# **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 witholding 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.

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   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 10/01/2022 10:53 (SGT) Date of Accident 08/01/2022 11:35 (SGT) Exact Location of Accident Ang Mo Kio Ave 10, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNB8238C

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SEAH KIA SIANG NRIC No. S0204759D Email Address edwinseahks@gmail.com Mobile Phone No (Phone) +65-91072262 Alternative Phone No +65-91072262

## VEHICLE PARTICULARS

Manufacturer Jaguar Model Xf 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 2000

## **INSURANCE COMPANY**

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA581358 Cover Note Number

## DRIVER

Name of Driver SEAH KIA SIANG NRIC No. S0204759D

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	20/02/1949 Indoor 11/05/1973 48 YEARS AND 8 MONTHS Male (Phone) +65-91072262 +65-91072262 edwinseahks@gmail.com 4C LORONG K TELOK KURAU - 425606 Yes - 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 Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?  Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  PASSENGER 1	No 2 No - Yes 2 No
Name Gender	CHOO KIM HONG Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
I WAS TURNING RIGHT OUT AT THE JUNCTION. WHEN TURNITURN. END UP, BOTH OUR VEHICLES COLLIDED. MY VEHICL	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SGZ8733X - - - -

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	VEHICLE B
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

Policyhylder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AMIC AVE 10

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vaine	facel	lett	8,000	رم دم	Lanes	es.	
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# Declaration

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

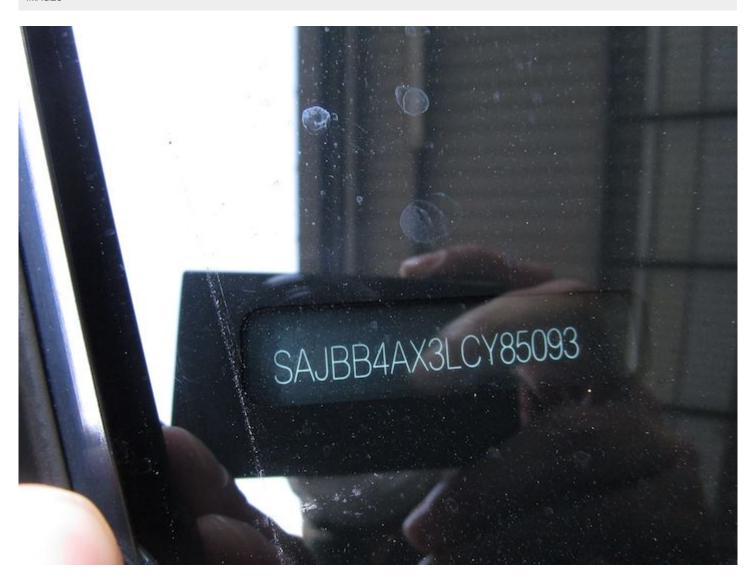
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# LETTER OF UNDERTAKING

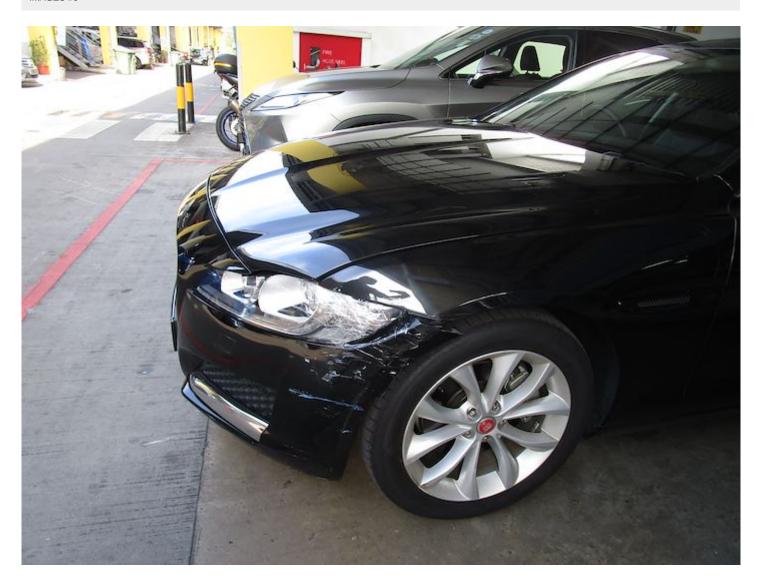
I/We, Seah Kia Siang	, the owner of vel	nicle no. SNB 8.238
My/Our Insurance is under M/s AXA I claim under my/our Policy or against to such a claim to M/s AXA Insurance Pto within 14(fourteen) days of occurrent	I the ideal of the	former shall submit
My/Our Third Party claim is handle by (AGEn7)	my/our preferred worksl	hop, bearnes
Signed and Acknowledge by:		
//////////////////////////////////////		

