

# 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 ..... 04/04/2022 15:38 (SGT)  
Date of Accident ..... 03/04/2022 17:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF HOUGANG AVE 3 & UPPER SERANGOON RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SX23H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LAI FONG SENG  
NRIC No ..... S0018113G  
Email Address ..... WLAI0023@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96332323  
Alternative Phone No ..... +65-96332323

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... BENZ 200E AUTO  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1997

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... GA420913  
Cover Note Number ..... 26/11/2021 - 25/11/2022

### DRIVER

Name of Driver ..... LAI FONG SENG  
NRIC No ..... S0018113G

|  |                                 |
|--|---------------------------------|
| Date Of Birth .....  | 12/09/1951                      |
| Occupation .....   | Indoor                          |
| Date Of Driving Pass .....   | 15/03/1969                      |
| Driving experience .....   | 53 YEARS AND 1 MONTH            |
| Gender .....   | Male                            |
| Mobile Number .....  | (Phone) +65-96332323            |
| Alt. Phone Number .....  | +65-96332323                    |
| Email Address .....  | WLAI0023@GMAIL.COM              |
| Address .....  | BLK 834 HOUGANG CENTRAL #08-576 |
| Address complement .....   | -                               |
| Postcode .....   | 530834                          |
| 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 - Cross Junction |
| 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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### ATTACHMENT(S)

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

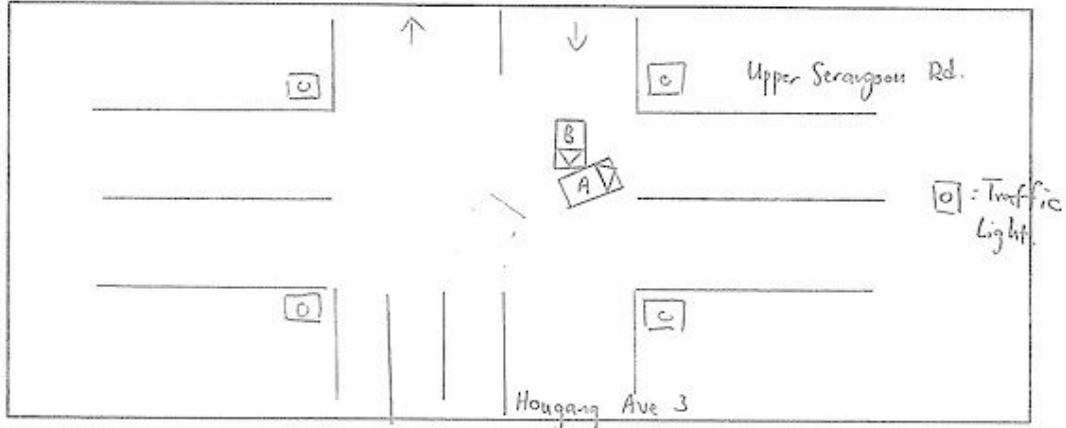
#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |              |
|-----------------------------------|--------------|
| Vehicle Registration Number ..... | SMU1872D     |
| Vehicle Manufacturer .....        | -            |
| Vehicle Model .....               | -            |
| Vehicle Variant .....             | -            |
| Vehicle Colour .....              | -            |
| Vehicle Category .....            | Private hire |
| 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) ..... -

Date of accident: 3/4/22 Time: 1725 hrs Location: Junction of Hougang Ave 3 & Upper Serangoon Rd.  
 My Vehicle A: SX23H Vehicle B: SMU 1872D Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/4/22 about 1725 hrs, I was driving my vehicle (SX23H) at the junction of Hougang Ave 3 & Upper Serangoon Rd.

When the "Go straight" light turned to amber light, I check the traffic on the opposite side is clear, hence I start to make the right turn.

Suddenly Vehicle B (SMU 1872D) try to beat the amber light and accelerated from a far. He ended up colliding on to my vehicle's left side.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: SLP Motoring  
 Email address: slpmotoring@gmail.com  
 & myself:  
 Email address: wlaioo23@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

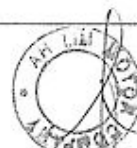
DECLARATION

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.:



AH LIM MOTOR COMPANY

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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)**

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.:















