

# 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 ..... 23/03/2022 16:17 (SGT)  
Date of Accident ..... 23/03/2022 11:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HOUGANG AVE 4  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNB523G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG TECK HIANG  
NRIC No ..... SXXXX899J  
Email Address ..... AUTOHUB325@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-81230243  
Alternative Phone No ..... (Home) +65-81230243

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 6  
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 ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA581917  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SIEW CHEE SANG  
NRIC No ..... SXXXX877C

Date Of Birth .....	07/03/1975
Occupation .....	Indoor
Date Of Driving Pass .....	06/12/2012
Driving experience .....	9 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81230243
Alt. Phone Number .....	-
Email Address .....	AUTOHUB325@GMAIL.COM
Address .....	BLK 439B SENGKANG WEST AVENUE #17-311
Address complement .....	-
Postcode .....	792439
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 - Major/Minor Rd
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

REFER TO ATTACHED.

#### 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 .....	SMY4038E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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 .....	-
No. Of Passenger (Including Driver) .....	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	SIEW CHEE SANG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNB523G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# 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

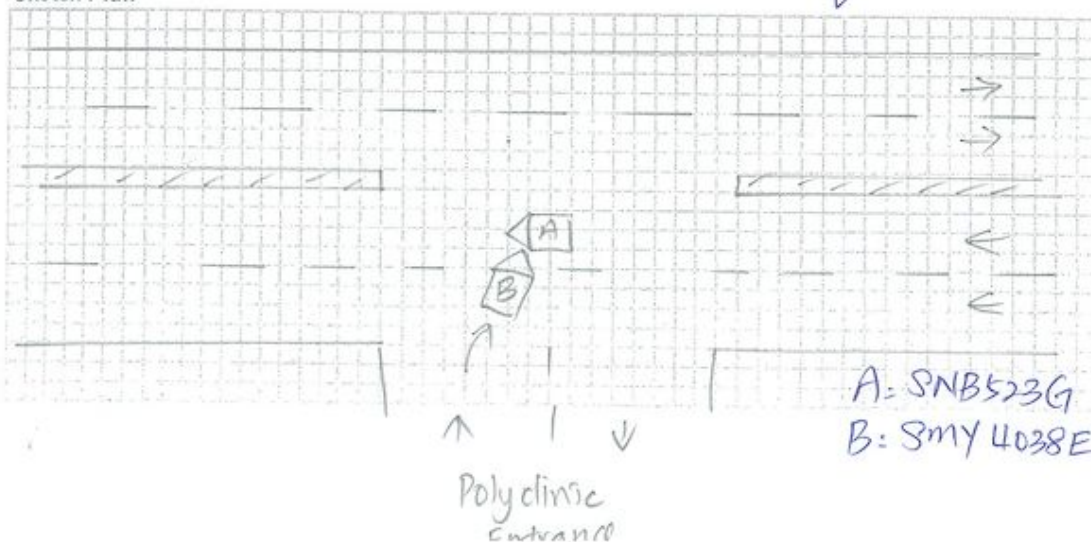
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

I was going straight, out of sudden, CAR B come out from the polyclinic on my left, and collided onto my vehicle.

