

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 ability.
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 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 Report	30/04/2016 10:38
Date Of Accident	29/04/2015 09:50
Exact Location Of Accident	OUTRAM RD TWDS CANTOMENT RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL3130U
Insured/Policyholder	
Name Of Registered Owner	CHIN KIN FUNG
NRIC No	S1709833J
Email Address	alvinkfchin@yahoo.com
Mobile Phone No	(LOCAL) +65-97933289
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	BMW
Model	X3
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
If No, Please state action to be taken	Reporting Only
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA003150/1
Cover Note Number	

Driver

Name of Driver	CHIN KIN FUNG
NRIC No	S1709833J
Date Of Birth	25/10/1965
Occupation	Indoor
Date Of Driving Pass	12/01/1996
Driving Experience	19 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-97933289
Fax Number	
Contact Number	Office-NOPHONE
Email Address	alvinkfchin@yahoo.com

Address	38 ST. MICHAEL'S RD #12-04
Postcode	328008
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - REFER TO SKETCH PLAN
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9623C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG WEE LOONG
NRIC/Passport Number	S7525333H
Contact Number	96207577
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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 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

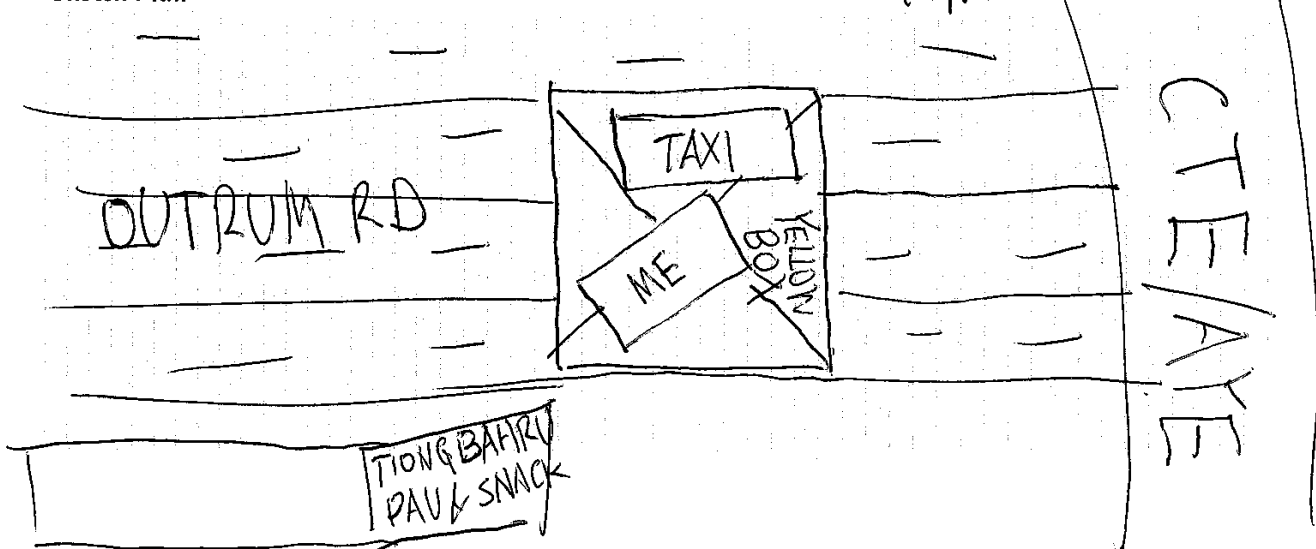
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time _____
 Driver's Signature (If driver is not the policyholder) / Date & Time _____
 Witnessed by Reporting Centre Personnel _____



30/4/16

Sketch Plan



Describe Circumstances of the Accident

SEE ATTACHED EMAIL

☒ 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 : alvinkfchin@yahoo.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

We declare the foregoing particulars are true in every respect.

Vehicle: SKL
3130 U


30/4/16

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

On Friday 29th April 2016 9.50am. I Alvin Chin Kin Fung NRIC S1709833J, owner of SKL3130U was driving along Outram road toward cantonment road.

During I'm tried to drive out from the yellowbox in the middle of Outram road, one taxi drove by on my left and stop in front of my vehicle and accused my car hit his right side.

I drove aside and park to check my car, my car totally don't have single dent or scratch mark, but the right side of the taxi had one big mark of dirty stain on the right side of the taxi. I touch and check the area with the dirty stain mark. Very sure is very old stain WITHOUT A SINGLE DENT.

But the taxi driver One Wee Loong NRIC S7525333H insisted for my driving licences without even thinking.

So we exchange driving licences and took pictures of each other vehicles and particulars.

I'm writing this to reject ALL the claims from the vehicle number SHD 9623C or driver One Wee Loong NRIC S7525333H

I have front and rear videos from my vehicle (40MB) and over 10 pictures (over 10MB) where the accused accident took place.

