

# 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 ..... 12/01/2022 16:28 (SGT)  
Date of Accident ..... 11/01/2022 15:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BUKIT PANJANG ROAD FORWARD TO UPPER BUKIT TIMAH  
ROAD / CHOA CHU KANG ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCK8839B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TANG LAI SANG  
NRIC No ..... S2110413B  
Email Address ..... MILLIONTRA@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-91000023  
Alternative Phone No ..... (Home) +65-91000023

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Camry  
Variant ..... -  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA552005  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TANG LAI SANG

NRIC No .....	S2110413B
Date Of Birth .....	10/09/1942
Occupation .....	Indoor
Date Of Driving Pass .....	30/10/1965
Driving experience .....	56 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91000023
Alt. Phone Number .....	(Home) +65-91000023
Email Address .....	MILLIONTRA@YAHOO.COM
Address .....	23 JALAN WAKAFF
Address complement .....	-
Postcode .....	428232
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) .....	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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

#### ATTACHMENT(S)

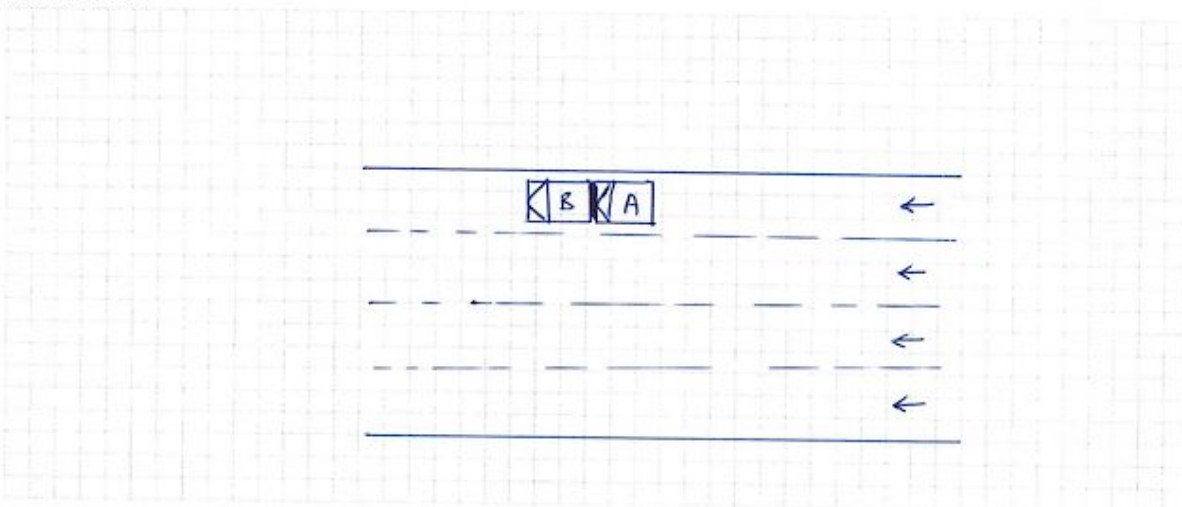
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GY985T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LEE TIONH LAM
- .....	301F
Contact Number .....	(Phone) +65-97975272

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Accidentally hit onto front vehicle rear portion.

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.:

**SKETCH PLAN****IMPORTANT NOTICE**


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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.:






























**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

TANG LAI SANG  
 BLK 809 FRENCH ROAD  
 #07-160  
 SINGAPORE 200809

**Renewal**

date  
**15/09/2021**

your servicing distributor  
**ASSURE INSURANCE AGENCY PTE LTD / 11517**

your servicing distributor contact  
**6848 9119**

## Policy Schedule

### Your SmartDrive Comprehensive Flexi

**Your policy snapshot**

Policyholder name	TANG LAI SANG	Policy number	GA552005
Cover	Comprehensive	FIN / NRIC	XXXXX413B
Period of Insurance	from 18/09/2021 to 17/09/2022 (both dates inclusive)		

**Premium breakdown**

Gross Premium after 50% NCD	SGD 1,288.94
Total Discounts	- SGD 197.97
7% GST	SGD 76.37
<b>Final Premium</b>	<b>SGD 1,167.34</b>

**Your benefits highlights**

(refer to Policy Wording for full terms and conditions)

**SmartDrive 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)

**Add-on Benefits**

- Basic Own damage excess waiver
- No Claim Discount Protector

**Vehicle details**

Make & Model of Vehicle	TOYOTA CAMRY 2.5	Year of manufacture	2015
Vehicle registration number	SCK8839B	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	2494
Seating capacity (excl driver)	5	Engine number	2ARU239995
Off-Peak car	No	Chassis number	MR053AK5004009500

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)

Windscreen Excess	Not Applicable
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AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

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