

## 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	25/11/2017 12:12
Date Of Accident	24/11/2017 13:10
Exact Location Of Accident	BLK 421 FAJAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5889C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOK SENG CHYE
NRIC No	S1488142E
Email Address	SHERVONNESEM@EASECREATIVE.COM
Mobile Phone No	(LOCAL) +65-96800560
Alternative Phone No	OTHERS-96694021

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 ELEGANCE (A)
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?	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	GA151662/1
Cover Note Number	28/01/2017 - 27/01/2018

### Driver

Name of Driver	SHERVONNE SEM HUI HUI
NRIC No	S7136925J
Date Of Birth	20/10/1971
Occupation	INDOOR
Date Of Driving Pass	21/07/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96694021
Fax Number	
Contact Number	OTHERS-96800560
Email Address	SHERVONNESEM@EASECREATIVE.COM

Address	BLK 421 FAJAR ROAD #11-483
Postcode	670421
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	COLLISION - MAJOR/MINOR RD
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### 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 THE SKETCH PLAN BY DRIVER

#### 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	SMB55C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LOW HAN THIM
NRIC/Passport Number	S7071835I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

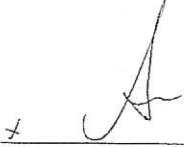
IMPORTANT NOTICE


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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 liability.
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

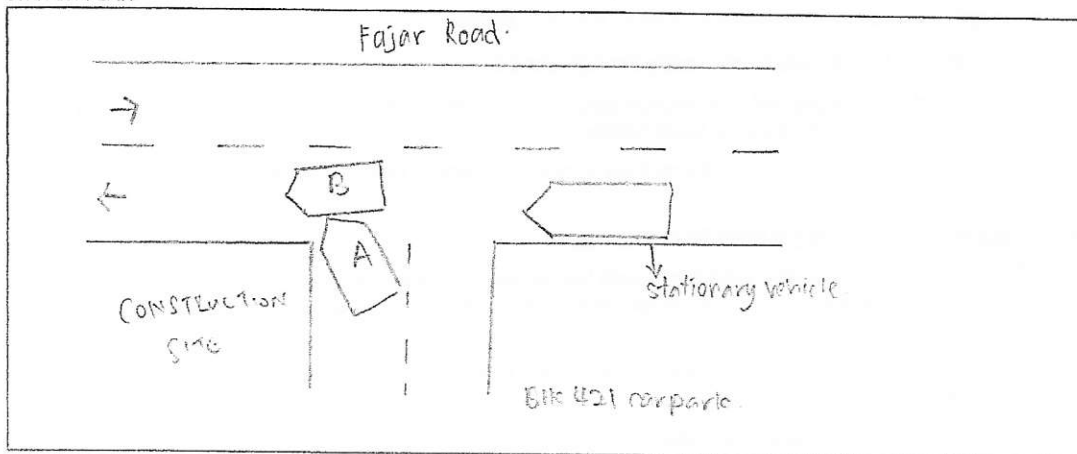
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

Date of accident: 24/11/17 Time: 1310 Location: B1K 421 Fajar Rd  
 My Vehicle A: SKZ5889C Vehicle B: SMB55C Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting out from the carpark. I was looking out for oncoming vehicle. but my vision was blocked by the stationary ~~vehicle~~ <sup>truck</sup> parking illegally by the side of the road. As I was slowly turning out, vehicle B suddenly was on my right side. I wasn't able to apply brake on time when vehicle B saw my car, it hit on my front right.

