### 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/10/2016 17:34
Date Of Accident	01/10/2016 21:00
Exact Location Of Accident	HOUGANG AVE 4 TWDS BUANGKOK GREEN IN FRONT OF BLK
Country/State of Loss	Singapore
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGW4617R
Insured/Policyholder	
Name Of Registered Owner	N-51 AUTOMOTIVE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-68420051
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
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	GA084995/1
Cover Note Number	
Driver	
Name of Driver	FOO KWONG WAH

NRIC No S1306508Z

Date Of Birth 15/01/1958

Occupation Indoor

Date Of Driving Pass 16/08/1979

Driving Experience 37 Years And 1 Month

Gender Male

Mobile Number (Local) +65-81806608

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 580 HOUGANG AVE 4 #09-626

Postcode 530580

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 Clear Road Surface Dry

### **Other Information**

Was any foreign vehicle involved in this accident? No Was any body injured in the Accident? Yes Was any other material or property damaged? Yes Was there any video captured by Car Camera? No I have been approached by unknown person(s) No soliciting/offering accident claims assistance. 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 HOUGANG AVE 4 TOWARDS BUANGKOK GREEN ON THE RIGHT LANE OF A 2 LANES ROAD. SOMEWHERE JUST IN FRONT OF BLK 680, I WAS DRIVING AT MY LANE OF THE SAID ROAD. OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM THE LEFT PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISED THAT VEHICLE B DROVE FROM THE LEFT LANE CUT INTO MY LANE AND COLLIDED ONTO THE LEFT SIDE PROTION OF MY VEHICLE.

Are accident photos available for attachment? Yes

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

**UNKNOWN** Vehicle Registration Number

Vehicle Make/Model/Colour

**VEHICLE B Details Of Properties** 

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 INJURED PERSON 1**

FOO KWONG WAH Name

Approximate Age

Injuries Sustain
Injured person in which vehicle?

SGW4617R

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

### **SKETCH PLAN**

#### **IMPORTANT NOTICE**

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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any w ilful misrepresentation or w ithholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/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 HUNGANG AND & TOWARD BUANGKOK GROEN INFRONT OF BLOCK 680

Describe Circumstances of th		
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A SUIDDEN, I PEUT /	A STRONG IMPAUT FROM THE CEP	of PORTION OF PM
WHICHE - METER THE	ACCIDENT: 2 ALIGNIED AND RI	GAUSE THAT VOLICLE
(B) DRIVE FRIM TO	UNE CAFT CAME CUT (NTO MY L	AME AMO COLUPED
DATO THE LEFT	SIDE PARTION OF MY VENICUE	. A-SAW 4617 R
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Declaration		
I/We declare the foregoing particulars	s are true in every respect.	
(PTE )	. 0	
	Lyne	
(ESCAMPS)		
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

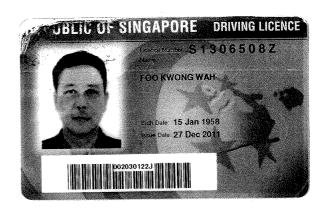
# Sketch Plan #3 Pg.1

# LETTER OF UNDERTAKING

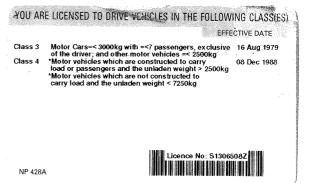
I/We, N-57 AUROMO71115 PRE . LT	, the owner of vehicle no.	SGW 4617 R
My/Our Insurance is under M/s AXA In to claim under my/our Policy or against claim to M/s AXA Insurance Singapore 14(fourteen) days of occurrence on	the Third Party and if the form Pte Ltd with all relevant facts a	er shall submit such a
My/Our Third Party claim is handle by my	y/our preferred workshop, Wiwas	AN ANTOMOTIVE
	*B	
Signed and Acknowledge by:		
THE STEE STEE STEE STEE STEE STEE STEE S	9 3	03(10(2016
Nric no. and signature of policyholder	Company Stamp	Date

### Sketch Plan #4 Pg.1













Certificate number

Chassis number

Engine number

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

account number

GA084995 / 1

1NZC643285

NZE1416039050

04155

# Certificate of Insurance

-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 Cover

Plan name

N-51 AUTOMOTIVE PTE LTD Comprehensive Essential

NCD applicable Vehicle registration number Period of Insurance Finance loan company

SGW4617R

from 19/01/2016 to 18/01/2017 (both dates inclusive)

Nil

# Persons or classes of persons entitled to drive\*

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

1. FOO KWONG WAH

(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.

\* Limitations rendered inoperative by Section S 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

Windscreen Excess

SGD 800.00 SGD 100.00

An Additional Excess is applicable as follows:

- 1. \$\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

Ni

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 failing which there would be no liability under the policy, renewal certificate,

1 of 3



