## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be  $\underline{\text{completed by the Policyholder and/or the Authorised Driver}}$
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	14/06/2016 15:56
Date Of Accident	13/06/2016 14:10
Exact Location Of Accident	YUAN CHING ROAD
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN638T
Insured/Policyholder	
Name Of Registered Owner	LIM KWANG ENG
NRIC No	S7345205H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97970009
Alternative Phone No	Office-97970009
Vehicle Particulars	
Manufacturer	AUDI
Model	AG2.0
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
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	GA/160208/1
Cover Note Number	
Driver	

#### Driver

Name of Driver **DAKSTON LIM HAN SHENG** 

S9419987E NRIC No Date Of Birth 01/06/1994 Indoor Occupation **Date Of Driving Pass** 14/04/2013

**Driving Experience** 3 Years And 1 Month

Male Gender

Mobile Number (Local) +65-96660987

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address 52B LAKESIDE DRIVE CASPIAN #02-16

Postcode

Was driver an employee of the Insured's Company No If No, Relationship of the Driver with the Insured Spouse

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 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? No
Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No

If Yes, against whom?

**Circumstances of Accident** 

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBB1693J
Vehicle Make/Model/Colour NISSAN

**Details Of Properties** 

Name of Driver GOH TECK SENG

NRIC/Passport Number S6909219E Contact Number 91514831

Address Postcode

Insurance Company Name

Nature Of Damage

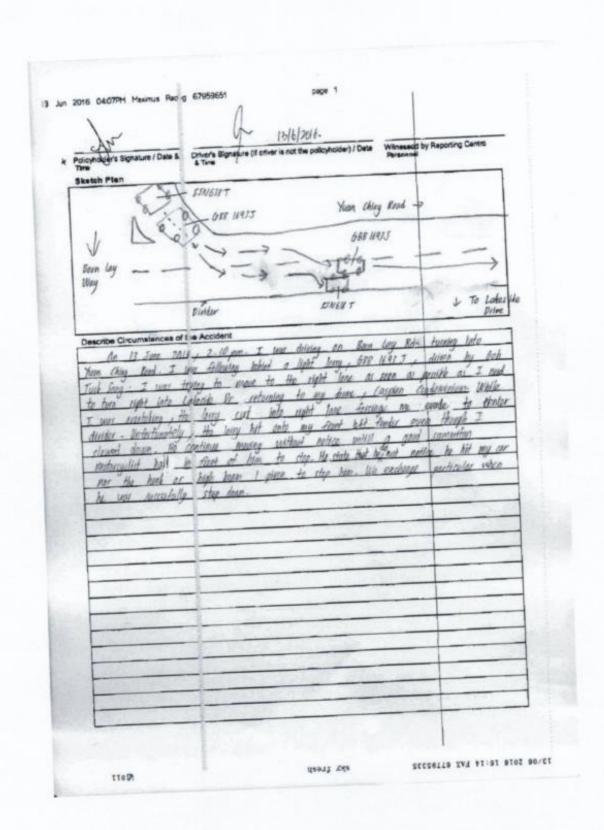
No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