Car B - Lon Han Thin  
 S7071835 I

☒ 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 :

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

I/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:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



AH LIM MOTOR COMPANY

2:23 PM

4G 77%



redefining / insurance

AXA Insurance 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, 1960-  
-Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)-

account number  
03926

### Policy details

Policyholder name	TOK SENG CHYE	Certificate number	GA151662 / 1
Cover	Comprehensive	Chassis number	ZSU600070127
Plan name	Essential	Engine number	3ZRB712159
WCD applicable	20%		
Vehicle registration number	SKZ5889C		
Period of insurance	from 28/01/2017 to 27/01/2018 (both dates inclusive)		
Finance loan company	UNITED OVERSEAS BANK LIMITED		

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder  
(b) Any Named Driver as stated in the Policy:  
1. SHERVONNE SEM HUI HUI  
(c) 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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from

### 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 or with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary or a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-me

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

EXCESS	Basic Own Damage Excess	\$60,500.00
	Windscreens Excess	\$60,100.00

An Additional Excess is applicable as follows:  
1. \$5500 for unnamed 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 Workshops.

### 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 Compensation Act, (Chapter 189) and Part IV of the Road Transport Act, 1937 (Malaysia).

AXA Insurance 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 insurer. Insurance has been lost or destroyed a Statutory Declaration to this effect must be made. Failure to comply with this obligation is an offence under the Motor Compensation Act, (Chapter 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability on endorsement etc.

AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

1 of 3

VA1 / GA151662

### Claims procedure

#### A. At the Accident Site

1. Exchange particulars with all parties involved in the accident including name, NRIC/FIN number, telephone number, company.
2. Take note of the third party vehicle numbers. Please also take digital photographs (e.g. MMS) of all the third party accident and a view of the accident scene. These are to be included in the accident report to be filed later.
3. If there are witnesses, note down their names, NRIC/FIN numbers, telephone numbers and addresses.

#### B. What to do immediately after

1. Call our Customer Helpline at 1800-8804741 or AXA's Premium Workshops listed below for further advice/assistance.
2. Report the accident to one of AXA's Premium Workshops listed below, with your vehicle (whether damaged or not) or by the next working day. AXA's Premium Workshops are authorised to assist our policyholders for accident report.
3. Lodge a police report for the following motor accident cases:-
  - injury case;
  - non-injury case involving a government vehicle or damage to government property;
  - non-injury case involving a foreign vehicle;
  - non-injury case involving a pedestrian or cyclist;
  - any accident outside of Singapore.
4. Avoid all unauthorised tow-truck operators or repair workshops.
5. Forward all letters and communications received from third parties concerning the accident to AXA Insurance Pte