## Declaration

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

















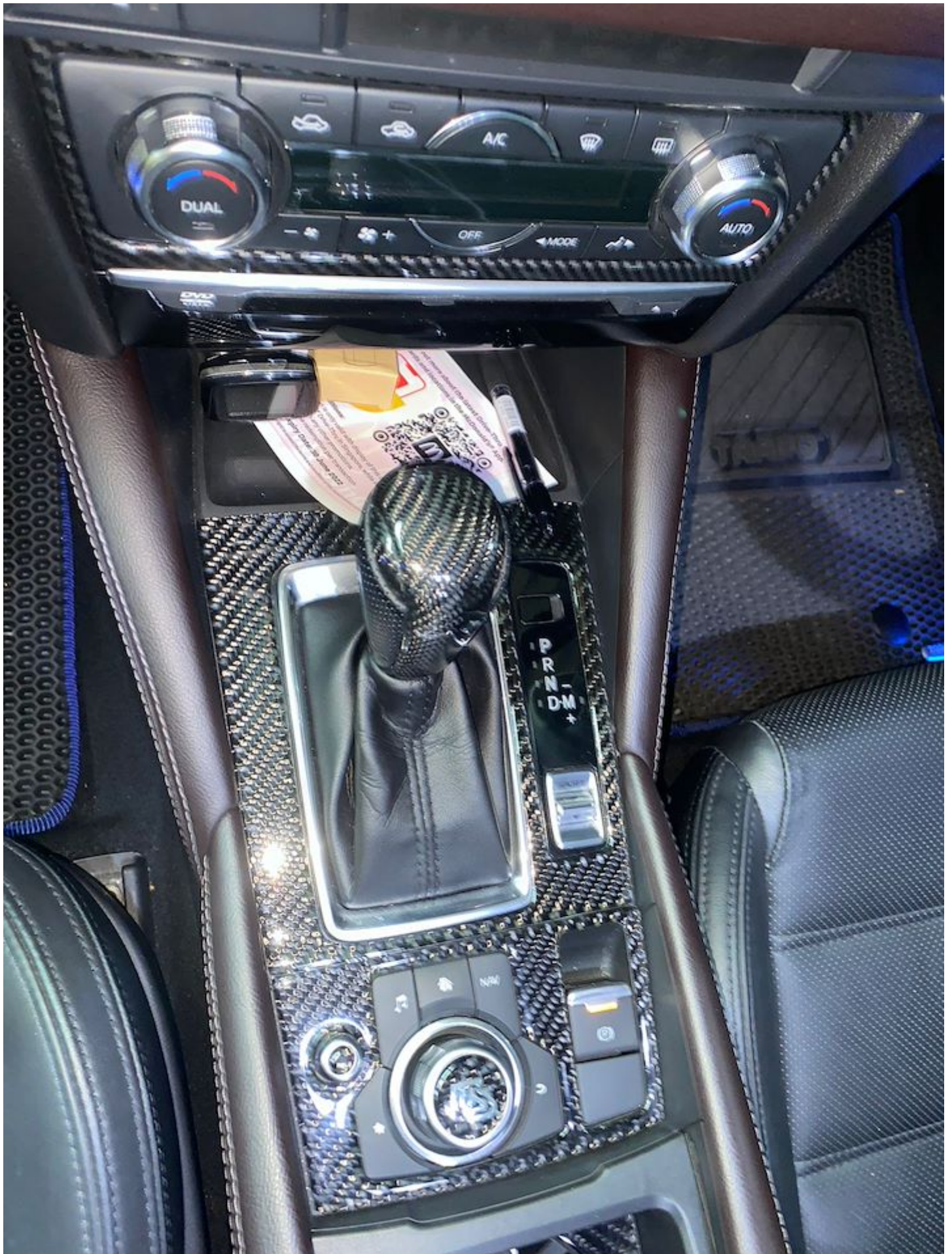





















**redefining / insurance**

NG TECK HIANG (HUANG DEXIANG)  
BLK 439B SENGKANG WEST AVENUE  
#17-311  
SINGAPORE 792439

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

#### Endorsement

date  
**27/08/2021**

your servicing distributor  
**DICKSON INSURANCE AGENCY PTE LTD / 17120**

your servicing distributor contact  
**6668 1161**

## Policy Schedule

### Your SmartDrive Comprehensive Essential

Your Policy Schedule has been updated effective 29/08/2021.

#### Your policy snapshot

Policyholder name	<b>NG TECK HIANG (HUANG DEXIANG)</b>	Policy number	<b>GA581917</b>
Cover	<b>Comprehensive</b>	FIN / NRIC	<b>XXXXX899J</b>
Period of Insurance	<b>expiring 28/08/2022</b>		

#### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

##### SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

##### Add-on Benefits

- No Claim Discount Protector

#### Vehicle details

Make & Model of Vehicle	<b>MAZDA 6 2.5</b>	Year of manufacture	<b>2016</b>
Vehicle registration number	<b>SNB523G</b>	Type of Use	Private use
Body type	<b>SALOON</b>	Engine capacity (c.c.)	<b>2488</b>
Seating capacity (excl driver)	<b>4</b>	Engine number	<b>PY20733623</b>
Off-Peak car	<b>No</b>	Chassis number	<b>JM6GJ1032G0233605</b>

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	HL BANK

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

Basic Own Damage Excess	SGD 400.00
Windscreen Excess	SGD 100.00

#### Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	NG TECK HIANG (HUANG DEXIANG)	04/07/1978	18 year(s)

#### Additional clauses & endorsements to your policy

AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,

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