

# 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 Actual 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 .....              | 12/10/2022 15:17 (SGT) |
| Reported by .....                     | Both                   |
| Date of Accident .....                | 11/10/2022 20:50 (SGT) |
| Exact Location of Accident .....      | PIE, Singapore         |
| Additional Location Information ..... | PIE EIXT CTE.          |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLH8235C |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | ONG HUI LIN          |
| NRIC No .....                  | SXXXX359F            |
| Email Address .....            | TEOHSNWEI@GMAIL.COM  |
| Mobile Phone No .....          | (Phone) +65-96542371 |
| Alternative Phone No .....     | -                    |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Suzuki                    |
| Model .....  | Swift                     |
| 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 .....   | 1400                      |

### INSURANCE COMPANY

|   |                       |
|---|-----------------------|
| Name of Insurance Company .....         | AXA Insurance Pte Ltd |
| Policy Number / Cover Note Number ..... | GA416739              |

### DRIVER

|                      |              |
|----------------------|--------------|
| Name of Driver ..... | TEO HSIN WEI |
| NRIC No .....        | SXXXX140E    |
| Date Of Birth .....  | 11/11/1993   |
| Occupation .....     | Indoor       |

|  |                          |
|--|--------------------------|
| Date Of Driving Pass .....   | 29/11/2017               |
| Driving experience .....   | 4 YEARS AND 11 MONTHS    |
| Gender .....   | Male                     |
| Mobile Number .....  | (Phone) +65-91845642     |
| Alt. Phone Number .....  | -                        |
| Email Address .....  | TEOHSNWEI@GMAIL.COM      |
| Address .....  | 343 LOYANG RISE          |
| Address complement .....   | -                        |
| Postcode .....   | 507297                   |
| Is the driver the policyholder? .....                              | No                       |
| If No, Relationship of the Driver with the Insured .....           | Child                    |
| Does Driver Own Other Vehicles? .....                              | Yes                      |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | SMV2375K                 |
| Insurance Company of Other Vehicle Owned by Driver .....           | Income Insurance Limited |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |                 |
|--------------------------|-----------------|
| Type of Accident .....   | Chain Collision |
| Weather Conditions ..... | Raining         |
| Road Surface .....       | Wet             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 3   |
| 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) .....   | 2   |
| 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 .....   | -   |

#### PASSENGER 1

|              |          |
|--------------|----------|
| Name .....   | DORA AIK |
| Gender ..... | Female   |

#### 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

FRONT VEHICLE BRAKE AND STOP, I BRAKE AND MANAGED TO STOP IN TIME WHEN SUDDENLY VEHICLE B COLLIDED INTO MY VEHICLE'S REAR PORTION. THE IMPACT PUSHED MY CAR FORWARD AND COLLIDED INTO VEHICLE C REAR PORTION.

#### 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 ..... | SJV3937T |
| 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) .....     | 1           |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SLU1222S    |
| 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) .....     | 1           |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |              |
|---|--------------|
| Name of injured person .....                              | TEO HSIN WEI |
| Gender .....  | -            |
| Phone No .....  | -            |
| Address .....   | -            |
| Address Complement .....                                  | -            |
| Post Code .....   | -            |
| Approximate Age Years Old .....                           | -            |
| Injuries Sustained .....                                  | -            |
| Injured person in which vehicle? .....                    | SLH8235C     |
| Were seat belts worn? .....                               | -            |
| Was this injured conveyed to hospital by ambulance? ..... | -            |

**SKETCH PLAN**

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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.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

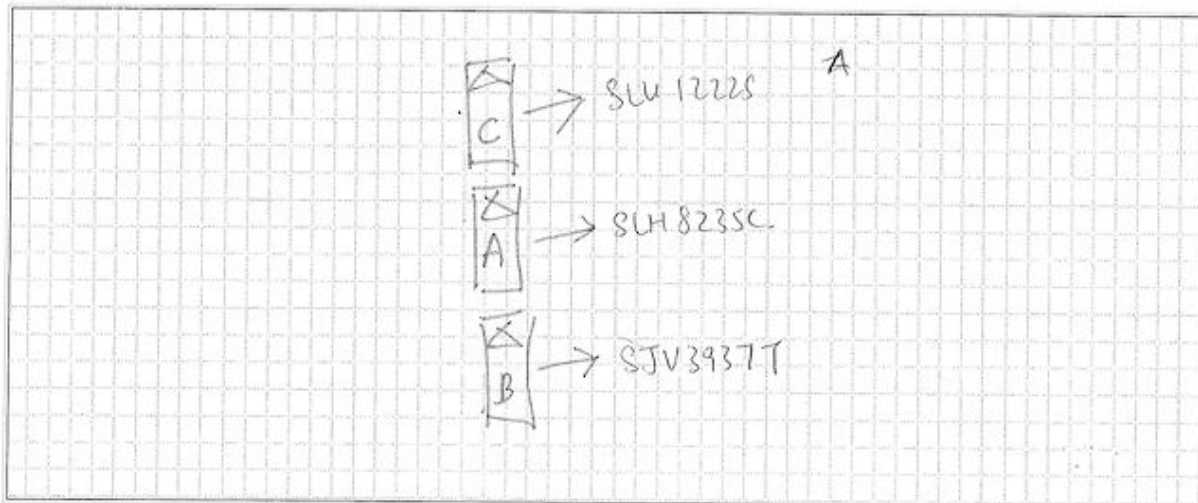
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Front vehicle brake and stop, I brake and managed to stop in time when suddenly vehicle B collided into my vehicle's rear portion, the impact pushes my car forward and collided into vehicle C rear portion.

