

## 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 .....	04/03/2023 12:46 (SGT)
Reported by .....	Driver
Date of Accident .....	03/03/2023 15:50 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKA819U
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HENG GEK CHIEW
NRIC No .....	S1272800Z
Email Address .....	JAYDENNONG423@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96729676
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
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 .....	1598

#### INSURANCE COMPANY

Name of Insurance Company .....	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number .....	GA362723

#### DRIVER

Name of Driver .....	ONG YI FENG JAYDEN
NRIC No .....	T0311428C
Date Of Birth .....	23/04/2003
Occupation .....	Indoor

Date Of Driving Pass .....	24/06/2022
Driving experience .....	9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81286917
Alt. Phone Number .....	-
Email Address .....	JAYDENNONG423@GMAIL.COM
Address .....	60 PUNGGOL WALK
Address complement .....	#10-21
Postcode .....	828780
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	GRANDSON
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 .....	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 .....	4
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

PLEASE REFER TO ATTACHED DRIVER STATEMENT AND SKETCH PLAN

#### 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 .....	GBL8498H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	WONG YEW PING
NRIC No .....	S1415615A

Contact Number .....	(Phone) +65-94569949
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHA4291A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	CHEONG YIT CHONG
NRIC No .....	S1370367A
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	EV1268M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SZE CHIN SEE
NRIC No .....	S1643099D
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLANIMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The 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 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.

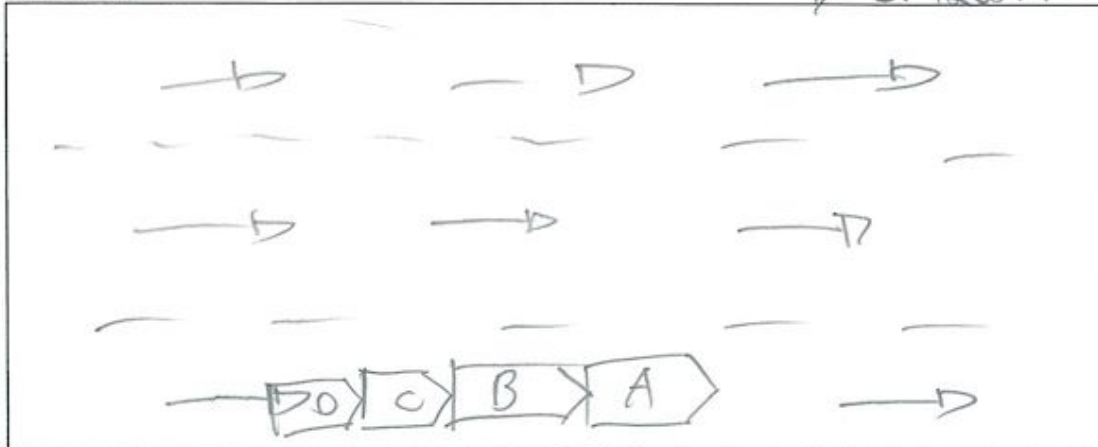
Policyholder's Signature  
Date & Time:

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

Reporting Centre  
Name:  
NRIC/FIN No.:

**AH LIM MOTOR COMPANY**  
No. 10 Ang Mo Kio Industrial Park 2A  
Singapore 568044  
Tel: 6483 6171 Fax: 6483 6170  
Reporting Centre  
Name: **Lim Jia Hui**  
NRIC/FIN No.: **9201 1244**

Date of accident: 3/3/2023 Time: 3:50PM Location: PIE  
 My Vehicle A: SKA 819 U Vehicle B: GBL 8498 H Vehicle C: SHA 4291 A  
 SKETCH PLAN D: EV 1268 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Vehicle B hit my rear end along the expressway on lane 1 after failing to brake. The van driver told me he couldn't brake.

☐ 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 :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your 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: 7/3/2023

U:55AU

**AH LIM MOTOR COMPANY**  
 No. 10 Ang Mo Kio Industrial Park 2A  
 #01-09 AMK Autopoint Singapore 568047  
 Tel: 6483 6170 Fax: 6483 6170

