

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 Submission 16/04/2021 17:46 (SGT)
Date of Accident 15/04/2021 17:30 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information BEFORE EXIT TO BUKIT TIMAH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD4305G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KOH BROTHERS BUILDING & CIVIL ENGINEERING
CONTRACTOR (PTE)
Company Reg No 1XXXXX682C
Email Address madzlandahari2@gmail.com
Mobile Phone No (Phone) +65-87938493
Alternative Phone No +65-87938493

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA110391
Cover Note Number -

DRIVER

Name of Driver MADZLAN BIN DAHARI

NRIC No	SXXXX877H
Date Of Birth	13/01/1955
Occupation	Indoor
Date Of Driving Pass	10/07/1978
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87938493
Alt. Phone Number	-
Email Address	madzlandahari2@gmail.com
Address	BLK 376C HOUGANG ST 32 #04-46
Address complement	-
Postcode	533376
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAUL SHIM
Gender	Male

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

I WAS DRIVING ALONG CTE FOLLOWING THE FRONT VEHICLE THAT SLOWED DOWN. I CAME TO A STOP AS WELL. SUDDENLY, I HEARD A LOUD BANG FROM MY REAR REGION, CAUSING MY VEHICLE TO BE PUSHED FORWARD.

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	SGJ7277L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ3228L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHD6909Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE D
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

X  

Policyholder's Signature
Date & Time:

X 

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

16/4/2021 2:31pm


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

SKETCH PLAN


A = SLD4305G
B = SGJ7277 L
C = SLZ3228L
D = SHD6909Z


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was driving along GTE. Following the front vehicle that slow down, I came to a stop as well. Suddenly, I heard a loud bang from my rear region, causing my vehicle to be pushed forward.

DECLARATION

I/We declare that the particulars are true in every respect.

Policyholder's Signature:  Date & Time: 2:51pm 16/4/2021

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

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

GUARDIAN SketchPlanForm_V03

LETTER OF UNDERTAKING

I/We, Koh Brothers building & Civil Pte Ltd, the owner of vehicle no. SLD4305 G

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Sup Cey hua Motor Gray Painting SVCS.

Signed and Acknowledge by:



Nric no. & signature of policyholder



Company

Date















redefining / insurance

KOH BROTHERS BUILDING & CIVIL ENGINEERING CONTRACTOR (PTE)
11 LORONG PENDEK
KOH BROTHERS BUILDING
SINGAPORE 348639

AXA Insurance Pte Ltd
1600 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

Renewal

date
29/05/2020

your servicing distributor
TAN INSURANCE BROKERS PTE LTD /
03165

your servicing distributor contact
67426766

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	KOH BROTHERS BUILDING & CIVIL ENGINEERING CONTRACTOR (PTE)	Policy number	VA1 / GA110391
Cover	Comprehensive	FIN / NRIC	196400301R
Period of Insurance	from 17/06/2020 to 16/06/2021 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,690.44
7% GST	SGD 118.33
Final Premium	SGD 1,808.77

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	MERCEDES E200	Year of manufacture	2016
Vehicle registration number	SLD4305G	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1998
Seating capacity (excl driver)	4	Engine number	27492030583761
Off-Peak car	No	Chassis number	WDD2120342B313300

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	UNITED OVERSEAS BANK LIMITED

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

Windscreen Excess	Not Applicable
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AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

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