

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	18/07/2022 13:18 (SGT)
Reported by	Both
Date of Accident	15/07/2022 16:15 (SGT)
Exact Location of Accident	Bukit Batok Street 52, Singapore
Additional Location Information	BLK 539 OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCQ3292D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KOK PENG
NRIC No	S2182889J
Email Address	limkp1@hotmail.com
Mobile Phone No	(Phone) +65-96655809
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	EXCLUSIVE
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA587006

DRIVER

Name of Driver	LIM KOK PENG
NRIC No	S2182889J
Date Of Birth	07/09/1962
Occupation	Indoor

Date Of Driving Pass	05/11/1979
Driving experience	42 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96655809
Alt. Phone Number	-
Email Address	limkp1@hotmail.com
Address	311 PAVILION CIRCLE
Address complement	-
Postcode	658576
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

ON 15/07/2022 @ ABT 1615HRS. WHEN I CAME OUT FROM THE PARKING LOT & THE VEHICLE B (SLV4942Y) WHICH IS OPPOSITE OF ME ALSO MOVE OUT FROM THE CARPARK LOT AT THE SAME TIME. WE THEN COLLIDED INTO EACH OTHER. AFTER THE INCIDENT HAPPENED, THE OTHER OWNER TOLD ME THAT DON'T NEED TO REPORT & HE WON'T CLAIM INSURANCE. I AM LODGING THIS REPORT AS RECORD PURPOSE ONLY. THAT'S ALL.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV4942Y
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)	-

SKETCH PLAN

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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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature
Date & Time:

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



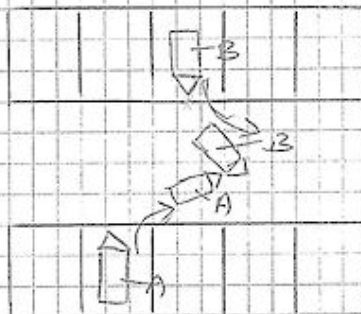
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Blk 539 Bt Batak St 52 Open Carpark

veh @ SCQ3252D

veh @ SLV4942Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/07/2022 @ abt 1615hrs when I came out the parking lot
 of the vehicle B (SLV4942Y) which is opposite of me also
 move out from the carpark lot at the same time. We then
 collided into each other. After the incident happened, the other owner
 told me that don't need to report & he won't claim insurance. I am
 lodging this report as record purpose only. That's all

DECLARATION

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

Policyholder's Signature
 Date & Time:

GIARMC SketchPlanForm_V3

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☒ For record purpose
 Policy No. GA587006
 Insurer AXA Veh.No. SCQ3252D









redefining / insurance

LIM KOK PENG
311 PAVILION CIRCLE
SINGAPORE 658576

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	LIM KOK PENG	Policy number	GA567606
Cover	Comprehensive	FIN / NRIC	XXXXXX99J
Period of Insurance	from 02/10/2021 to 14/11/2023 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,466.94
Total Discounts	- SGD 341.60
7% GST	SGD 78.77
Final Premium	SGD 1,204.11

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

- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	MERCEDES E200 EXCLUSIVE	Year of manufacture	2018
Vehicle registration number	SCQ3292D	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1991
Seating capacity (excl driver)	4	Engine number	27492031676375
Off-Peak car	No	Chassis number	WDD2130422A561397

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

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

New business

date
15/10/2021

your servicing distributor
DICKSON INSURANCE AGENCY PTE LTD /
17120

your servicing distributor contact
6668 1161