# 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 07/04/2021 16:00 (SGT) Date of Accident 07/04/2021 09:50 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TWDS PIE BEFORE PASIR RIS EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number EP640J INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG LENG SENG NRIC No SXXXX986G Email Address ja design print@hotmail.com Mobile Phone No (Phone) +65-96620338

Alternative Phone No +65-96620338

VEHICLE PARTICULARS

Manufacturer Honda Model Fit 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 1300

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA556244 Cover Note Number

**DRIVER** 

Name of Driver ANG LENG SENG NRIC No. SXXXX986G

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	07/03/1976 Indoor 16/04/1997 24 YEARS Male (Phone) +65-96620338 +65-96620338 ja_design_print@hotmail.com BLK 309D ANCHORVALE ROAD #18-41 - 544309 Yes - No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  PASSENGER 1	No 2 Yes No Yes 2	
Name Gender	GUO MINGCONG KAMNUAN Male	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
FRONT VEHICLE B STOP. I CANNOT STOP IN TIME AND HIT VEHICLE B REAR PORTION.		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	SLG4947M Private car	

Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

# **INJURED PERSONS DETAILS**

# INJURED 1

Name of injured person Address	GUO MINGCONG KAMNUAN
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	EP640J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel	
ketch Plan			
	\B\		
	$\square$		
	\A\		

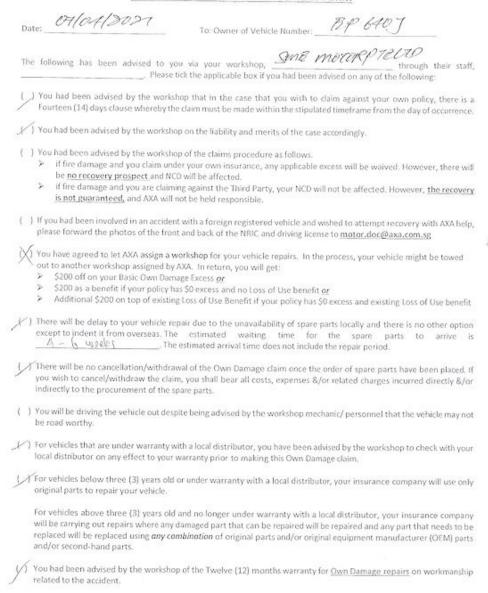
Describe Circumstances of the Accident

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18	
	1000
Declaration	
We declare the foregoing particulars are true in every respect.	

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

Witnessed by Reporting Centre Personnel

#### POLICYHOLDER ACKNOWLEDGEMENT FORM



2. Flanting Pa. Ld (Compan, P. = 152, 152, 03512.4) - 5 - 710. Way 36, 917 (CTC), 25F (2003) 023311 - Catagon at Compa 31-21.22 To phome (CSC) (CC) (CC) - (CC)

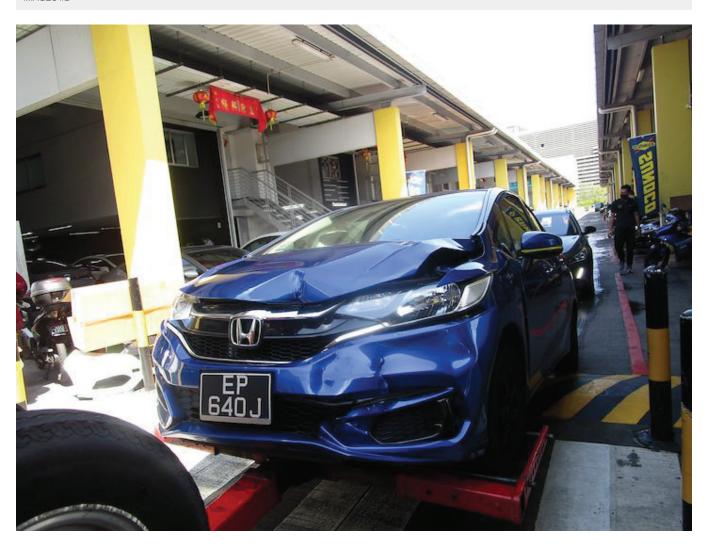
Signed and acknowledged by:

Name and signature of workshop personnel including company stamp

For the section Edition gain, Ren Block 122 or 1850 Line can May 2 - 012 or 16 mg Chi 25 or 181 do 1 Command Jane 10-21/25 1 Command Command Command

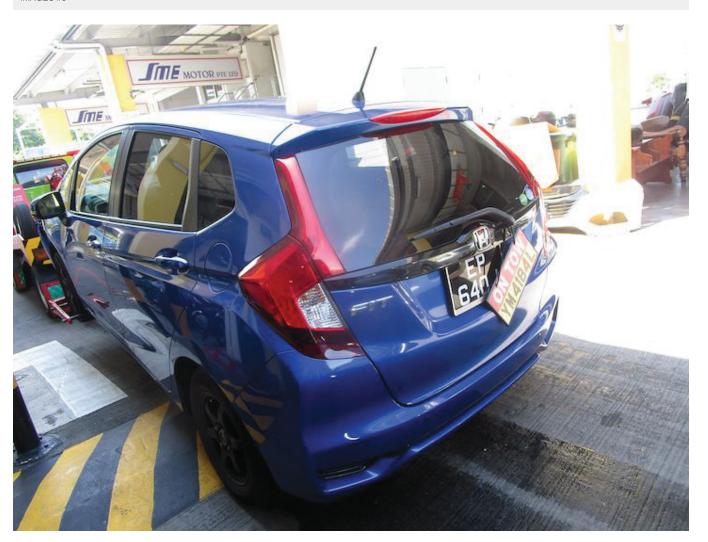
Name and signature of policyholder/ authorized driver\* and company stamp (where applicable) 
\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are pergfitted to drive the insured Vehicle.

























redefining / insurance

ANG LENG SENG (HONG LIANGCHENG) BLK 309D ANCHORVALE ROAD SINGAPORE 544309

Policy Schedule

Your SmartDrive Comprehensive Essential

AXA Insurance Pte Ltd

1800 S60 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6890 4740

@ customer.care@axa.com.sg www.axa.com.sg

New business

date 30/10/2020

your servicing distributor

INSMART (INSURANCE) AGENCY PTE LTD / 11618

your servicing distributor contact. 6749 6110

Your policy snapshot

Policyholder name

ANG LENG SENG (NONG

Policy number

GA556244

Cover

LIANGCHENG) Comprehensive

FIN / NRIC

XXXXXI986G

Period of Insurance

from 26/11/2020 to 25/11/2021 (both dates inclusive)

Premium breakdown

Gross Premium after 40% NCD **Total Discounts** 7% GST **Final Premium**  SGD 1,150,78 - SGD 286.29 SGD 60.51 SGD 925.00

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

# Add-on Benefits

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

# Vehicle details

Off-Peak car

Make & Model of Vehicle Vehicle registration number Body type

Seating capacity (excl driver)

EP6401 HATCHB No

HONDA FIT 1.3

Year of manufacture Type of Use Engine capacity (c.c.) Engine number Chassis number

2019 Private use 1317 L13B3935206 GK33420717

Insured's Estimated Market Value Limitation to use Finance Loan Company

Market Value at the time of Loss (including accessories and spare parts) As per Certificate of Insurance SMARTCARS BOUTIQUE PTE LTD

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

Basic Own Damage Excess Windscreen Excess

SGD 300.00 SGD 100.00

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

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