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

















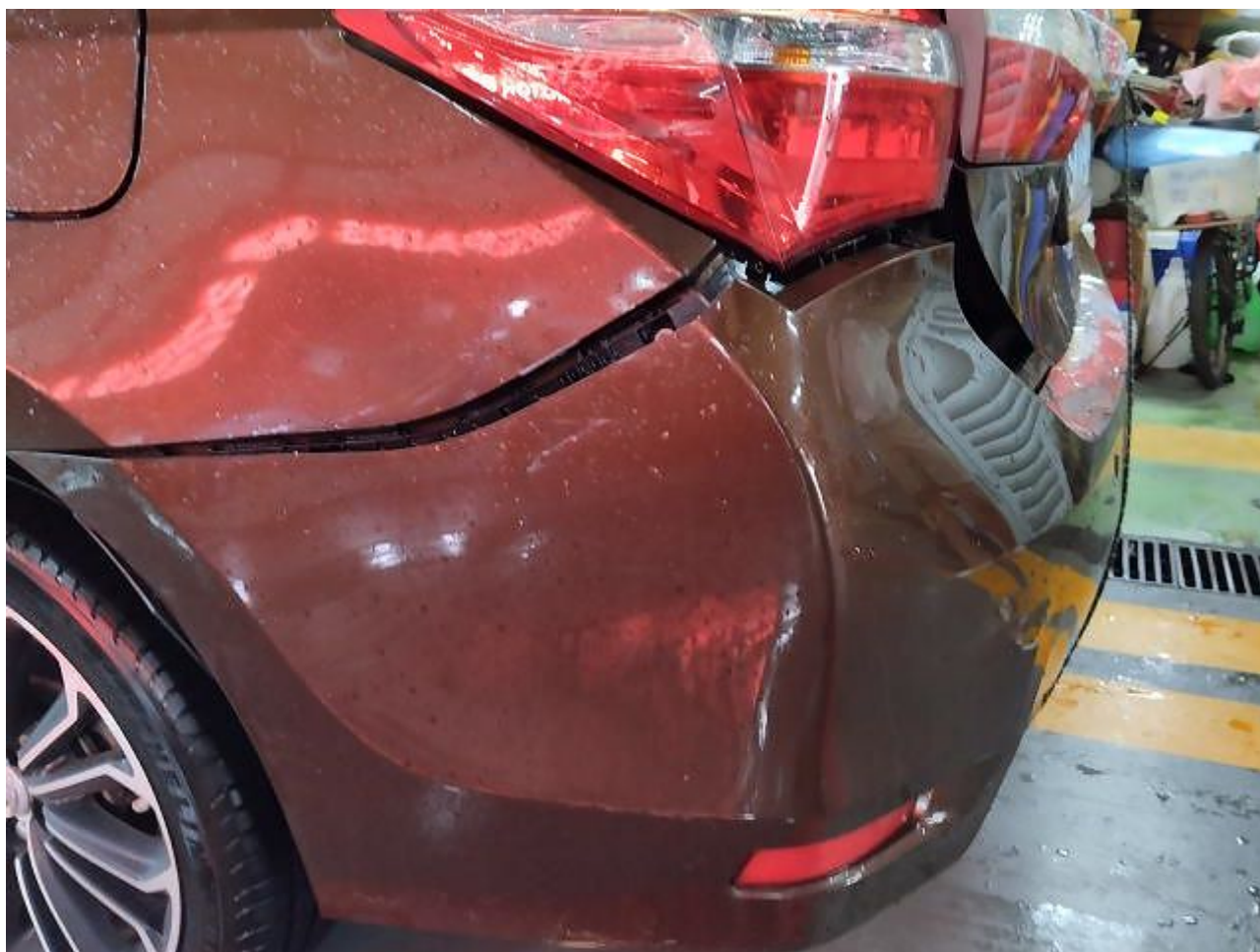




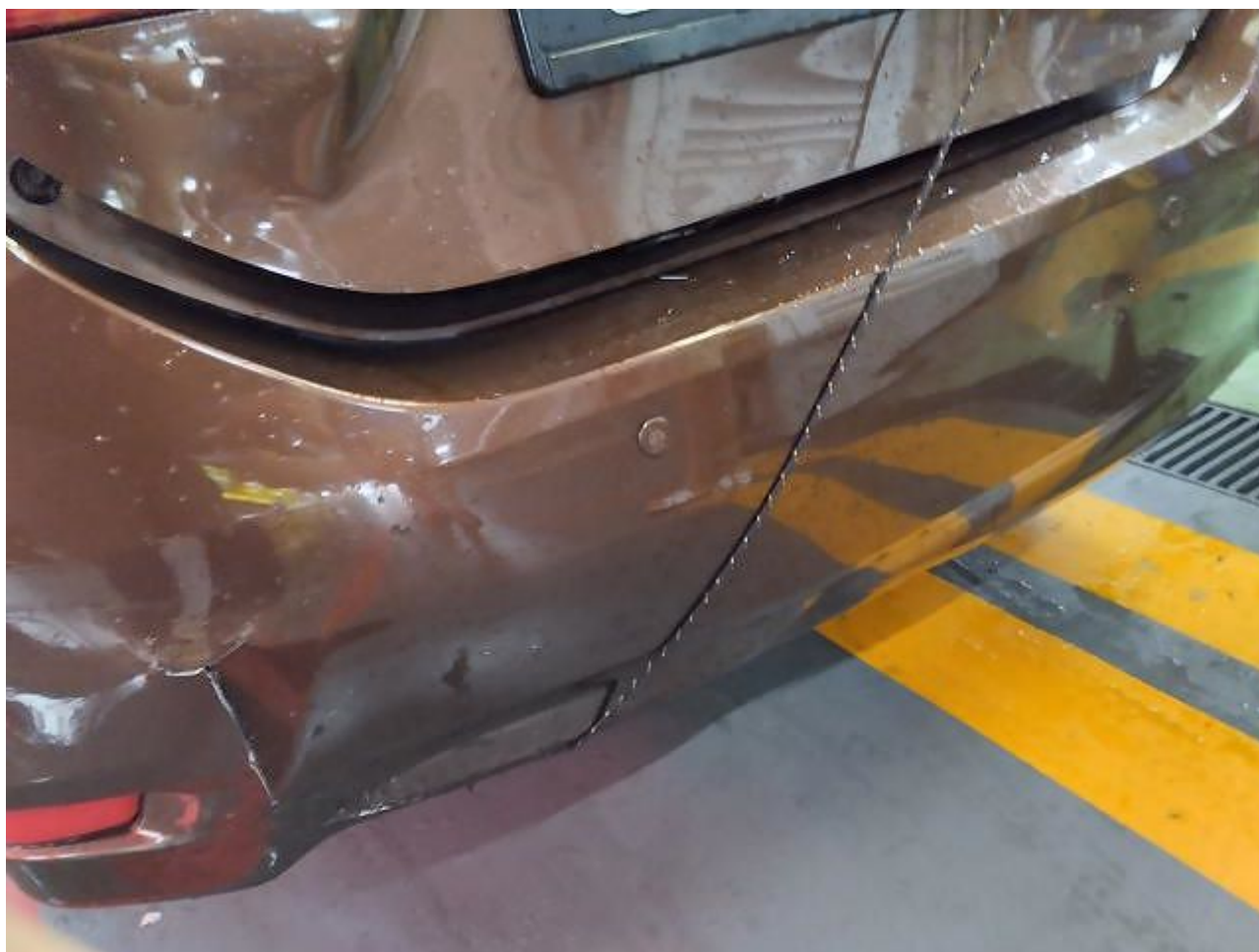






















redefining / insurance

HENG GEK CHIEW  
BLK 411 HOUGANG AVENUE 10  
#03-1008  
SINGAPORE 530411

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  
21/04/2022

your servicing distributor  
ARK INSURANCE AGENCY / 19093

your servicing distributor contact  
88788799

## Policy Schedule

Your SmartDrive Comprehensive Toyota Prestige Max

### Your policy at a glance

Policyholder name	HENG GEK CHIEW	Policy number	GA362723
Cover	Comprehensive	FIN / NRIC	XXXXX800Z
Period of Insurance	from 14/06/2022 to 13/06/2023 (both dates inclusive)		

### Premium breakdown

Gross Premium after 50% NCD	SGD 768.64
Total Discounts	- SGD 40.98
7% GST	SGD 50.94
<b>Final Premium</b>	<b>SGD 778.60</b>

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Toyota 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 S\$10,000 each
- New for Old Replacement - up to 24 months from vehicle registration date
- Loss of personal items in the car - up to S\$3000
- 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

- Designed to protect NCD

### Vehicle details

Make & Model of Vehicle	TOYOTA COROLLA ALTIS 1.6	Year of registration	2017
Vehicle registration number	SKA819U	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1598
Seating capacity (excl driver)	5	Engine number	1ZRY347991
Off-Peak car	No	Chassis number	MRO53REH104562817

Insured's Estimated Market Value  
Limitation to use  
Finance Loan Company

Market Value at the time of Loss (including accessories and spare parts)  
As per Certificate of Insurance  
UNITED OVERSEAS BANK LIMITED

