

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

This report correctly details the details of the accident to speed up the claims process. 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 liability. Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. **false reporting may be referred to the Police for investigation.** Report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving. Copies of this report will, for a fee, be made available upon application by interested parties. By lodging 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	26/04/2021 11:46 (SGT)
Date of Accident	24/04/2021 10:30 (SGT)
Location of Accident	Sembawang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE7379E
Is the Policyholder	No
Is the Company?	LEE PUI CHIA
Is the Owner of Registered Owner	SXXXX276A
No	PUICHIA11@GMAIL.COM
Address	(Phone) +65-94358594
Mobile Phone No	+65-94358594
Alternative Phone No	

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Registration	-
Intended purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
	1496

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Policy	No
Policy Number	GA477166
Effective Date	20/06/2020 - 19/06/2021

### SIGNATURE

Name of Driver	LEE PUI CHIA
Signature	SXXXX276A

04/06/1979  
Indoor  
14/01/2002  
19 YEARS AND 3 MONTHS  
Male  
(Phone) +65-94358594  
+65-94358594  
PUICHIA11@GMAIL.COM  
180 CANBERRA DR  
#08-23  
767952  
Yes  
-  
No  
-  
-

GENERAL INFORMATION OF THE ACCIDENT

Time of Accident .....  
Weather Conditions .....  
Road Surface .....

Collision - Cross Junction  
DRIZZLING  
Wet

PERSON 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 anybody injured conveyed to hospital by ambulance? ..... -  
Was any other material or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 3  
Has a driver been approached by unknown person(s) ..... No  
Is anyone offering accident claims assistance? .....

DRIVER 1

Name ..... LEE HONG WEN  
Gender ..... Male

DRIVER 2

Name ..... LEE CHENG XI  
Gender ..... Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... No  
Was notice of intended Prosecution given? ..... No  
Against whom? .....

PLACES OF ACCIDENT

REFERENCE TO THE SKETCH PLAN BY DRIVER

ATTACHMENT(S)

Are identification photos available for attachment? ..... Yes  
Are any video captured by Car Camera? ..... Yes  
Are any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY

Registration Number ..... SLW8996K  
Manufacturer .....

Accident report SA19214Q0001

-  
-  
-  
Private car  
GOH POH GEOK  
SXXXX489Z  
(Phone) +65-83688378  
-  
-  
-  
-  
-  
-

plement

Company Name

Damage

property damaged in accident  
passenger (Including Driver)



## 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.
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. 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.
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: 26th Apr. 2021

9:15 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

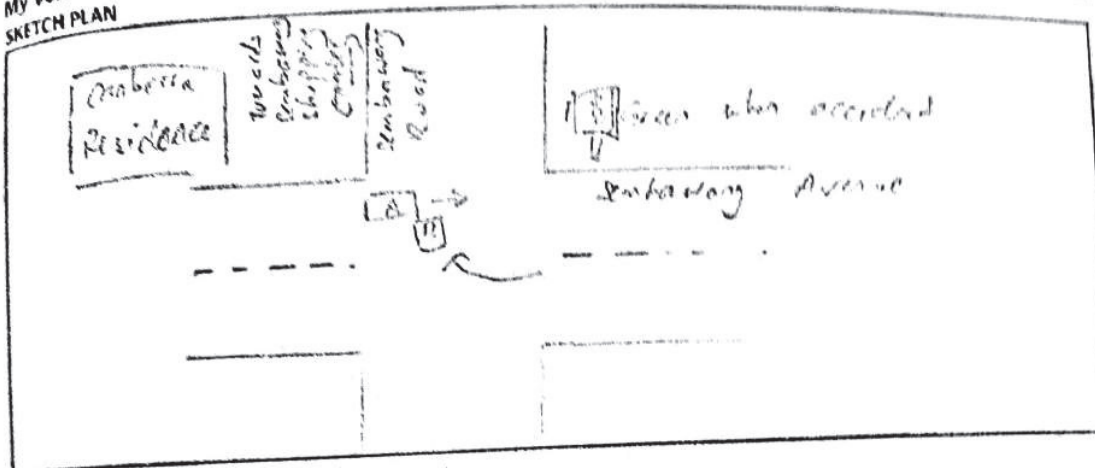


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of accident: 24<sup>th</sup> Apr 2021 Time: 10:30am Location: Sembawang Avenue  
 My Vehicle A: SKE 7374G Vehicle B: SLW 8996E Vehicle C: -  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24<sup>th</sup> April 2021 around 10.30am, it was drizzling and I was driving towards Sembawang Avenue on straight. The traffic light was green in favor for me to drive through suddenly vehicle B (SLW 8996E) turned right and I couldn't stop in time and collide with vehicle B. Photos & videos are as attached.

☐ 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 your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 26<sup>th</sup> Apr 2021

9:15 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre/Driver's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY





POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 24/4/14

To: Owner of Vehicle Number: JKC23245

The following has been advised to you via your workshop AH LIM MOTOR COMPANY through their staff, Eileen Chee Mei Hong, Wai 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.
- ☐ 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.
- ☐ 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.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to import 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 \_\_\_\_\_ 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 Claim Third Party & Own Workshop

Signed and acknowledged by:

[Signature]

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.

Wg \_\_\_\_\_ Name and signature of workshop personnel including company stamp

