

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 Report	20/05/2020 13:58
Date Of Accident	06/07/2018 07:30
Exact Location Of Accident	JURONG ISLAND CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6865D
Insured/Policyholder	
Name Of Registered Owner	SEE SIEW TIONG
NRIC No	S1604698A
Email Address	TIONG_SEE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97483937
Alternative Phone No	OFFICE-97483937

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA128694
Cover Note Number	

Driver

Name of Driver	SEE SIEW TIONG
NRIC No	S1604698A
Date Of Birth	05/04/1963
Occupation	INDOOR
Date Of Driving Pass	02/09/2004
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97483937
Fax Number	
Contact Number	OFFICE-97483937
Email Address	TIONG_SEE@YAHOO.COM.SG

Address	BLK 454 HOUGANG AVE 10 #03-487
Postcode	530454
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : GERALD YAP GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	SLU4345B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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:



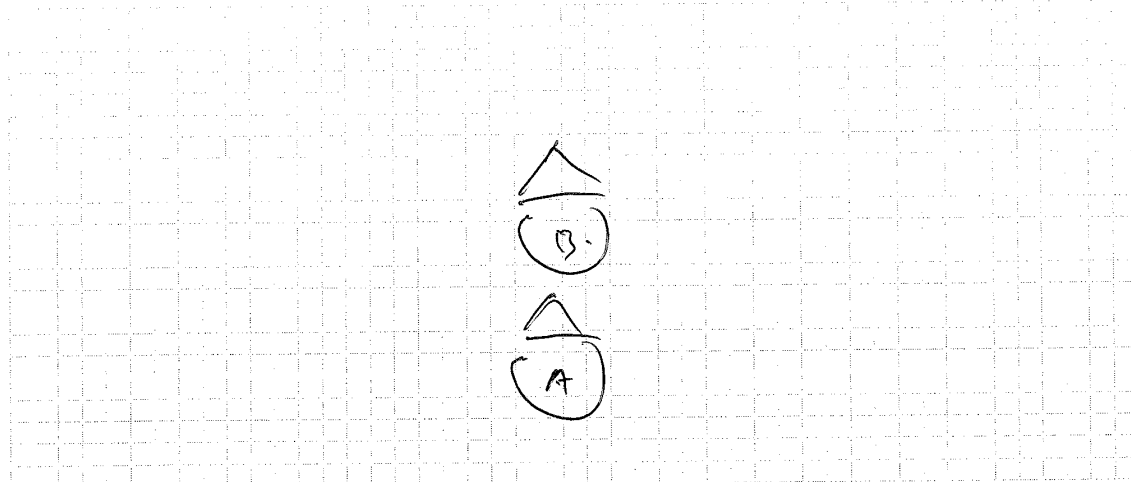
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

20/5/20
1370445

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED

DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

02 AUGUST 2018

To:

See Siew Tiong &
BLR 454, #03-487,
Hongkong Avenue 10
Singapore 530454 :

Dear Sir,

OUR REF: SLB 6865D / SLU 4345B @ 6/07/18. Friday.
Your REF: CC4 / ASM1801 - 3841 / hb3.

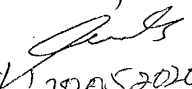
REPORT OF ACCIDENT involving Vehicles SLB 6865D & SLU 4345B
at JURONG ISLAND Checkpoint on 26/07/2018 @ 0730a.m.

As per Report:
on 26/07/2018 @ 0730a.m, at Jurong Island Checkpoint,
My Vehicle SLB 6865D grazed the Back of Vehicle SLU 4345B.
at the Checkpoint Gantry waiting for Security Clearance.

After getting out of our Vehicles, We checked each other Vehicles.
My Passenger with me Mr. Gerald Yap C.G. and Myself seen that
there is no Damage to both of our Vehicles.
But the other Party; Driver Mr. Ramesh S/o Subramanian complained
that there is Damage. We had take Photos of the 2 car Conditions.
We ask him (Mr. Ramesh) to go to our Authorised Workshop
to check. And we had verbally agreed to settle this Incident privately.

As there was no Injuries to both Party, we exchange Driver
License Identification and Handphones Number, Mr Ramesh 7/2 No: 87348325
As we intent to settle privately the Incident, we did not report
the Matter to our Insurance Company Nor make a Police Report.

on 7th August 2018. (Tuesday,) I received a letter from
LKK Auto Consultants Pte. Ltd. via lpc@lkkauto.com informing us
that there is a 3rd party Insurance claim on My Car, by Mr. Ramesh.
Therefore, We report to our Insurance Company as advised by
the letter. Thank You.

Yours Sincerely, 
20052020


LETTER OF UNDERTAKING

I/We, SEE SIEW TIONG, the owner of vehicle no. SLB 6865D

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, _____

Signed and Acknowledge by:

S 1609698A 
Nric no. & signature of policyholder

.....
Company stamp

.....
Date

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1604698A**

Name: **SEE SIEW TIONG**

Birth Date: **05 Apr 1963**


Issue Date: **17 Sep 2010**

001893548B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1604698A**



Name: **SEE SIEW TIONG**

徐秀忠

Race: **CHINESE**

Date of birth: **05-04-1963** Sex: **M**

Country of birth: **SINGAPORE**

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: SLB 6865D

Date of Accident: 06/09/2018


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE


Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 02 Sep 2004

NP 428A


Licence No: S1604698A



4967688



NRIC No. **S1604698A**



Date of issue: **10-04-2013**

Address: **APT BLK 454 HOUGANG AVENUE 10
#03-487
SINGAPORE 530454**



SEE SIEW TIONG
BLK 454 #03-487
HOUGANG AVENUE 10
SINGAPORE 530454

B.A.S. ENTERPRISE
No. 30 Kaki Bukit Road 3 #05-06
Empire Technocentre
Singapore 417819
Tel: 6749 2112 Fax: 6742 6628 Hp: 9622 7729

**SmartDrive Comprehensive
Essential**

date
31/08/2018

policy number
VA1 / GA128694

your servicing distributor
B.A.S. ENTERPRISE / 05185

your servicing distributor contact
6749 2112 /

Renewal Notice

Dear SEE SIEW TIONG,

Thank you for insuring with AXA.

Our records show that your current **Smart Drive Comprehensive Essential** policy covering your vehicle **SLB6865D** is due to renew on **29/10/2018**.

We are pleased to invite you to renew your policy, as detailed below.

Effective Period of Renewed Cover : 30/10/2018 to 29/10/2019 (both dates inclusive)

Smart Drive Comprehensive Essential		
KEY BENEFITS	Usual Price	
✓ 24/7 Towing & Transportation in Singapore or Overseas	✓ 10.00% DISCOUNT (Special Discount)	\$1,889.84
✓ Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess		\$1,700.86
✓ Guaranteed Repairs for twelve (12) Months		
✓ Loss or Damage		
✓ Legal Liability		

Add-ons

Personal Accident for Driver	\$14.45
Personal accident benefit of up to \$ 50,000.00 for you and your named drivers	
Personal Accident for Passengers \$20,000	\$37.45
Personal accident benefit of up to \$20,000 per passenger	

Total:	\$1,752.76
Total Own Damage Excess:	\$600.00
Windscreen Excess:	\$100.00
	(incl. GST)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

