



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	02/08/2021 10:12 (SGT)
Date of Accident	01/08/2021 17:25 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	ANG MO KIO AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR8263
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KIAN SOON JEREMY
NRIC No	SXXXX417A
Email Address	JEMTKS89@GMAIL.COM
Mobile Phone No	(Phone) +65-97546302
Alternative Phone No	+65-97546302

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1400

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P2375897
Cover Note Number	-

DRIVER

Name of Driver	TAN KIAN SOON JEREMY
NRIC No	SXXXX417A



Date Of Birth	10/11/1989
Occupation	Indoor
Date Of Driving Pass	04/12/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97546302
Alt. Phone Number	+65-97546302
Email Address	JEMTKS89@GMAIL.COM
Address	BLK 316 TAMPINES STREET 33 #06-178
Address complement	-
Postcode	520316
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
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 vehicle 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	CHERYL KOH
Gender	Female

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

PLEASE REFER TO ATTACHEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FK311Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	MD HAIROMAN BIN MD SUM
NRIC No	SXXXX947J
Contact Number	
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.

[Signature] 2/8/21 9.15am
Policyholder's Signature / Date & Time

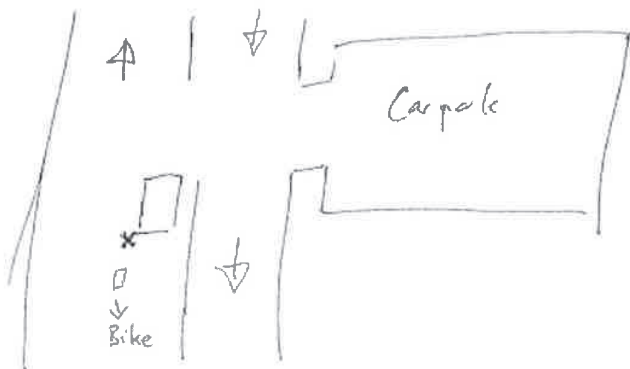
Driver's Signature (If driver is not the policyholder) / Date & Time

Pearlyn Cheong

Witnessed by Reporting Centre Personnel

Sketch Plan

02 AUG 2021



Describe Circumstances of the Accident

On 1/8/21 Sunday, roughly around 5.20pm - 5.30pm along Ang Mo Kio Avenue 10, outside Techpark, I was on the right lane, ~~at~~, which is to go straight or turn right (into a carpark) direction.

I was intending to go straight, but a motorbike in front of me was turning right into the carpark. Hence, I slowed down & came to a full stop. Another motorbike behind me did not stop in time & hit my left rear.


The left tail light, sensor were broken & damaged, bumper is heavily scratched and dislodged. My wife and I who were in the car are not injured, but the motorcyclist sustained superficial injuries on his fingers & legs.

"My wife called the police to report accident, and they sent an ambulance and a TP officer. The motorcyclist initially refused for us to call for ambulance but we did so, as he was bleeding. The TP informed both of us that since we are both Singaporeans driving Singapore vehicles, it's not a police case and he's not going to file a police report. Unless the motorcyclist see a Dr within next few days & gets a MC of 3 days or more, then he will file a police report, and he is supposed to inform us, and I will file a police report as well.

Motorcyclist and I exchanged IC numbers, phone numbers, took photos of the damages on both vehicles.

Declaration

We declare the foregoing particulars are true in every respect.

 2/8/21
9.56am

Policyholder's Signature / Date & Time

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

Pearlyn Cheong

Witnessed by Reporting Centre Personnel

02 AUG 2021

AXA ASSURANCE PTE LTD
 1101 North Bridge Road, #24-01
 Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888 Fax:
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Duplicate

POLICY INFORMATION		Policy No. : VPA/P2375897
Source	: (01) 18642 ARF (AP) PTE LTD (VW SCHEME)	
Insured	: TAN KIAN SOON JEREMY (CHEN JIANSHUN)	
Address	: BLK 316 TAMPINES STREET 33 #06-178 SINGAPORE 520316	
Business/Profession	: PHARMAIST Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 23/01/2020 To 22/01/2021 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 0.00%	: SGD 3,076.52	
NCD		
Prem W/Shop 15.00%	Disc : SGD 461.48	
GST 7.00%	: SGD 183.05	
Annual Premium	: SGD 2,798.09	
Total Payable	: SGD 2,798.10	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SMR8263G	
Type Of Use	: Private Car	
Make/Model	: VOLKSWAGEN GOLF 1.4 TSI CL	
Year of Manufacture	: 2019 Seating Capacity (excl. Driver) : 04	
Body Type	: HATCHBACK Engine C.C. : 1395	
Engine No.	: CZCC08126	
Chassis No.	: WVWZZZAUZLW008049	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	: As specified in Certificate of Insurance	
Hire Purchase	: DBS BANK LTD	
Excess Applicable		
Basic Own Damage Excess	: SGD 850.00	
Named Drivers		
1 TAN KIAN SOON JEREMY (CHEN JIANSHUN)		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		