Please feel free to contact me at 97933289

Alvin Chin Kin Fung
S1709833J
Mobile: 97933289

30-Apr-16

●●●○○ Singtel

10:31 AM

100% (

Microsoft Corporation



redefining / insurance

AXA Insurance Singapore Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 📠 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

Certificate of Insurance

account number
 03479

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysia)
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	CHIN KIN FUNG ALVIN	Certificate number	GA003150 / 1
Cover	Comprehensive	Chassis number	WBAPC72080WG59758
Plan name	Essential	Engine number	05416601N52B25AF
NCD applicable	50%		
Vehicle registration number	SKL3130U		
Period of Insurance	from 22/11/2015 to 16/10/2016 (both dates inclusive)		
Finance less company	CENTURY TOKYO LEASING (S) PTE LTD		

Persons or classes of persons entitled to drive*

(a) The Policyholder

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 400.00
	Windscreen Excess	SGD 100.00

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Singapore Pte Ltd

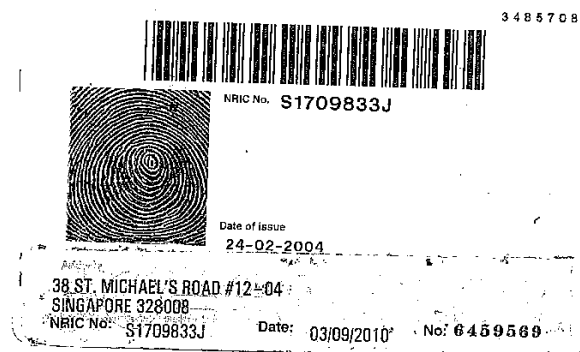
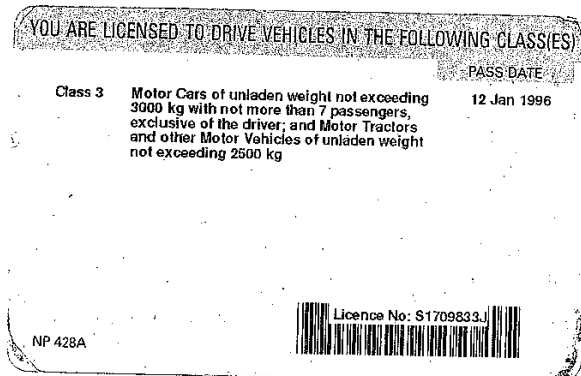
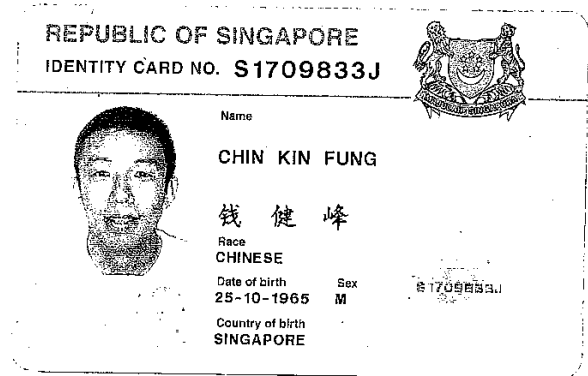
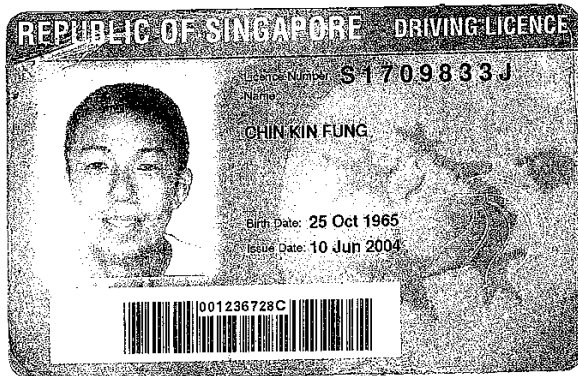
Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period falling which there would be no liability under the policy, renewal certificate endorsement etc.

30-Apr-16



Reporting
only

Ah Lim Motor Company
176, Sin Ming Drive
#05-12 Sin Ming Auto Care
Singapore 575721

Date: 30/04/2016

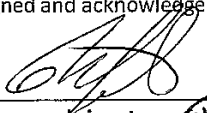
To: Owner of Vehicle Number: SKL3130U

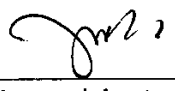

The following has been advised to you via AXA Authorised workshop, Ah Lim Motor Company through their staff, Jane / Meili.

Please tick the applicable box if you had been advice on the content as seen below:

- (☒) You had been advised by the workshop that in the event 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.
- (☐) 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 Estimation 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, your Insurance company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- (☐) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- (☐) As you have opted to repair your car and claim via your own workshop, please check with your own workshop on the claim procedures, liability & merits of the case.

