

## 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	27/11/2017 08:50
Date Of Accident	25/11/2017 10:30
Exact Location Of Accident	THOMSON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT4074M
Insured/Policyholder	
Name Of Registered Owner	TOI LAI YONG
NRIC No	S7641840C
Email Address	CATHY.TOIWORKS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90617371
Alternative Phone No	OFFICE-90617371
Vehicle Particulars	
Manufacturer	SUZUKI
Model	VITARA-1.6 (A)
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?	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	CN854303
Cover Note Number	
Driver	
Name of Driver	TOI LAI YONG
NRIC No	S7641840C
Date Of Birth	17/12/1976
Occupation	INDOOR
Date Of Driving Pass	30/01/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90617371
Fax Number	
Contact Number	OFFICE-90617371
Email Address	CATHY.TOIWORKS@GMAIL.COM

Address	20 BEDOK RISE #11-65
Postcode	465411
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	CHAIN COLLISION
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)	5

#### 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 TO SKETCH PLAN.

#### 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	SKN4963R
Vehicle Make/Model/Colour	MAZDA WHITE
Details Of Properties	
Name of Driver	JENNIFER TAN
NRIC/Passport Number	S7226723J
Contact Number	98218732
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	SCRATCH
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC5811C
Vehicle Make/Model/Colour	RENAULT RED

Details Of Properties

Name of Driver	IBRAHIM
NRIC/Passport Number	S1328727I
Contact Number	90515420
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SBT3353H
Vehicle Make/Model/Colour	HONDA SILVER
Details Of Properties	
Name of Driver	NOMURA KAZUSHI
NRIC/Passport Number	G3242929M
Contact Number	91556638
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 4**

Vehicle Registration Number	SFB262D
Vehicle Make/Model/Colour	HONDA
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

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

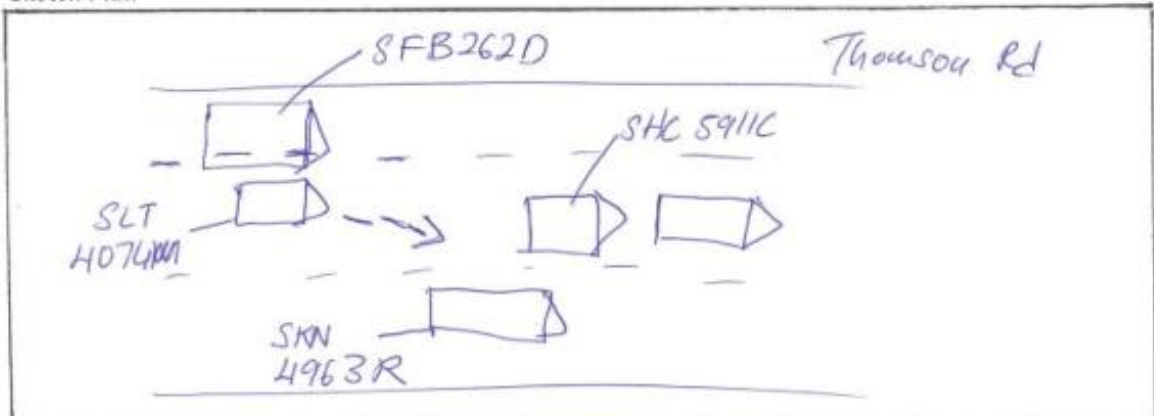
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand,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



### Accident Sketch Plan

## Describe Circumstances of the Accident

- 1) Very heavy traffic along Thomson Rd near Novena Lodge
- 2) Stopped intermittently due to slow traffic
- 3) Felt a hit behind  $\rightarrow$  my car moved & swivel a bit & hit car in front (while my car is slowly moving)
- 4) 2 cars in front got hit & 1 car beside got scratched; car behind claimed that I hit him as a result, his side mirror got scratched.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*[Signature]*

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

Witnessed by Reporting Centre  
Personnel

## Accident Sketch Plan

**AXA INSURANCE PTE LTD**  
 8 Shenlon Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6338 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903612M



Original

Agent Code: <b>14887</b>
Policy No. (if any): <b>CSSP010 PATRICK C</b> <b>New Business</b>
SmartDrive Quote Ref:

### MOTOR COVER NOTE

No. **CN854303**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

### SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	TOI LAI YONG (XIAN LIRONG)
MAKE AND DESCRIPTION OF VEHICLE	SUZUKI VITARA 1.6
VEHICLE REGISTRATION NO.	
YEAR OF MANUFACTURE	2017
ENGINE NO.	M16A2182495
CHASSIS NO.	TSMLYD21S00402016
ENGINE CAPACITY/TONNAGE	1586
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	HONG LEONG FINANCE LIMITED
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>16/10/2017</b> TO: <b>15/10/2019</b>
EXCESS (S\$)	500
AXA PREMIUM WORKSHOP?	NO CHAMPION MOTORS (1975) PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

**AXA INSURANCE PTE LTD**

Issued by **AISINCHCAPE2** on **16/10/2017 2:14pm**

\_\_\_\_\_  
 Authorised Signature

**Note :** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - Cover note issued and cancelled before inception.
  - Retaining the old registration number for a new vehicle insuring with AXA.

#### PREMIUM WARRANTY

For individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

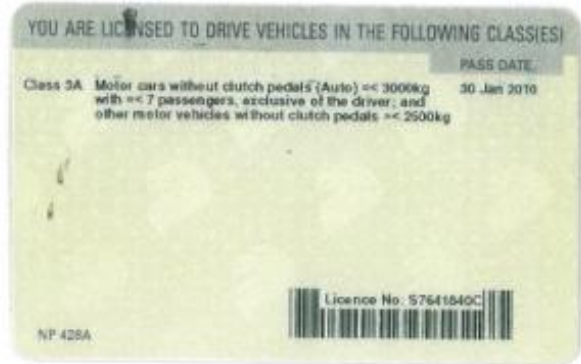
For Non-individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/CNOTE/V01/03



## Nric And Driving Licence



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

