

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 08/05/2021 12:38 (SGT)
Date of Accident 07/05/2021 12:40 (SGT)
Exact Location of Accident Queen St, Singapore
Additional Location Information MANILA STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL7557H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CHOON MENG
NRIC No S1427288G
Email Address VANNYLEE91@GMAIL.COM
Mobile Phone No (Phone) +65-90016615
Alternative Phone No +65-81217449

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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
CC 1798

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA477537
Cover Note Number 18/07/2020 - 17/07/2021

DRIVER

Name of Driver LEE QIAO YING VANESSA

| | |
|--|-----------------------------|
| Date Of Birth | 21/09/1991 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/07/2011 |
| Driving experience | 9 YEARS AND 10 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-81217449 |
| Alt. Phone Number | - |
| Email Address | VANNYLEE91@GMAIL.COM |
| Address | 12 UPPER SERANGOON CRESCENT |
| Address complement | #16-33 |
| Postcode | 534030 |
| 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 - Change/cross lane |
| 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

PLS REFER TO ATTACHED STATEMENT AND SKETCH 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 VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------------------|
| Vehicle Registration Number | GBA5622T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | SIM CHONG CHYE |
| NRIC No | S1824629E |
| Contact Number | (Phone) +65-96653724 |
| Address | - |

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

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' 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:



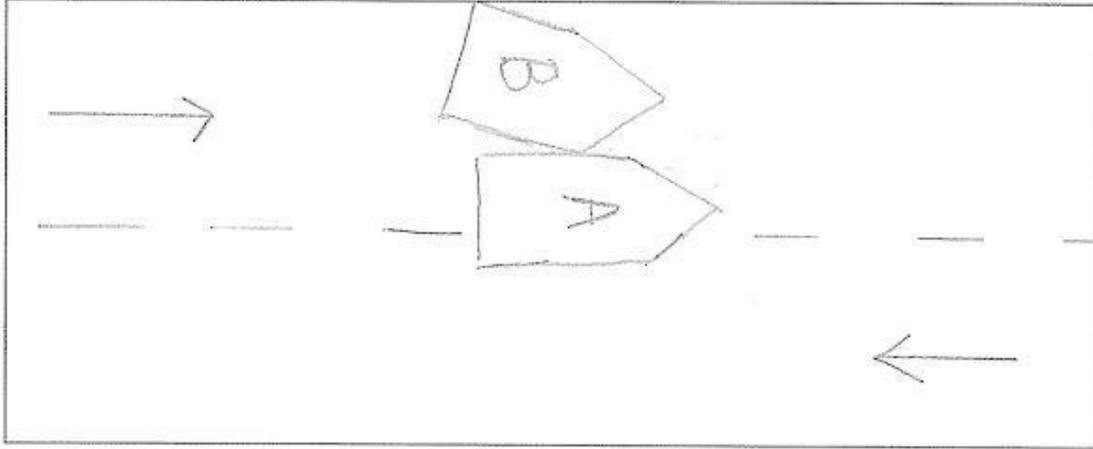
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Date of accident: 07/05/21 Time: 12:40 pm Location: Nanila street
 My Vehicle A: SJL7557H Vehicle B: GBA5622T Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A (my car) is driving straight with enough of space to ~~pass~~ pass car B without hitting
 when ~~my~~ the car head had passed, ~~at~~ car B turned out from parking, causing the collision and hit the side of ~~the~~ my car (car A)

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 : Vanmylee91@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: _____

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

AH LIM MOTOR COMPANY
 No. 10, Jalan...
[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____













































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S6650020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1921580003 Vehicle Registration No: SJL7557H
 Name (as shown in NRIC) : LEE CHONG MENG NRIC/FIN/Passport No : SXXXX288G
 (*Vehicle Driver Vehicle Owner) * Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : 9001 6615 Mobile No. : _____
 Email Address : _____
 Date of Accident : 7/5/21 Time of Accident : 12:40
 Place of Accident : MANILA ST
 Insurance Company: AXA Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO revert to OD claim.