Signed and acknowledge by:


Name and signature of Policyholder/ authorised driver

 
Name and signature of Workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

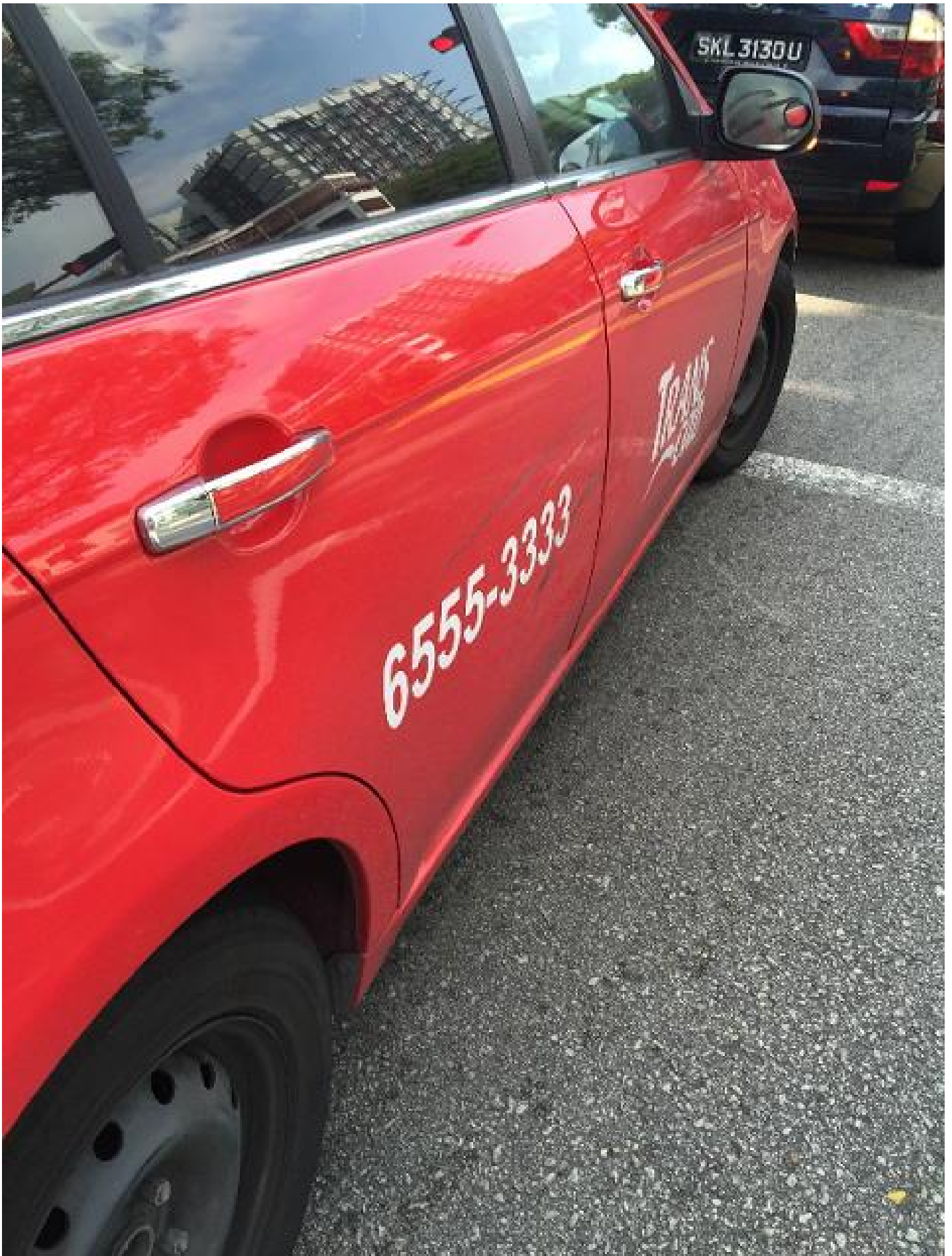


Accident Photo



scene





scene



scene



Addendum Sheet Pg.1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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

ADDENDUM


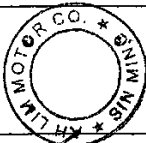
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA/LM/1605177 Vehicle Registration No : SKL 3130U
Name(as shown in NRIC): Chin Kin Fung
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S1204833J
Address : 38 St. Michael's Rd #12-04 S. 328008
Contact (Tel) : _____ (H/P) : 979 33289
(Email) : _____
Date of Accident : 20/04/2016 Time of Accident : 0950hrs.
Place of Accident : Outram Rd towards Cantonment Rd
Insurance Company : ACA Insurance Singapore Pte Ltd

(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:

Attach additional scene photos
of the other party's vehicle.

Signature of Vehicle Owner / Driver

Date:

Operator v 30/04/16

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAW1605177-01 Vehicle Registration No : SKL 3130U
Name(as shown in NRIC): Chin Kin Fung
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S1704833J
Address : 38 St. Michael's Rd #12-04 S. 328008
Contact (Tel) : _____ (H/P) : 979 33289
(Email) : _____
Date of Accident : 29/04/2016 Time of Accident : 0950hrs.
Place of Accident : Outram Rd twds Cantoment Rd
Insurance Company : ACA Insurance Singapore Pte Ltd


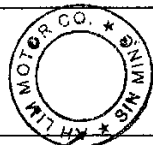
(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

1) Attach additional scene photos of the other party's vehicle.

2) Accident Date - 29/04/2016

3) Have Video Capture by Car Camera.

Signature of Vehicle Owner / Driver

Date:

Operator 30/04/16