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

1 of 2

To Whom It May Concern,

Accident involving my vehicle no. SKA 819U on 3/3/2023 (date) with  
GBL 8498H (other vehicle no) along PIE

I, Heng Gek Chiew Nric No. S12728002

Owner of vehicle no. SKA 819U am aware of the accident of my vehicle on  
3/3/2023 (Date) while car was driven by ONG YI FENG, JAYDEN

Nric No. T0311428C. I hereby, authorise him / her to make the report.

X

Heng Gek Chiew

Name Heng Gek Chiew

Date: 4/3/2023

.....

..

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X

Name

Date:

W4





## POLICYHOLDER ACKNOWLEDGEMENT FORM

Date:

4/3/2023

To: Owner of Vehicle Number:

SKA 819 U

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, Eileen, Zila, Mui Hong, Wei Jie. 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 on the claims procedure for the type of claim that you will be making due to this accident.
- 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.
- ( ) ( ) 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.
- ( ) ( ) 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.
- ( ) ( ) The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ( ) ( ) 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 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.
- ( ) ( ) 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.
- ☒ ( ) Others claim TP at other workshop

Signed and acknowledged by:

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, permitted drivers who are permitted to drive the insured Vehicle.

**AH LIM MOTOR COMPANY** Name and signature of workshop personnel including company stamp

No. 10 Ang Mo Kio Industrial Park 2A  
#01-09 AMK Autopoint Singapore 568047  
Tel: 6483 1249 Fax: 6483 6170