Declaration

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

↓ 

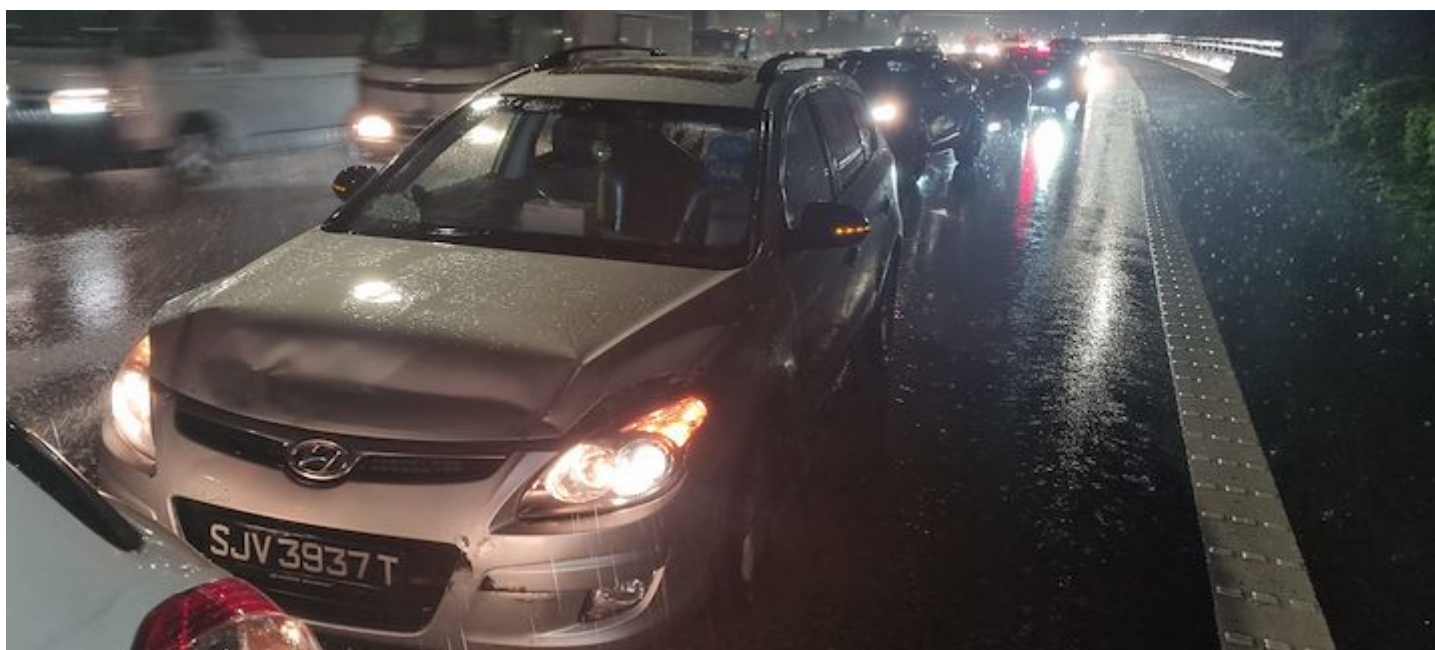
Policyholder's Signature / Date & Time