### AXA Premium Workshops

#### NORTH / CENTRAL ZONE

Ah Lim Motor Company (Main)  
401-100, 401-101, 401-102, 401-103, 401-104, 401-105, 401-106, 401-107, 401-108, 401-109, 401-110, 401-111, 401-112, 401-113, 401-114, 401-115, 401-116, 401-117, 401-118, 401-119, 401-120, 401-121, 401-122, 401-123, 401-124, 401-125, 401-126, 401-127, 401-128, 401-129, 401-130, 401-131, 401-132, 401-133, 401-134, 401-135, 401-136, 401-137, 401-138, 401-139, 401-140, 401-141, 401-142, 401-143, 401-144, 401-145, 401-146, 401-147, 401-148, 401-149, 401-150, 401-151, 401-152, 401-153, 401-154, 401-155, 401-156, 401-157, 401-158, 401-159, 401-160, 401-161, 401-162, 401-163, 401-164, 401-165, 401-166, 401-167, 401-168, 401-169, 401-170, 401-171, 401-172, 401-173, 401-174, 401-175, 401-176, 401-177, 401-178, 401-179, 401-180, 401-181, 401-182, 401-183, 401-184, 401-185, 401-186, 401-187, 401-188, 401-189, 401-190, 401-191, 401-192, 401-193, 401-194, 401-195, 401-196, 401-197, 401-198, 401-199, 401-200, 401-201, 401-202, 401-203, 401-204, 401-205, 401-206, 401-207, 401-208, 401-209, 401-210, 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401-322, 401-323, 401-324, 401-325, 401-326, 401-327, 401-328, 401-329, 401-330, 401-331, 401-332, 401-333, 401-334, 401-335, 401-336, 401-337, 401-338, 401-339, 401-340, 401-341, 401-342, 401-343, 401-344, 401-345, 401-346, 401-347, 401-348, 401-349, 401-350, 401-351, 401-352, 401-353, 401-354, 401-355, 401-356, 401-357, 401-358, 401-359, 401-360, 401-361, 401-362, 401-363, 401-364, 401-365, 401-366, 401-367, 401-368, 401-369, 401-370, 401-371, 401-372, 401-373, 401-374, 401-375, 401-376, 401-377, 401-378, 401-379, 401-380, 401-381, 401-382, 401-383, 401-384, 401-385, 401-386, 401-387, 401-388, 401-389, 401-390, 401-391, 401-392, 401-393, 401-394, 401-395, 401-396, 401-397, 401-398, 401-399, 401-400, 401-401, 401-402, 401-403, 401-404, 401-405, 401-406, 401-407, 401-408, 401-409, 401-410, 401-411, 401-412, 401-413, 401-414, 401-415, 401-416, 401-417, 401-418, 401-419, 401-420, 401-421, 401-422, 401-423, 401-424, 401-425, 401-426, 401-427, 401-428, 401-429, 401-430, 401-431, 401-432, 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401-544, 401-545, 401-546, 401-547, 401-548, 401-549, 401-550, 401-551, 401-552, 401-553, 401-554, 401-555, 401-556, 401-557, 401-558, 401-559, 401-560, 401-561, 401-562, 401-563, 401-564, 401-565, 401-566, 401-567, 401-568, 401-569, 401-570, 401-571, 401-572, 401-573, 401-574, 401-575, 401-576, 401-577, 401-578, 401-579, 401-580, 401-581, 401-582, 401-583, 401-584, 401-585, 401-586, 401-587, 401-588, 401-589, 401-590, 401-591, 401-592, 401-593, 401-594, 401-595, 401-596, 401-597, 401-598, 401-599, 401-600, 401-601, 401-602, 401-603, 401-604, 401-605, 401-606, 401-607, 401-608, 401-609, 401-610, 401-611, 401-612, 401-613, 401-614, 401-615, 401-616, 401-617, 401-618, 401-619, 401-620, 401-621, 401-622, 401-623, 401-624, 401-625, 401-626, 401-627, 401-628, 401-629, 401-630, 401-631, 401-632, 401-633, 401-634, 401-635, 401-636, 401-637, 401-638, 401-639, 401-640, 401-641, 401-642, 401-643, 401-644, 401-645, 401-646, 401-647, 401-648, 401-649, 401-650, 401-651, 401-652, 401-653, 401-654, 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401-877, 401-878, 401-879, 401-880, 401-881, 401-882, 401-883, 401-884, 401-885, 401-886, 401-887, 401-888, 401-889, 401-890, 401-891, 401-892, 401-893, 401-894, 401-895, 401-896, 401-897, 401-898, 401-899, 401-900, 401-901, 401-902, 401-903, 401-904, 401-905, 401-906, 401-907, 401-908, 401-909, 401-910, 401-911, 401-912, 401-913, 401-914, 401-915, 401-916, 401-917, 401-918, 401-919, 401-920, 401-921, 401-922, 401-923, 401-924, 401-925, 401-926, 401-927, 401-928, 401-929, 401-930, 401-931, 401-932, 401-933, 401-934, 401-935, 401-936, 401-937, 401-938, 401-939, 401-940, 401-941, 401-942, 401-943, 401-944, 401-945, 401-946, 401-947, 401-948, 401-949, 401-950, 401-951, 401-952, 401-953, 401-954, 401-955, 401-956, 401-957, 401-958, 401-959, 401-960, 401-961, 401-962, 401-963, 401-964, 401-965, 401-966, 401-967, 401-968, 401-969, 401-970, 401-971, 401-972, 401-973, 401-974, 401-975, 401-976, 401-977, 401-978, 401-979, 401-980, 401-981, 401-982, 401-983, 401-984, 401-985, 401-986, 401-987, 401-988, 401-989, 401-990, 401-991, 401-992, 401-993, 401-994, 401-995, 401-996, 401-997, 401-998, 401-999, 401-1000, 401-1001, 401-1002, 401-1003, 401-1004, 401-1005, 401-1006, 401-1007, 401-1008, 401-1009, 401-1010, 401-1011, 401-1012, 401-1013, 401-1014, 401-1015, 401-1016, 401-1017, 401-1018, 401-1019, 401-1020, 401-1021, 401-1022, 401-1023, 401-1024, 401-1025, 401-1026, 401-1027, 401-1028, 401-1029, 401-1030, 401-1031, 401-1032, 401-1033, 401-1034, 401-1035, 401-1036, 401-1037, 401-1038, 401-1039, 401-1040, 401-1041, 401-1042, 401-1043, 401-1044, 401-1045, 401-1046, 401-1047, 401-1048, 401-1049, 401-1050, 401-1051, 401-1052, 401-1053, 401-1054, 401-1055, 401-1056, 401-1057, 401-1058, 401-1059, 401-1060, 401-1061, 401-1062, 401-1063, 401-1064, 401-1065, 401-1066, 401-1067, 401-1068, 401-1069, 401-1070, 401-1071, 401-1072, 401-1073, 401-1074, 401-1075, 401-1076, 401-1077, 401-1078, 401-1079, 401-1080, 401-1081, 401-1082, 401-1083, 401-1084, 401-1085, 401-1086, 401-1087, 401-1088, 401-1089, 401-1090, 401-1091, 401-1092, 401-1093, 401-1094, 401-1095, 401-1096, 401-1097, 401-1098, 401-1099, 401-1100, 401-1101, 401-1102, 401-1103, 401-1104, 401-1105, 401-1106, 401-1107, 401-1108, 401-1109, 401-1110, 401-1111, 401-1112, 401-1113, 401-1114, 401-1115, 401-1116, 401-1117, 401-1118, 401-1119, 401-1120, 401-1121, 401-1122, 401-1123, 401-1124, 401-1125, 401-1126, 401-1127, 401-1128, 401-1129, 401-1130, 401-1131, 401-1132, 401-1133, 401-1134, 401-1135, 401-11

