

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 20/07/2022 13:23 (SGT)
Reported by Both
Date of Accident 19/07/2022 15:05 (SGT)
Exact Location of Accident Braddell Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD8672H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner My Family Vet Clinic and Surgery Pte Ltd
Company Reg No 201218156D
Email Address mfvclinic@gmail.com
Mobile Phone No (Phone) +65-94510184
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Outlander
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2400

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number GA550906/1

DRIVER

Name of Driver Lin Huijun Vanessa
NRIC No S8437457A
Date Of Birth 30/11/1984
Occupation Indoor

Date Of Driving Pass	14/08/2003
Driving experience	18 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94510184
Alt. Phone Number	-
Email Address	mfvclinic@gmail.com
Address	BLk 265 Bukit Batok East Ave 4 #01-403
Address complement	-
Postcode	650265
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	owner
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)	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	unknown
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

refer attached report.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	video with owner.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM9664M
Vehicle Manufacturer	Honda
Vehicle Model	Stream

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Lim Teck Hoe
NRIC No	S1188238B
Contact Number	(Phone) +65-96706577
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 2017/12

To: Owner of Vehicle Number: SM08672H

The following has been advised to you via your workshop, S & H Motor through their staff, Mike Wong. Please tick the applicable box if you had been advised on any of the following:

- You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
 - You had been advised by the workshop on the liability and merits of the case accordingly.
 - You had been advised by the workshop of the claims procedure as follows.
 - > if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - > if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
 - If you had been involved in an accident with a foreign registered vehicle and wished to attempt recovery with AXA help, please forward the photos of the front and back of the NRIC and driving license to motor.doc@axa.com.sg
 - You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
 - > \$200 off on your Basic Own Damage Excess or
 - > \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
 - > Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
 - There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas. The estimated waiting time for the spare parts to arrive is _____ . The estimated arrival time does not include the repair period.
 - There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
 - You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
 - For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
 - For Vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.

You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

Signed and acknowledged by: MY FAMILY VET CLINIC AND SURGERY PTE LTD
 Bix 265 Bukit Batok East Avenue 4
 #01-403 Singapore 650265
 UEN 201218156D

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)
 *authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, drivers who are permitted to drive the Insured Vehicle.

1
 Name and signature of workshop personnel including company stamp

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M)
 8 Shenton Way #24-01 AXA Tower Singapore 068811
 AXA Customer Centre #01-21/22

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

MY FAMILY VET including their lawyers (if any), which may be sited outside of Singapore for one or more of the above Purposes.

Blk 265 Bukit Batok East Avenue 4
#01-403 Singapore 650265
UEN 201218156D
T: 65660448, 81026966 E: mvclinic@gmail.com

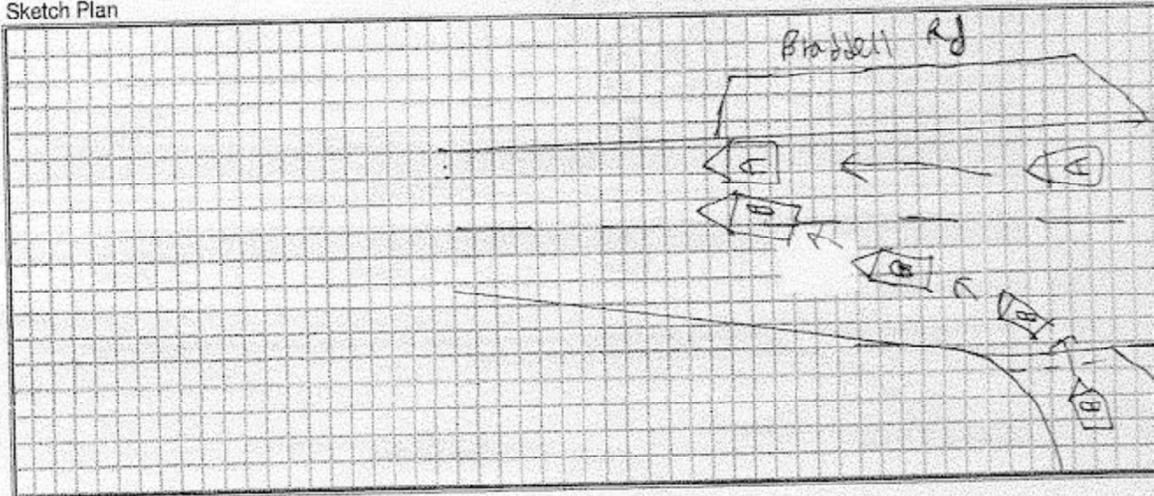
Blk 265 Bukit Batok East Avenue 4
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UEN 201218156D
T: 65660448, 81026966 E: mvclinic@gmail.com

Policyholder's Signature / Date & Time

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

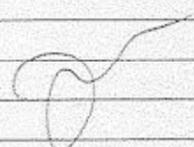
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

on 19/7/2022, @ 03-05pm, I am travelling along Braddell Road,
 I am travelling on my own lane going straight, when I
 passed the slip Road, a vehicle dash out out from the
 slip Road without stopping and hitted the vehicle change
 lane abruptly and hit into my vehicle and cause my vehicle
 right to mount and hit the kerb on my right before coming
 to stopped.

The video is with owner 

Declaration
 I hereby declare that the information provided in this report is true in every respect.
 MY FAMILY MEDICAL CENTRE
 Blk 265 Bukit Batok East Avenue 4
 #01-403 Singapore 650265
 UEN 201218156D
 T: 65660448, 81026966 E: mfvclinic@gmail.com

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)

























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2E 227K0004 Vehicle Registration No: SMD8672H

Name (as shown in NRIC): Lim Hai Jun Vanessa NRIC/FIN/Passport No: SF43747A

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 945 10184

Email Address: _____

Date of Accident: 19/7/22 Time of Accident: 15:56pm

Place of Accident: Braddell Rd

Insurance Company: AxA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1) Vehicle Category: Commercial

2) driver name: Lim Hai Jun Vanessa

Policyholder / Driver's Signature
Date:

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