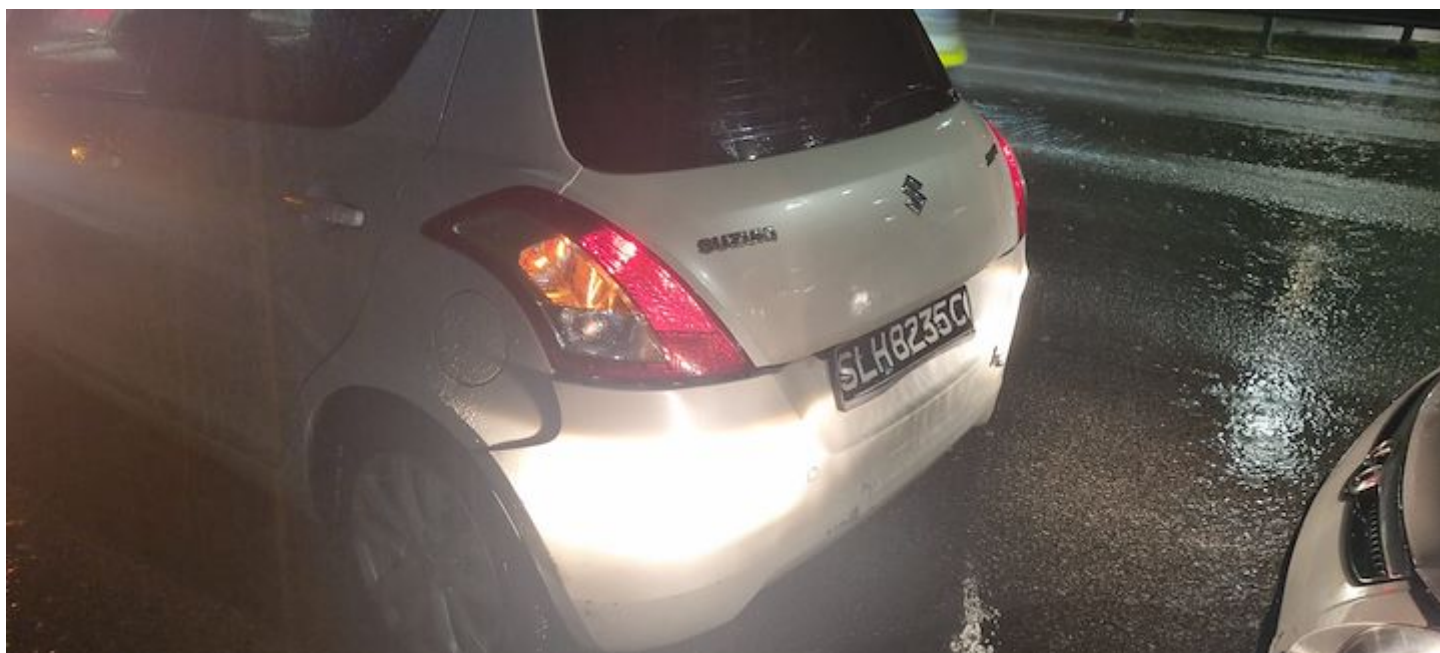
↓ 

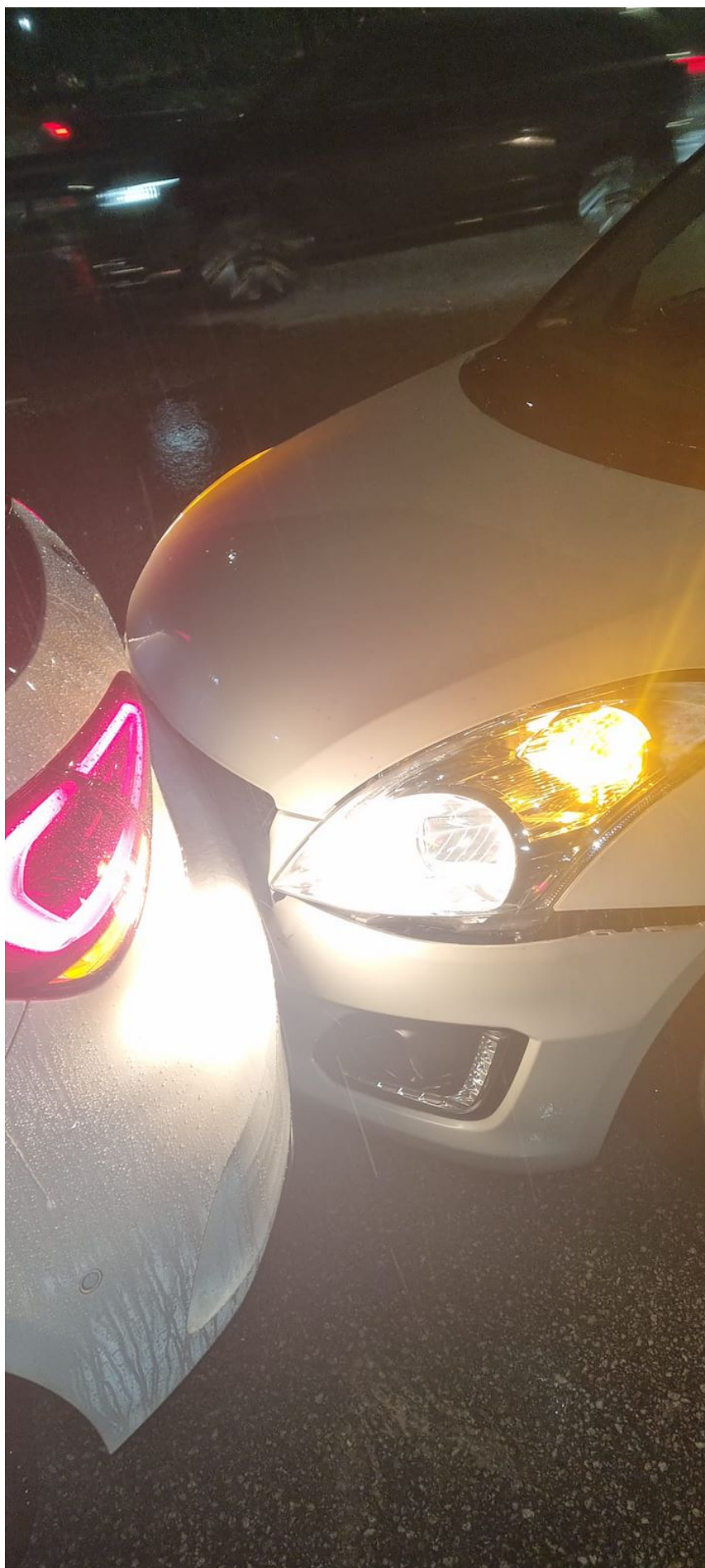
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





























