

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	21/07/2016 17:48
Date Of Accident	21/07/2016 08:55
Exact Location Of Accident	ANG MO KIO AVE 6 TWDS YIO CHU KANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1656L
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Insured/Policyholder

Name Of Registered Owner	LONDON CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-63672242

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA100793/1
Cover Note Number	

Driver

Name of Driver	THEY POH YOKE SHARON
NRIC No	S1795040A
Date Of Birth	15/07/1967
Occupation	Indoor
Date Of Driving Pass	04/10/1988
Driving Experience	27 Years And 9 Months
Gender	Female
Mobile Number	(Local) +65-87771288
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 639 ANG MO KIO AVE 6 #06-5051
Postcode	560639
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING ALONG ANG MO KIO AVE 6. SUDDENLY, VEHICLE B FROM MIDDLE LANE CUT INTO MY LANE AND HIT ONTO MY VEHICLE FROM RH PORTION. DUE TO THE IMPACT, MY VEHICLE SHIFTED TO RIGHT AND HIT ONTO VEHICLE C.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM5062L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJG7931L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

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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 (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

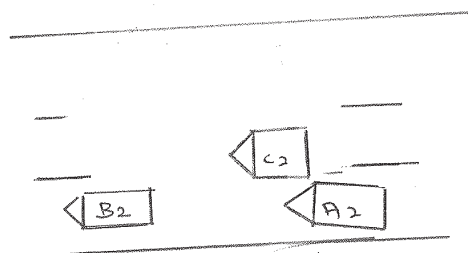
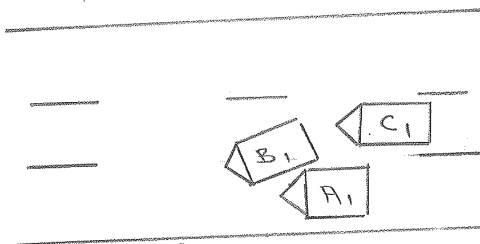

Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A - S3D1656L
Vehicle B - S4M5062L
Vehicle C - SJG7931L




Sketch Plan #2 Pg.1

Describe Circumstances of the Accident


I was driving along Ang mo kio ave & suddenly vehicle B from middle lane cut into my lane and hit onto my vehicle ^{front} ~~from~~ Rtl portion. Due to the impact my vehicle shifted to right and hit onto vehicle C

Declaration

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

Insurance Co. AXA
 Vehicle NO. 3JD1656L Date Of Accident 21, 07, 2006
☐ Reporting Only
☐ Own Damage Claim

☒ THIRD PARTY BY SINGAPORE

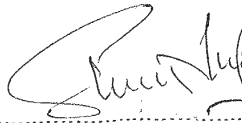
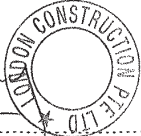
LETTER OF UNDERTAKING


I/We, LONDON CONSTRUCTION, the owner of vehicle no. SS 5 1656L

My/Our Insurance is under M/s AXA Insurance Singapore 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 Singapore 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, SIN YU SIN WORKSHOP

Signed and Acknowledge by:

+  
Nric no. and signature of policyholder


Company Stamp

21/07/2016
Date

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1795040A

送 珍 姐 谢

THEY POH YOKE SHARON

郑宝玉

CHINESE

Date of Birth: 15-07-1967 Sex: F

Country of Birth: SINGAPORE

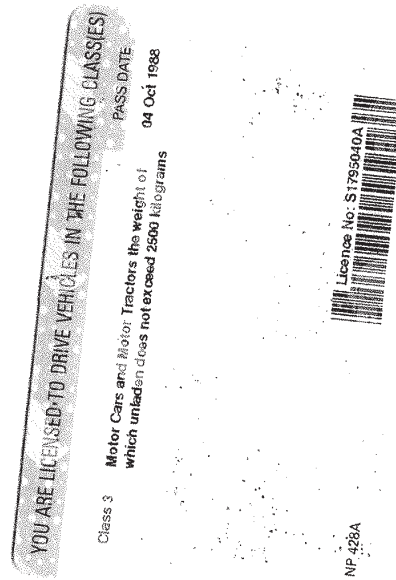
1384793

NRIC No: S1795040A

Blood Group: O+ Date of issue: 27-10-1993

APT BLK 639 ANG MO KIO AVENUE 6 #05-5051
SINGAPORE 560639

NRIC No: S1795040A Date: 17/03/2008 No: 6912163





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

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) / Motor Vehicles (Third Party Risks and Compensation) Rules, 1980 / Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	LONDON CONSTRUCTION PTE LTD	Certificate number	GA108793 / 1
Cover	Comprehensive	Chassis number	GE61040454
Plan name	Essential	Engine number	113A4345676
NCD applicable	10%		
Vehicle registration number	SJD1856L		
Period of Insurance	from 15/04/2016 to 15/04/2017 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

(a) Any Named Driver as stated in the Policy:

1. THEY POH YUKE SHARON

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

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.

* Unlicensed persons (operative 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 500.00
	Windscreen Excess	SGD 100.00
An Additional Excess is applicable as follows:		
1. \$1500 for unlicensed Authorized Driver		
2. \$5500 for declared Young and inexperienced Driver		
3. \$55,000 for undeclared Young and inexperienced Drivers. This additional excess is reduced to \$52,500 if you have chosen AXA Premium Workshops.		

Additional clauses & endorsements to your policy

Nil

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

Authorized 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 (during which there would be no liability under the policy, renewal certificate, endorsement, etc).

AXA Insurance Singapore Pte Ltd (M2-0009922-2)
 8 Shenton Way, #27-01, AXA Tower,
 Singapore 068811
 Customer Care Department - 881-01

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