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S7136925J



Name  
SHERVONNE SEM HUI HUI

沈慧慧

Race  
CHINESE

Date of birth  
20-10-1971

Country of birth  
SINGAPORE

Sex  
F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7136925J

Name  
SHERVONNE SEM HUI HUI

Birth Date 20 Oct 1971

Issue Date 21 Jul 2014




9669 4021

D/c

NO injury.


Yes (anterior)

max.


96800560

51498142E

4741658



SMIC No: S7136925J



Date of issue  
04-07-2011

Address  
APT BLK 421 FAJAR ROAD  
#11-483  
SINGAPORE 670421

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

EFFECTIVE DATE  
21 Jul 2014

NP 428A



To Whom It May Concern,

Accident involving my vehicle no. SKZ 5889 C on 24/11/2017 (date) with  
SMS 55C (other vehicle no) along FAIR ROAD

I, Tok Seng Chye Nric No. S14881422

Owner of vehicle no. SKZ 5889 C am aware of the accident of my vehicle on  
24/11/2017 (Date) while car was driven by SHERWINNE SEM HUI HUI

Nric No. S71369253. I hereby, authorise him/ her to make the report.

X

sh

Name TOK SENG CHYE

Date: 25/11/2017

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X

sh

Name TOK SENG CHYE

Date: 25/11/2017

Sketch Plan Pg. 6



redefining / insurance

Date: 25/11/12

To: Owner of Vehicle Number: SK25089C

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff Zila / Eileen / Mui Hong.

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 case 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.

☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.

☐ The estimated 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.

☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☐ Others \_\_\_\_\_

Signed and acknowledge by:

[Signature]  
Name and signature of policyholder/authorised driver

[Signature]  
Name and signature of workshop personnel including company stamp

