

## 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	20/11/2017 09:46
Date Of Accident	18/11/2017 19:30
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKL58R
Insured/Policyholder	
Name Of Registered Owner	NEO LAY CHYE
NRIC No	S1755804H
Email Address	YHGLLEN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93823498
Alternative Phone No	OFFICE-93823498
Vehicle Particulars	
Manufacturer	LEXUS
Model	G300
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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA051080/1
Cover Note Number	
Driver	
Name of Driver	NEO LAY CHYE
NRIC No	S1755804H
Date Of Birth	27/01/1966
Occupation	INDOOR
Date Of Driving Pass	20/02/1989
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93823498
Fax Number	
Contact Number	OFFICE-93823498
EEmail Address	YHGLLEN@YAHOO.COM

Address	BLK 739 WOODLANDS CIRCLE #07-403
Postcode	730739
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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)	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

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

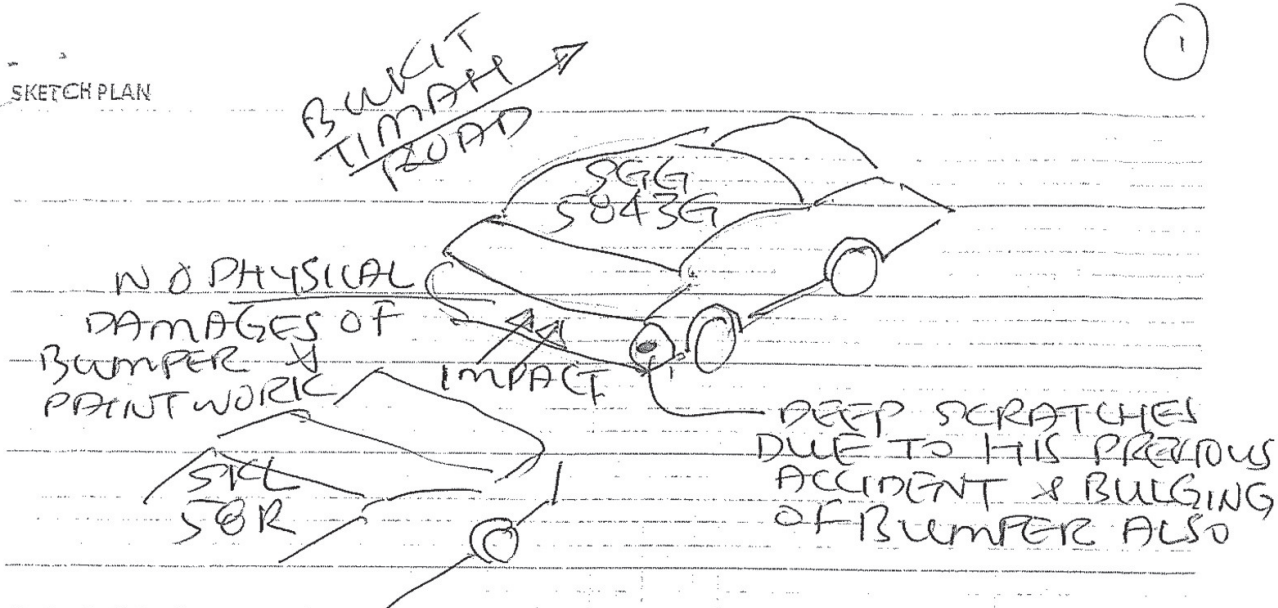
Vehicle Registration Number	SGG5843G
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Name of Driver	MUHAMMAD FAWZI BIN HASHIM
NRIC/Passport Number	S8317481A
Contact Number	91994625
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

①



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG BUKIT TIMAH ROAD ON 07.30pm, WHEN THE PEDESTRIAN CROSSING LIGHT TURN GREEN JUST IN FRONT OF THE LITTLE INDIA MRT. ALL THE CAR ARE MOVING, BUT THE CAR IN FRONT OF ME SUDDENLY MOVE & STOP, I MANAGE TO BRAKE ON TIME WITH ONLY A SLIGHT IMPACT ON HIS BUMPER, THERE IS TOTALLY NO DAMAGE ON MY CAR, THERE IS ALSO NO PHYSICAL DAMAGE ON HIS CAR WHERE I BUMP ON, AND ALSO NO PAINT DAMAGE. BUT ON THE RIGHT HAND SIDE OF HIS BUMPER, THERE IS A VERY DEEP SCRATCHES DUE TO HIS PREVIOUS ACCIDENT, THE BUMPER IS BULGING, HE CLAIM TO BE DUE TO MY IMPACT WHICH I DO NOT AGREE.

AT 8.00pm ON THE SAME DAY, HE WHATSAPP ME SAYING HIS MECHANIC

## 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)

Reporting Centre Personnel's Signature  
Name:

②

SKETCH PLAN

CONTINUE SECOND PAGE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCESS THE DAMAGE X IT COST  
 \$400 TO REPAIR X 1 DAY \$90  
 FOR REPLACEMENT CAR. A TOTAL OF  
 \$490 WHICH I DO NOT AGREE TO  
 PAY - AS THE DAMAGE COULD NOT  
 BE CAUSE BY THIS ACCIDENT X  
 COULD BE HIS PREVIOUS ACCIDENT.