* 
 Policyholder / Driver's Signature
 Date: _____


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

To Whom It May Concern,

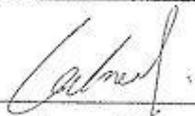
Accident involving my vehicle no. SJL7557H on 07/05/2021 (date) with
CBA56227 (other vehicle no) along Manila street.

I, Lee Choon Meng Nric No. S14272886

Owner of vehicle no. SJL7557H am aware of the accident of my vehicle on
07/05/2021 (Date) while car was driven by Lee Qiao Ying Vanessa.

Nric No. S9136239B, I hereby, authorise him / her to make the report.

X


Name Lee Choon Meng.
Date: 8/5/21

.....
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

X

.....
Name

Date:





POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 8/5/2021 To: Owner of Vehicle Number: SJL 7557H

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, Eileen, 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.
- 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 indent 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 TP

Signed and acknowledged by:

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.

AH LIM MOTOR COMPANY Name and signature of workshop personnel including company stamp



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

LEE CHOON MENG
 12 UPPER SERANGOON CRES
 #16-33 RIVERSAILS
 SINGAPORE 534030

Renewal

date
 25/06/2020

your servicing distributor
 ARK INSURANCE AGENCY / 19093

your servicing distributor contact
 88788799

Policy Schedule

Your SmartDrive Comprehensive Toyota Prestige Max

Your policy at a glance

| | | | |
|---------------------|--|---------------|----------------|
| Policyholder name | LEE CHOON MENG | Policy number | VA1 / GA477537 |
| Cover | Comprehensive | FIN / NRIC | S1427288G |
| Period of Insurance | from 18/07/2020 to 17/07/2021 (both dates inclusive) | | |

Premium breakdown

| | |
|-----------------------------|-------------------|
| Gross Premium after 50% NCD | SGD 828.49 |
| Total Discounts | - SGD 88.02 |
| 7% GST | SGD 51.83 |
| Final Premium | SGD 792.30 |

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Toyota Prestige Max Benefits

- Loss or Damage
- Legal Liability
- Windscreen coverage with no Excess
- 24/7 Towing & Transportation in Singapore; or Overseas
- Medical and dental expenses up to \$1,500 per person for you, your named drivers and your immediate family members
- Personal Accident Benefits to Insured - Limit of Liability: S\$100,000
- Personal Accident Benefits to Drivers at \$20,000 each and Passengers at S\$10,000 each
- New for Old Replacement - up to 24 months from vehicle registration date
- Loss of personal items in the car - up to S\$3000
- Fixtures and Accessories (Solar Film)
- Hotel accommodation for one (1) night up to \$300
- \$100 Voucher for Windscreen repair at AXA Authorised Windscreen Workshop (Glass-Fix Pte Ltd)
- Guaranteed Repairs for twelve (12) Months for repairs at AXA Authorized Premium Workshop
- Repairs at AXA Authorized Premium Workshop

Add-on Benefits

- Designed to protect NCD

Vehicle details

| | | | |
|--------------------------------|-----------------|------------------------|-------------------|
| Make & Model of Vehicle | TOYOTA WISH 1.8 | Year of registration | 2017 |
| Vehicle registration number | SJL7557H | Type of Use | Private use |
| Body type | MPV | Engine capacity (c.c.) | 1798 |
| Seating capacity (excl driver) | 7 | Engine number | 2ZR1962474 |
| Off-Peak car | No | Chassis number | JTDGG20W00J007115 |

| | |
|----------------------------------|--|
| 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 | HONG LEONG FINANCE LIMITED |

VAL

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

Windscreen Excess

Not Applicable

Drivers details

| Driver type | Driver name | Date of birth | Driving experience |
|-------------------|-----------------------|---------------|--------------------|
| Main Driver | LEE CHOON MENG | 18/08/1960 | > 1 year |
| Additional Driver | TONG WAI FONG CANNY | 24/05/1963 | > 1 year |
| Additional Driver | LEE QIAO YING VANESSA | 21/09/1991 | > 1 year |

Additional clauses & endorsements to your policy

Nil

What you should do

- Keep this Policy Schedule as a record for your vehicle's insurance cover
- This Policy Schedule should be read together with the Terms and Conditions of the Policy Wording

AXA Insurance Pte Ltd

This is an auto generated document; thus, no signature is required.