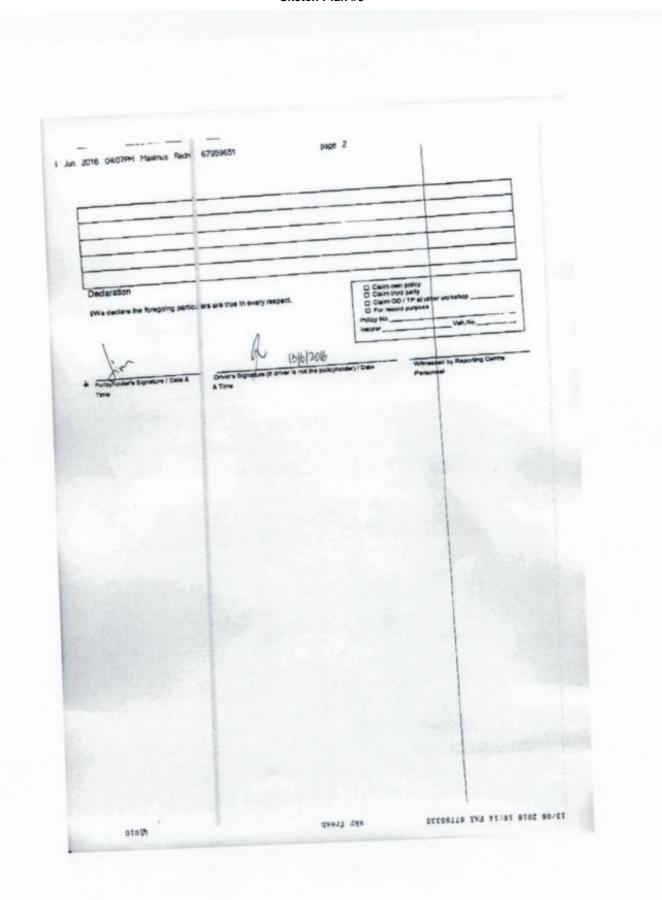


## SKETCH PLAN

## IMPORTANT NOTICE

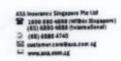
- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>Institut</u> and accurate as possible. Any wiful misrepresentation or withholding of material facts
  may allow insurance companies to repudiate policy fability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the rancecompanies.
- 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
- 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 thereport being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA) I understand, acknowledge, agree and consent that :
- 8. Consent under the Personal Data Protection Act (POPA) I understand, acknowledge, agree and consent that:
  (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") maylare permitted to collect, use, disclose and/or process my personal information set out in this [form] and any other personal information provided by disclose and/or process my personal information to all 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 (all insurer(s) who have insured vehicle(s) involved in this accident lawyers/law firms, the Monetary Authority of Singapore and any shall be collectively referred to as 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 tothe 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, evolutes, reports or notices to me, which could involvedisclosure 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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collectuse, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) my Personal treormation mayican be disclosed by any of the Insurers and/or GIA to their third party service provid-agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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









# Certificate of Insurance

PERSONAL LINES FRANCISCO AND ADMIT PROMISES

Companisation Chapter to Engine not 39%.

Since 15/64/2008 to 14/94/2017 (both dates with diver DENTURY TOKYO LEASING (5) FIE LTD.

6A100248 / 1 WAUZZZ4G20NOR64AX CDN310400

se of persons entitled to drive\*

(a) The Policyholder (b) Any person who is driving to the Policyholder's order or with their permission

whose that this person driver; is permeted in accordance with the licensing or other laws or regulations to time the Victor variety or has been wh rectand and is not discountly. By other of a Court of Law or by executing from practical or regulation in that behalf from aroung the Motor Venice.

COLD unly for spool, comeans oil. Seasure hurposes and for the Procyphilism's fluxioness.
The policy free ned commission of specific processing the commission of prode other than particles in connection the policy free ned commission of specific processing the commission of specific processing the state of specific processing the specific processing the state of specific processing the specific processing the state of specific processing the state of specific processing the state of specific processing the specific processing the specific processing the specific processing the state of specific processing the s

EXCESS Sauc Own Di mage Excess.

BECENS Select Own D. Image Excess
An Abdolumal Excess selection of the Selection Selection Selection Selection Selection of the Selection Selectio

# Additional clauses I emforcements to your policy

UVW nemby certify that the port is to which this Centificate relation is abused in accordance with the provision of the Motor Web-class (Chart Party Risks and Comparement) Art. (Charty: 31/2) and Port to at the fined tradeport Art. 1987 (Malayans).

AXA Incurance Singapore Pie L 1

Red

Authorsed signature

MADE DESCRIPTION . 100 IALAN ELTT BILL TAN PLAZA 611 BINDAPORE 129 TRJ 9514 4412 FAX 5834 4743

Property Mark 19 CES

\*\*Property Mark 19 CES

\*\*Proper

AXA Innurance Singapore Fie LE (MG-0009829-3) & Strenton Wey, #27-01, AXA für er Singapore C68811 Customer Care Department, #E -01

Leta

2000

sky fresh

SECRETTS EAX GILBS BOVEL









## **Accident Photo**