## DECLARATION

We declare the foregoing particulars are true in every respect.



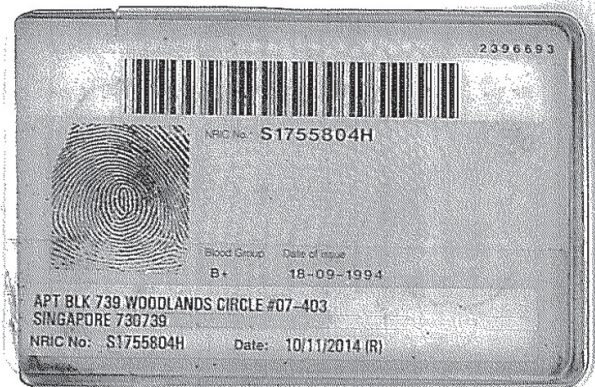
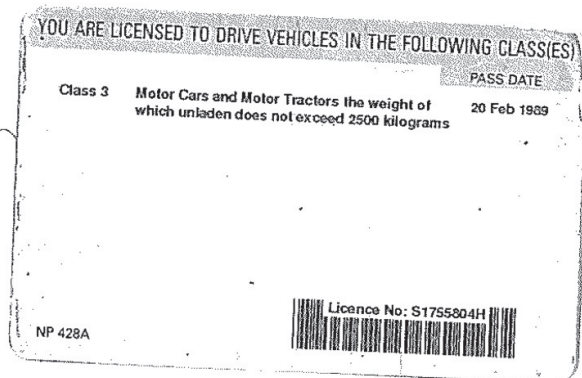
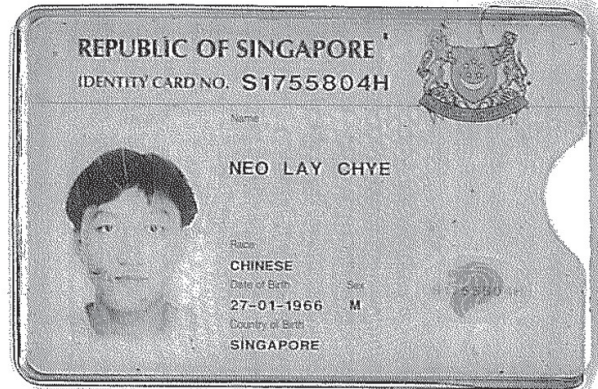
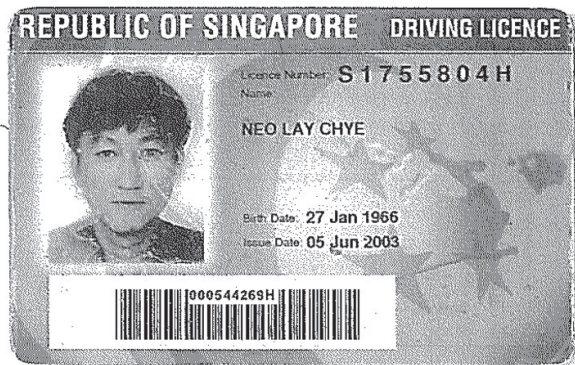
Policyholder's Signature  
 & Time:

Driver's Signature  
 (If driver is not the policyholder)



Reporting Centre Personnel's Signature  
 Name:







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

account number  
 03138

## 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	NEO LAY CHYE	Certificate number	GA051080 / 1
Cover	Comprehensive	Chassis number	JTHBH96S705057005
Plan name	Essential	Engine number	3GR0222764
NCD applicable	40%		
Vehicle registration number	SKL58R		
Period of Insurance	from 11/07/2017 to 10/07/2018 (both dates inclusive)		
Finance loan company	Nil		

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

- (a) The Policyholder  
 (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 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 25 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

<b>EXCESS</b>	Basic Own Damage Excess	S\$D 500.00
	Windscreen Excess	S\$D 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium 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 Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (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 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, endorsement etc.

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

1 of 3

Sketch Plan Pg. 5

Date: 20/11/17

To: Owner of Vehicle Number: \_\_\_\_\_

The following has been advised to you via your workshop, \_\_\_\_\_ through their staff, \_\_\_\_\_.

Please tick the applicable box if you had been advised on the content as seen below:

☒ You had been advised by the workshop that in the event 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.

☐ The Estimation 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 mechanical personnel that the vehicle may not be road worthy.

☐ For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.

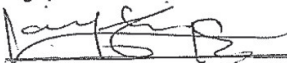
For vehicles above Three (3) years old, your insurance company will be carrying out or using any combination of genuine original parts and/or original equipment manufacture (OEM) parts.

☐ You had been advised by the workshop of the Twelve (12) months warranty for Own I repairs on workmanship related to the accident.

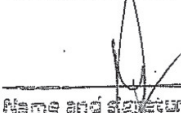
☐ For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.

☐ Others: \_\_\_\_\_

Signed and acknowledge by:



Name and signature of policyholder/ authorised driver

  
Name and signature of workshop personnel including company stamp



Accident Photo





Accident Photo

