

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 15/06/2021 11:53 (SGT)
Date of Accident 14/06/2021 09:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information HOLLAND RD TWDS FARRER RD BEFORE CORONATION RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV5607X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM SAI KAR
NRIC No SXXXX406D
Email Address crytics@hotmail.com
Mobile Phone No (Phone) +65-97855277
Alternative Phone No +65-97855277

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 1499

INSURANCE COMPANY

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

DRIVER

Name of Driver LIM SHAO KANG
NRIC No SXXXX222A

Date Of Birth	30/07/1999
Occupation	Indoor
Date Of Driving Pass	07/11/2019
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85113847
Alt. Phone Number	-
Email Address	crytics@hotmail.com
Address	880 WOODLANDS STREET 82 #08-16 SPORE 730880
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 SKETCH PLAN

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	SKJ845X
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 -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIM SHAO KANG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SKV5607X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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' 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

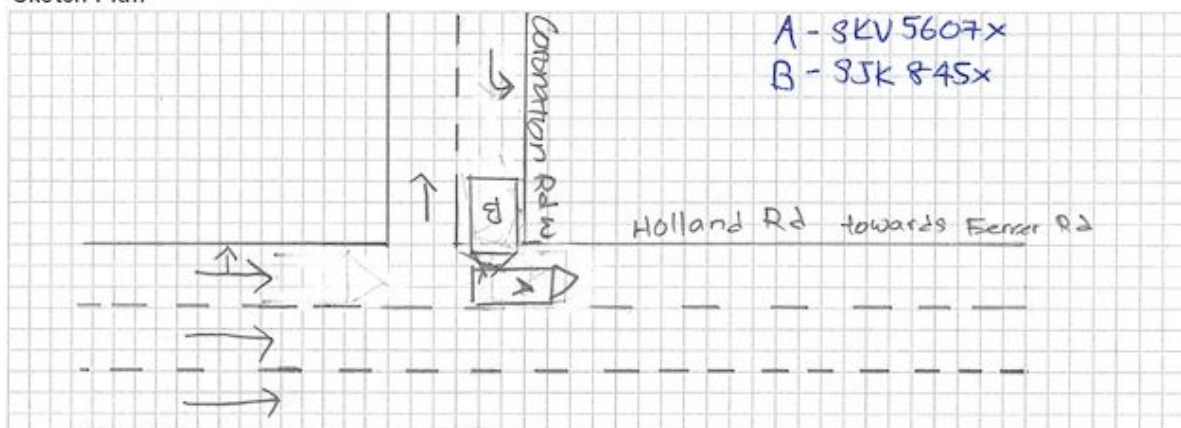
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


On the stated date and time, I was travelling along the stated location on my vehicle A, on the third lane. Suddenly, I felt an impact to my left, vehicle B had collided into my vehicle left portion with its vehicle right front portion.

Declaration

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


Witnessed by Reporting Centre Personnel



























redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

LIM SAI KAR
 BLK 880 WOODLANDS STREET #2
 #08-10
 SINGAPORE 730880

New business

Date
 11/09/2020

Your servicing distributor
 INSURE LINK PTE LTD / 04247

Your servicing distributor contact
 64444644

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	LIM SAI KAR	Policy number	VA1 / GA551889
Cover	Comprehensive	FIN / NRIC	S1653406D
Period of Insurance	from 02/10/2020 to 01/10/2021 (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD 1,885.40
7% GST	SGD 131.98
Final Premium	SGD 2,017.38

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

Vehicle details

Make & Model of Vehicle	MITSUBISHI LANCER EX 1.5	Year of manufacture	2007
Vehicle registration number	SKV5607X	Type of Use	Private use
Body type	SALOON	Engine capacity (cc.)	1499
Seating capacity (excl driver)	4	Engine number	4A910049462
Off-Peak car	No	Chassis number	JMYSRCY2A8U000736

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	Nil

Excess applicable

(refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 1,000.00
Windscreen Excess	SGD 100.00

Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	LIM SAI KAR	03/10/1964	30 year(s)

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01 AXA Tower,
 Singapore 068811
 Customer Centre, WB1-01

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