

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 17:37
Date Of Accident	26/11/2017 18:50
Exact Location Of Accident	ANG MO KIO AVE 3 ST 22
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFV8243B
Insured/Policyholder	
Name Of Registered Owner	CHIN LAI HWA @ CHAN LAI HWA
NRIC No	S1802522A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90187157
Alternative Phone No	OTHERS-90187157
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA044368/1
Cover Note Number	
Driver	
Name of Driver	CHIN LAI HWA @ CHAN LAI HWA
NRIC No	S1802522A
Date Of Birth	20/02/1946
Occupation	INDOOR
Date Of Driving Pass	11/10/1972
Driving Experience	45 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90187157
Fax Number	
Contact Number	OTHERS-90187157
EEmail Address	NOEMAIL

Address	36 SOO CHOW DRIVE
Postcode	2057
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 - CROSS JUNCTION
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

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	SHB4695M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHONG JIN KENG
NRIC/Passport Number	
Contact Number	9691 5524
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

Name	CHIN LAI HWA
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

SFV8243B

Were seat belts worn?

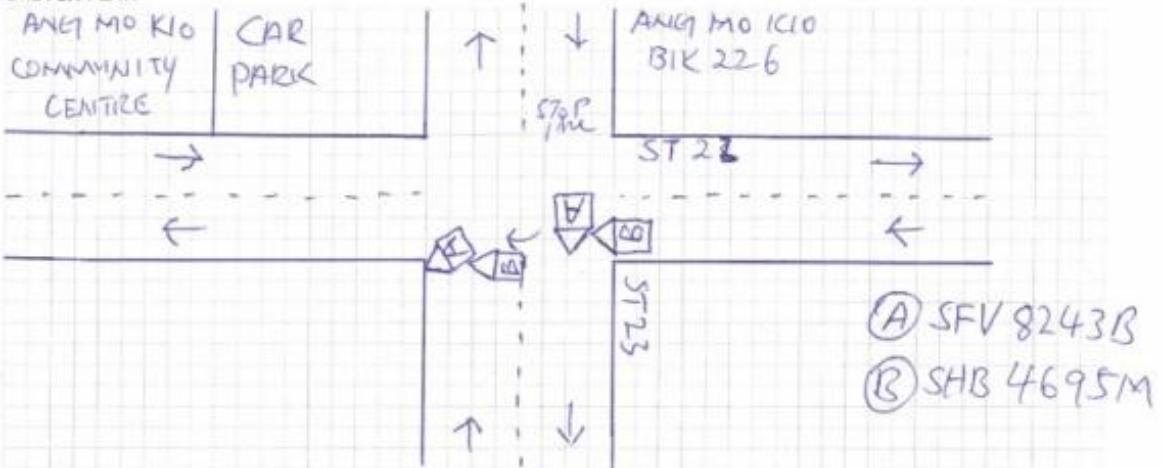
Was injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A was turning out from the car park beside Ang Mo Kio Community Centre to go on Ang Mo Kio St 23. Car A made a stop at the stop line (on Ang Mo Kio St 23) before Ang Mo Kio St 22.

Seeing ~~no oncoming~~ no oncoming traffic on Ang Mo Kio St 22,
Car A slowly moved straight towards Ang Mo Kio St 23 to head
toward Ang Mo Kio Ave 3.

At the Junction of Ang Mo Kio S+22 and S+23, Car B knocked onto Car A and Car A lost control and knocked onto the retaining wall beside the pavement on Ang Mo Kio S+23.

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.:

Individual Statement

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 26/11/2017 Time: 18:50 Location of Accident: ANG MO KIO AVE 3 ST 22

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SFV 8243 B
Name of Policyholder: CHAN LAI HWA @ CHAN LAI-HWA
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1802522A
Address: 36 SOD CHOW DRIVE SINGAPORE 2057
Contact Number: Tel: Hp: 90187157
Occupation: INDOOR

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: TOYOTA ALTIS
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: PRIVATE USE
Exact Purpose for which vehicle was being used at the time of accident: PRIVATE USE
Are you claiming under your own insurance policy? ☒ Yes ☐ No Remarks: Reporting only
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: GA044368/1

DRIVER

Name of Driver: 20 Feb 1946
NRIC/ FIN/ Passport: 11 Oct 1972
Date of Birth: 20 Feb 1946
Occupation: 11 Oct 1972
Driving Pass Date: 11 Oct 1972
Gender: ☒ Male ☐ Female
Contact Number: Tel: Hp: 90187157
Address: ☐ Yes ☒ No
Email Address: ☐ Yes ☒ No

Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)
Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): 3 part
Weather Conditions: ☒ Clear ☐ Raining ☐ Others
Road Surface: ☐ Wet ☒ Dry ☐ Others
Damage Area:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☐ No ☒ Yes
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No. ☐ No ☒ Yes
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SFV8243B

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHB 4695M

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

CHONG SIN KENG

NRIC/ FIN/ Passport

Contact Number / Email Address

96915524

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to hospital by ambulance?

☐

Yes

☐

No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to Hospital by Ambulance?

☐

Yes

☐

No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Individual Statement


SKETCH PLAN

IMPORTANT NOTICE

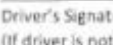
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.:

Individual Statement



redefining / insurance

Date: 27/11/2017

To: Owner of Vehicle Number: SFV8243B

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

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 Reporting only

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



IDENTITY CARD



redefining /

IDENTITY CARD



NRIC No. **S1802522A**

0040614



Address
**36 SOO CHOW DRIVE
SINGAPORE 2057**

Blood Group
B+

Date of Issue
11-08-1991



DRIVING LICENCE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



CHIN MOY
@ CHAN LAI HWA

Birth Date: 20 Feb 1946
Issue Date: 18 Feb 2012

Licence Number: **S 1802522A**

Name:

002043812B



DRIVING LICENCE



CERTIFICATE OF INSURANCE



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

account number
 04675

-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	UNDER THE ESTATE OF LUM KWOK MING	Certificate number	GA044368 / 1
Cover	Comprehensive	Chassis number	MR053ZEC107089096
Plan name	Essential	Engine number	3ZZ4474391
NCD applicable	50%		
Vehicle registration number	SFV8243B		
Period of insurance	from 20/06/2017 to 19/06/2018 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy:
 1. CHIN MOY @ CHAN LAI HWA
 2. LUM SUI YEE DAWN
 3. LUM HON KIT RAYMOND
 4. HO I-LING ELIZABETH
 (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 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 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS Windscreen Excess Not Applicable

An Additional Excess is applicable as follows:

- \$500 for unnamed *Authorised Driver*
- \$500 for declared *Young and Inexperienced Driver*
- \$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

Nil

(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

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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