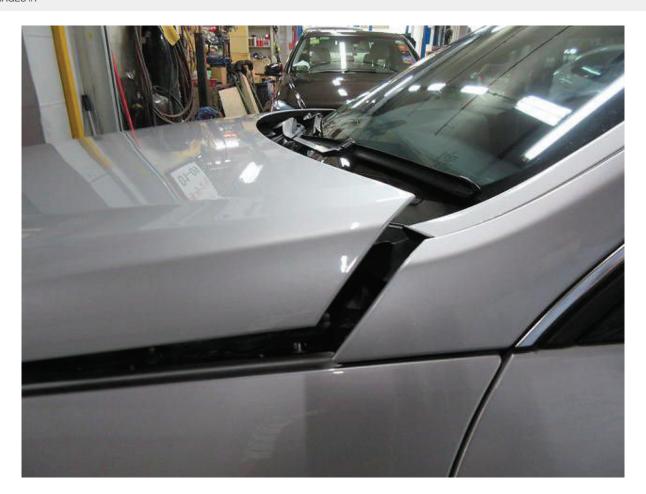








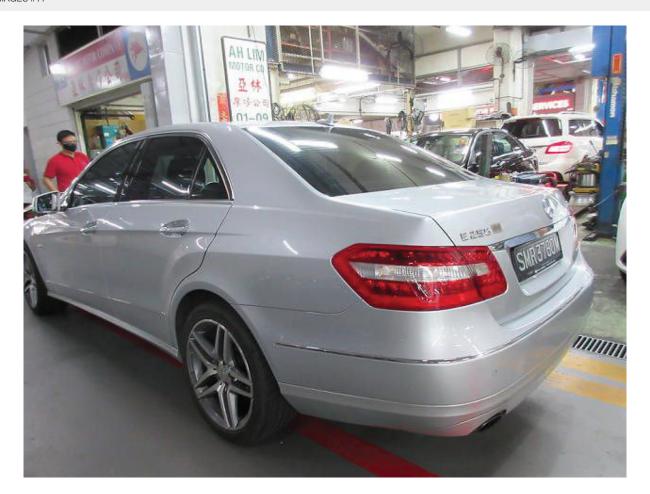




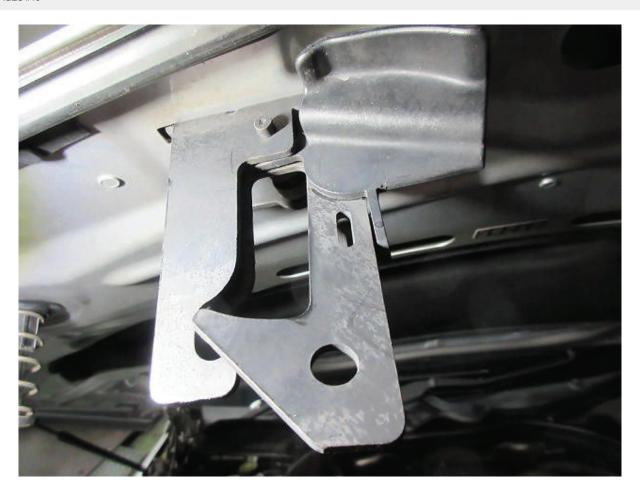
















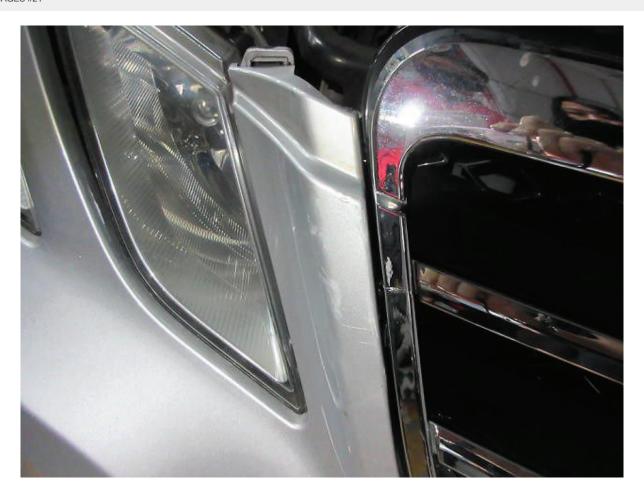


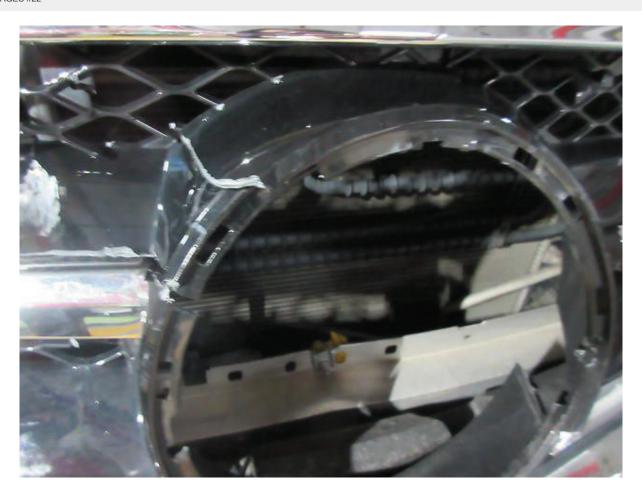




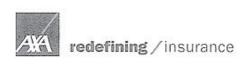












AXA Insurance Pte Ltd

1500 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

Endorsement

date 02/09/2020

your servicing distributor STARBRIGHT AUTO PTE LTD / 18672

your servicing distributor contact 91000030

Policy Schedule
Your SmartDrive Comprehensive Peace

Your Policy Schedule has been updated effective 11/02/2021.

#### Your policy snapshot

FOO TZE JUI JIMMY BLK 634 ANG MO KIO AVE 6

SINGAPORE 560634

#10-5195

 Policyholder name
 F00 TZE JUI JIMMY
 Policy number
 VA1 / GA531118

 Cover
 Comprehensive
 FIN / NRIC
 \$77024541

 Period of Insurance
 expiring 14/04/2021

## Your benefits highlights

(refer to Policy Wording for full terms and conditions)

## SmartOrive Comprehensive Peace Benefits

- 24/7 Towing & Transportation in Singapore or Overseas.
- Windscreen Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Loss of Personal Effects in Singapore up to \$3,000
- Delivery of repaired car to your preferred location
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

### Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers
- No Claim Discount Protector

## Vehicle details

Make & Model of Vehicle MERCEDES E250 CGI Year of manufacture 2009 Vehicle registration number SMR3780M Type of Use Private use Body type SALOON Engine capacity (c.c.) 1796 Seating capacity (excl driver) Engine number 27186030015762 Off-Peak car WDD2120472A119489 Chassis number

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

Limitation to use As per Certificate of Insurance Finance Loan Company TOKYO CENTURY LEASING (S) PTE LTD

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

Basic Own Damage Excess SGD 400.00 Windscreen Excess SGD 100.00

# **Drivers details**

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01

1 of 2



	POLICYHOLDER ACKNOWLEDGEMENT FORM
Date: _	> 4 7 To: Owner of Vehicle Number: SWR 37 80 V
The fol Eileen,	lowing has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, Zila, Mui Hong, Wei Jie. 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.
14	You had been advised by the workshop on the liability and merits of the case accordingly.
(1)	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.
	<ul> <li>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.</li> <li>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.</li> </ul>
( )	You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:  > \$200 off on your Basic Own Damage Excess or  \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or  Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
W	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.
1	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.
4	The estimated waiting time for the spare parts to arrive is 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.
(1)	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.
(1)	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:
	and signature of policyholder/ authorized driver* and company stamp (where applicable)  zed driver to gliber the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers  permitted by the insured Vehicle.  Name and signature of workshop personnel including company stamp
	well .