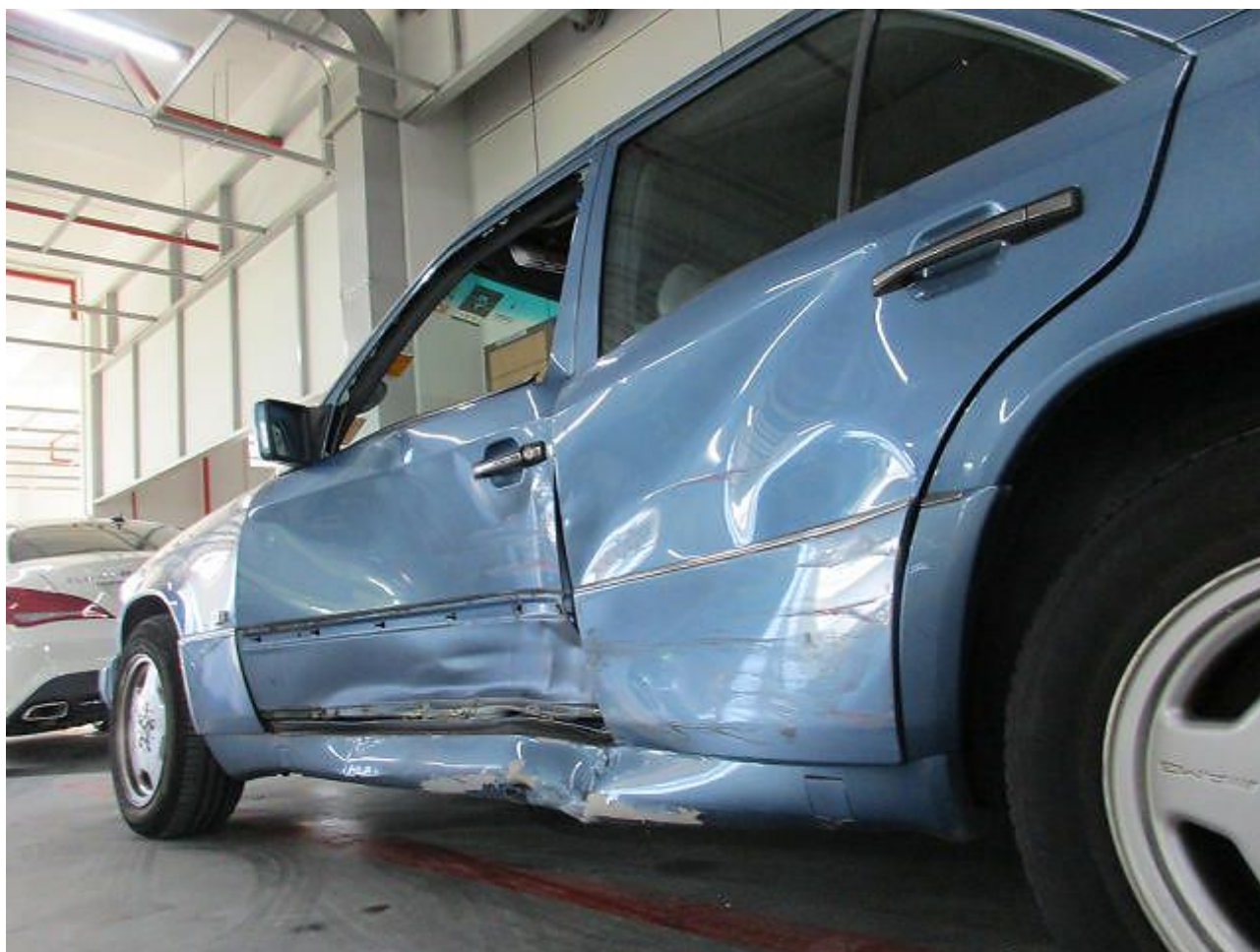
































redefining / insurance

AXA Insurance Pte Ltd  
 1480 880 4588 (Within Singapore)  
 (65) 6580 4588 (International)  
 (65) 6580 4766  
 customer care@axa.com.sg  
 www.axa.com.sg

Policy Number  
 19649

## Certificate of Insurance

This Certificate of Insurance is issued to the policyholder named herein, and it is to be read in conjunction with the Policy and the General Conditions of Insurance, which are incorporated herein by reference.

### Policy details

Policyholder name: 121456 5196  
 Cover: Third Party Fire & Theft  
 Premium: Third Party Fire & Theft  
 No. of applicants: 001  
 Vehicle registered in number: SA28H  
 Period of Insurance: 26/11/2021 to 25/11/2022 00:00:00  
 Finance loan company: 121456 5196 5196

Certificate number:  
 121456 5196 5196  
 121456 5196 5196

64428517.1  
 2021/11/26 00:00:00  
 2022/11/25 00:00:00

26/11/2021 - 25/11/2022

### Persons or classes of persons entitled to drive\*

1. The policyholder.  
 2. Any person who is licensed to drive a motor vehicle in Singapore.

The policyholder must ensure that the policyholder is licensed to drive a motor vehicle in Singapore. The policyholder must ensure that the policyholder is licensed to drive a motor vehicle in Singapore.

### Limitation as to use\*

The policyholder must ensure that the policyholder is licensed to drive a motor vehicle in Singapore. The policyholder must ensure that the policyholder is licensed to drive a motor vehicle in Singapore. The policyholder must ensure that the policyholder is licensed to drive a motor vehicle in Singapore.

AXA Insurance Pte Ltd

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### Additional clauses & endorsements to your policy

121456 5196 5196

AXA Insurance Pte Ltd is the policyholder. The policyholder must ensure that the policyholder is licensed to drive a motor vehicle in Singapore. The policyholder must ensure that the policyholder is licensed to drive a motor vehicle in Singapore.

AXA Insurance Pte Ltd

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### Important note

The policyholder must ensure that the policyholder is licensed to drive a motor vehicle in Singapore. The policyholder must ensure that the policyholder is licensed to drive a motor vehicle in Singapore. The policyholder must ensure that the policyholder is licensed to drive a motor vehicle in Singapore.

AXA Insurance Pte Ltd

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