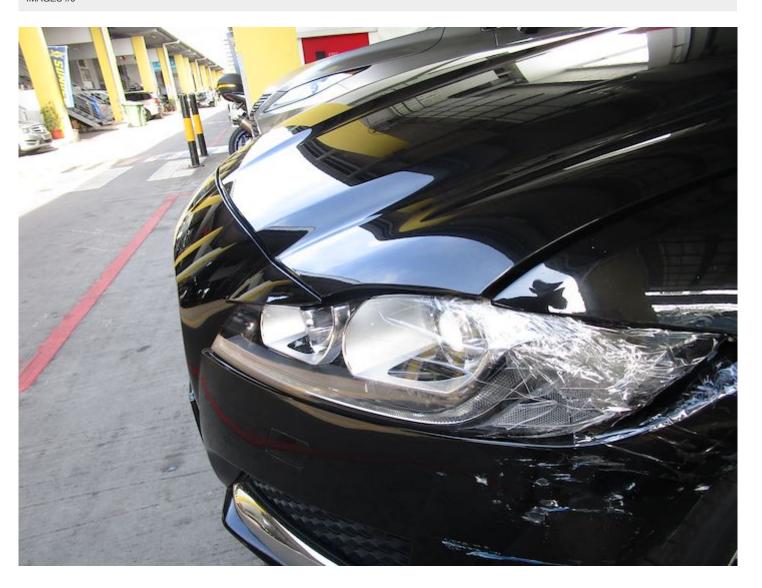


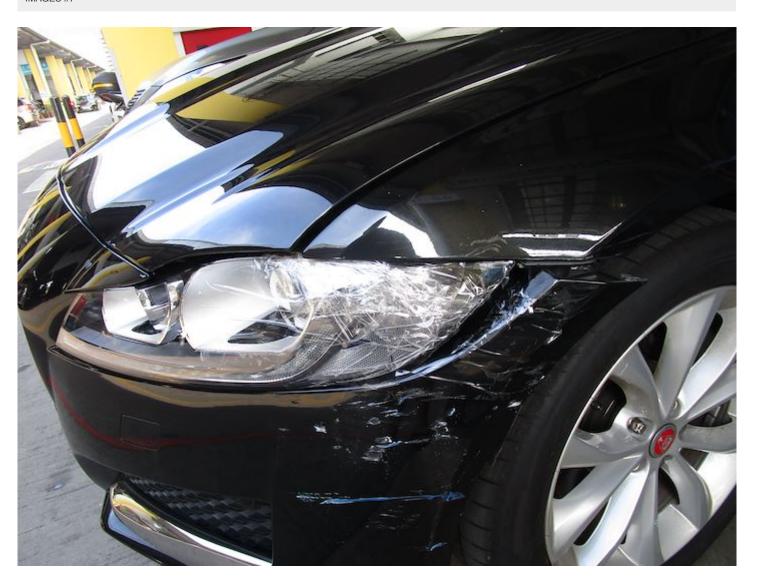


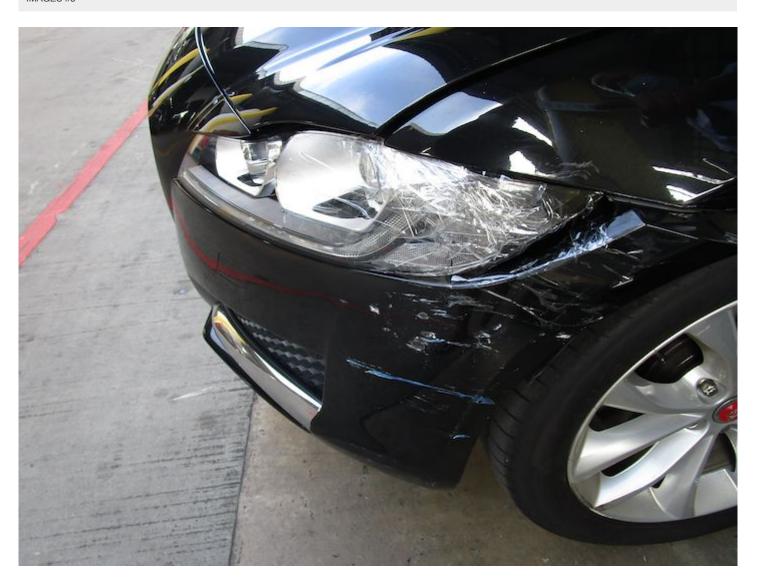


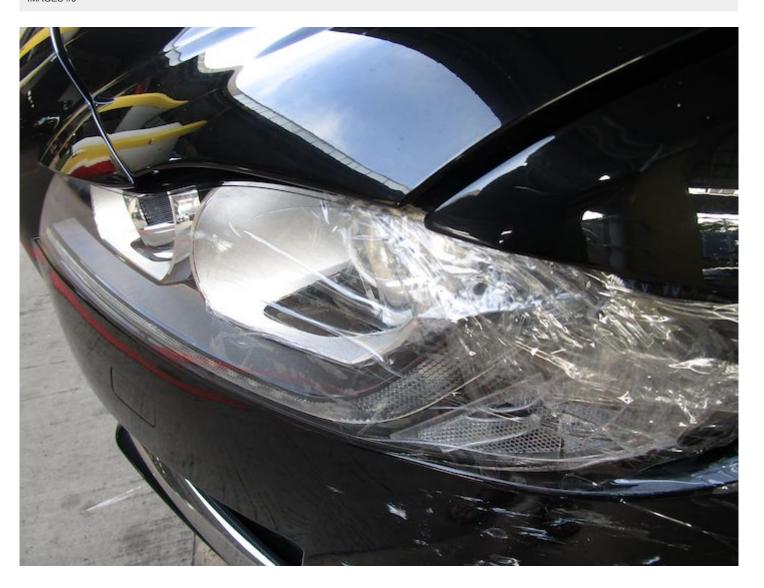


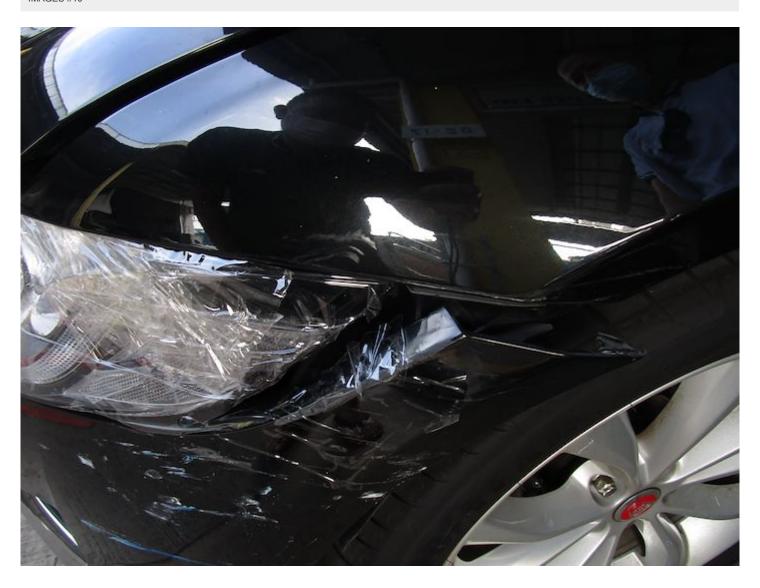


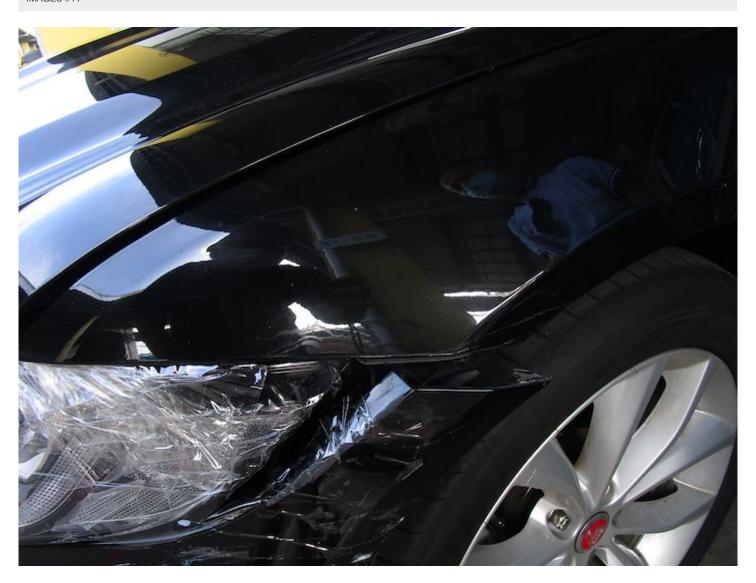
















SEAH KIA SIANG 4C LOR K TELOK KURAU SINGAPORE 425606

# redefining / insurance

AXA Insurance Pie Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

⊠ customer.care@axa.com.sg

www.axa.com.sg

New business

23/08/2021

your servicing distributor

WINNER INSURANCE AGENCIES PTE

LTD / 04460

your servicing distributor contact

62838611

**Policy Schedule** 

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyhelder name

SEAH KIA SIANG

Policy number

GA581358 XXXXX759D

Cover Period of Insurance Comprehensive FIN / NRIC from 26/08/2021 to 25/08/2022 (both dates inclusive)

Premium breakdown

Gross Premium after 50% NCD

Total Discounts 7% GST Final Premium SGD 1.797.62 - SGD 454.01 SGD 94.05 SGD 1,437.60

## Your benefits highlights

(refer to Policy Wording for full terms and conditions).

SmartOrive Comprehensive Flexi Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

### Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers
- Personal accident benefit of up to \$20,000 per passenger

# Vehicle details

Make & Model of Vehicle Vehicle registration number Body type

SNBB238C SALOON

JAGUAR XF 2.0

Year of manufacture Type of Use Engine capacity (c.c.)

Market Value at the time of Loss (including accessories and spare parts)

2019 Private use 1997

Seating capacity (excl driver) Off-Peak car

No

Engine number 190620Y0158PT204 SAJBB4AX3LCY85093 Chassis number

Insured's Estimated Market Value Limitation to use

As per Certificate of Insurance

Finance Loan Company

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

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

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