

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	14/11/2017 13:39
Date Of Accident	14/11/2017 06:40
Exact Location Of Accident	T JUNCT AT JURONG WEST AVE 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ1398P
Insured/Policyholder	
Name Of Registered Owner	TAN PEI SZE
NRIC No	S7637261F
Email Address	VIVIAN TAN_SKS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97439235
Alternative Phone No	OFFICE-97439235
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1946575
Cover Note Number	
Driver	
Name of Driver	AW CHEOW TEE
NRIC No	S0166983D
Date Of Birth	16/11/1953
Occupation	INDOOR
Date Of Driving Pass	06/04/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96643897
Fax Number	(LOCAL) +65-66650798
Contact Number	OFFICE-65611658
E-Mail Address	NOEMAIL

Address	BLK 283 BUKIT BATOK EAST AVE 3 #07-291
Postcode	650283
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

PLEASE REFER AS ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC704Y
Vehicle Make/Model/Colour	BUS/WHITE
Details Of Properties	
Name of Driver	RAMANATHAN LAKSHMI KANDAN BHARATHI RAJ
NRIC/Passport Number	S7981325G
Contact Number	81148441
Address	BLK 941 JURONG WEST ST 91 #11-481
Postcode	640941
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	SJR7795E
Vehicle Make/Model/Colour	SUBARU/WHITE

Details Of Properties

Name of Driver	MASRUDI BIN ALI HASAN
NRIC/Passport Number	S7834540C
Contact Number	92352105
Address	BLK 823 JURONG WEST ST 81 #05-474
Postcode	640823
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name

Phone Number


Email Address


Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

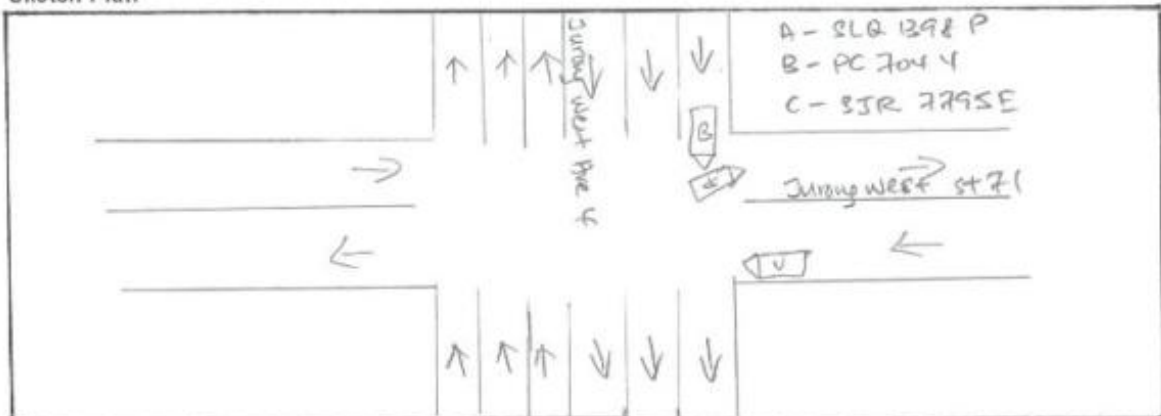
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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' 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
14/11/2017
1036 hrs


Driver's Signature (If driver is not the policyholder) / Date & Time
14/11/2017 1026 hrs


Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

On 14 NOV 2019 at 0640hrs, my vehicle (A) SLG 1398P was making a right turn at the junction of Turang West Ave 4. An oncoming vehicle (B) PC74WY collide with my vehicle causing my vehicle to swing and hit into another vehicle (C) SJR 779SE at the junction of Turang West St 71. It was raining heavily.

Declaration

4We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 1036hrs

AW 11/1/2017
Driver's Signature (If driver is not the policyholder) / Date & Time 103611rc

Witnessed by Reporting Centre Personnel

Accident Sketch Plan

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



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)		
CERTIFICATE NO.	: VPA/P1946575	Account No. : 14885
Coverage	: Comprehensive (SmartDrive Toyota Prestige)	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: TAN PEI SZE	
Vehicle Registration No.	: SLQ1398P	
Period of Insurance	: From 28/06/2017 To 27/06/2018 (Both Dates Inclusive)	
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE* (a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner (b) Any other person who is driving on the Policyholder's order or with his 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.		
LIMITATIONS 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, speedtesting, 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.		
(01)		
Basic Own Damage Excess : SGD 500.00 An Additional Excess is applicable as follows: S\$2,500.00 for Young or Inexperienced Driver. Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.		
(Please refer to your policy on the terms & conditions)* 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.		

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

AXA INSURANCE PTE LTD

Issued by - SGOAGPH on 30/06/2017

IMPORTANT :

Authorized Signature

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, covernote and endorsement etc.

Identification Card



Identification Card



Accident Photo



Accident Photo



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