LETTER OF UNDERTAKING

I/We, ong Hui Lin, the owner of vehicle no. SLH 8235C

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, SME MOTOR PH

✓ Signed and Acknowledge by:

51198359F  
Nric no. & signature of policyholder

.....  
Company stamp

.....  
Date



redefining / insurance

ONG HUI LIN  
343 LOYANG RISE  
SINGAPORE 507297

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

## Renewal

date  
24/11/2021

your servicing distributor  
AXA DIRECT / 18267

your servicing distributor contact

## Policy Schedule

Your SmartDrive Comprehensive Suzuki Prestige Max

### Your policy at a glance

|                     |  |               |           |
|---------------------|--|---------------|-----------|
| Policyholder name   | ONG HUI LIN  | Policy number | GA416739  |
| Cover               | Comprehensive  | FIN / NRIC    | XXXXX359F |
| Period of Insurance | from 28/11/2021 to 27/11/2022 (both dates inclusive) |               |           |

### Premium breakdown

|                             |              |
|-----------------------------|--------------|
| Gross Premium after 10% NCD | SGD 1,319.55 |
| 7% GST                      | SGD 92.37    |
| Final Premium               | SGD 1,411.92 |

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Suzuki Prestige Max Benefits

- Loss or Damage
- Legal Liability
- Windscreen coverage with no Excess
- 24/7 Towing & Transportation in Singapore or Overseas
- Medical and dental expenses up to \$1,500 per person for you, your named drivers and your immediate family members
- Personal Accident Benefits to Insured - Limit of Liability: S\$100,000
- Personal Accident Benefits to Drivers at \$20,000 each and Passengers at \$10,000 each
- New for Old Replacement - up to 24 months from vehicle registration date
- Loss of personal items in the car - up to \$53000
- Fixtures and Accessories (Solar Film)
- Hotel accommodation for one (1) night up to \$300
- \$100 Voucher for Windscreen repair at AXA Authorised Windscreen Workshop (Glass-Fix Pte Ltd)
- Guaranteed Repairs for twelve (12) Months for repairs at AXA Authorized Premium Workshop
- Repairs at AXA Authorized Premium Workshop

#### Add-on Benefits

- Repairs at Distributor Workshop CHAMPION MOTORS (1975) PTE LTD (Excess Applicable)
- Daily Transport Allowance of \$80/day up to maximum of 10 days

### Vehicle details

|                                |                  |                        |                   |
|--------------------------------|------------------|------------------------|-------------------|
| Make & Model of Vehicle        | SUZUKI SWIFT 1.4 | Year of registration   | 2016              |
| Vehicle registration number    | SLH823SC         | Type of Use            | Private use       |
| Body type                      | HATCHB           | Engine capacity (c.c.) | 1372              |
| Seating capacity (excl driver) | 5                | Engine number          | K14B1135785       |
| Off-Peak car                   | No               | Chassis number         | JSAFZC82S00333729 |

|                                  |  |
|----------------------------------|--|
| 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  |

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

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