

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	02/12/2017 09:53
Date Of Accident	01/12/2017 10:00
Exact Location Of Accident	SERANGOON NORTH ESSO PETROL STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4406K
Insured/Policyholder	
Name Of Registered Owner	LAM NGOH LOONG
NRIC No	S7620341E
Email Address	ARIC013@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97875808
Alternative Phone No	Others-97875808

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USAGE
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	VPAP1939950
Cover Note Number	

Driver

Name of Driver	LAM NGOH LOONG
NRIC No	S7620341E
Date Of Birth	05/07/1976
Occupation	INDOOR
Date Of Driving Pass	15/05/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97875808
Fax Number	
Contact Number	OTHERS-97875808
Email Address	ARIC013@YAHOO.COM
Address	BLK 455 SEGAR RAOD #08-115

Postcode	670455
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

REFER ATTACHMENTS

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	SFY3133C
Vehicle Make/Model/Colour	BMW / WHITE
Details Of Properties	
Name of Driver	MR YAP
NRIC/Passport Number	
Contact Number	97974598
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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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

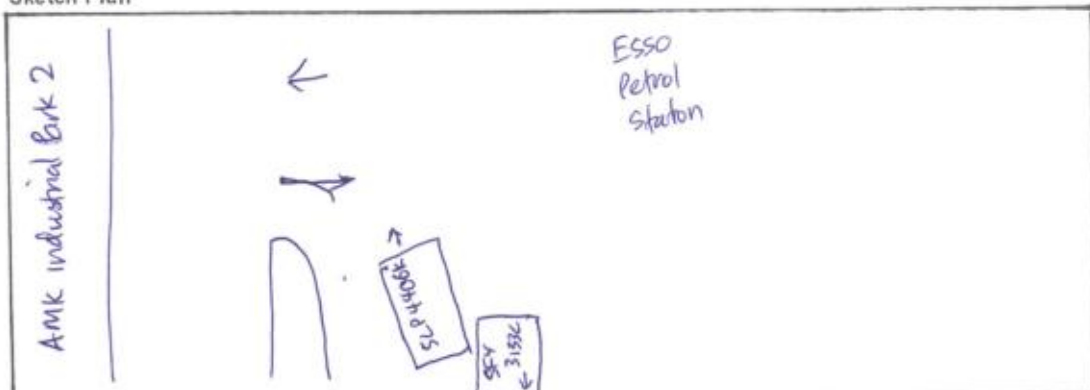
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Individual Statement

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DGSMCA: TP

MOTOR ACCIDENT REPORT			
Date Of Report :	<u>2/12/2017</u>	Time: <u>8900</u>	Date Of Accident : <u>1/12/2017</u> Time : <u>1000</u>
Exact Location Of Accident : <u>Serangoon north Esso Petrol Station</u>			
Country/State of Loss: Singapore <input checked="" type="checkbox"/> / Wilayah Persekutuan <input type="checkbox"/> / Selangor Darul Ehsan <input type="checkbox"/> / Negeri Sembilan <input type="checkbox"/> / Melaka <input type="checkbox"/> / Pahang <input type="checkbox"/> / Johor <input type="checkbox"/> / Perak <input type="checkbox"/> / Kedah <input type="checkbox"/> / Kelantan <input type="checkbox"/> / Terengganu <input type="checkbox"/> / Pulau Pinang <input type="checkbox"/> / Perlis <input type="checkbox"/> / Thailand <input type="checkbox"/>			
OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)			
Vehicle Registration Number :	<u>SLP4406 K</u>	Co. Reg. No (for Co. Vehicle)/NRIC/PP/FIN No :	<u>S7620341E</u>
Name Of Registered Owner : <u>LAM NGOH LOONG</u>			
Mobile Number:	<u>97875808</u>	Alternative No:	Email Address: <u>aric 013@yahoo.com</u>
Vehicle Particulars			
Manufacturer :	<input checked="" type="checkbox"/> Toyota <input type="checkbox"/> Lexus <input type="checkbox"/> Suzuki <input type="checkbox"/> Hino <input type="checkbox"/>	Model :	<u>Wish</u>
Exact Purpose for which vehicle was being used at time of accident: Normal Usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please specify) :			
Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party <input checked="" type="checkbox"/>			
Vehicle Category : Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Others <input type="checkbox"/>			
Insurance Company			
Name of Insurance Company: <u>AXA</u>			
Any In-Car Camera? (applicable for United Overseas Insurance Limited insured only) : Yes <input type="checkbox"/> (please attach photo) No <input type="checkbox"/>			
Type Of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>			
Fleet Policy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Policy / Cover Note No: <u>UPA1 P1939950</u>		
DRIVER DETAILS AT POINT OF ACCIDENT			
Name of Driver:	<u>LAM NGOH LOONG</u>	NRIC/ Passport / FIN No :	<u>S7620341E</u>
Date Of Birth:	<u>05/07/1976</u>	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date Of Driving Pass:	<u>15/05/2001</u>	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Number:	<u>97875808</u>	Fax No:	Alternative No:
Address: <u>Blk 455 Seagar Rd #08-115 (S) 670455</u>			Postal Code: <u>670455</u>
Email Address: <u>aric 013@yahoo.com</u>			
Was driver an employee of the insured's Company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> State relationship of the driver with the insured: <u>Owner</u>			
Vehicle Registration Number of Driver's Own Vehicle (if applicable):			
Insurance Company of Driver's Own Vehicle (if applicable):			
GENERAL INFORMATION OF THE ACCIDENT			
Type Of Accident:	<u>Damaged whilst stationary.</u>	Number of Passengers in the above vehicle (including Driver):	
Weather Conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (if others, please state condition):			
Road Surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (if others, please state condition):			
Was any body injured in the Accident? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Was any foreign vehicle involved in this accident? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Vehicle No: Vehicle type: <u>MPV</u>			
Was any other material or property (e.g. other vehicle) damaged? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Was there any video captured by Car Camera? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Are accident scene photos available for attachment? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Was the accident reported to the police? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (if yes, please state which Police Station):			
Was notice of intended Prosecution given? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (if yes, please state against whom):			
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)			
Vehicle Registration Number:	<u>SFY 3133C</u>	Vehicle Make/Model/Colour:	<u>BMW / white</u>
Details Of Properties Damage in Accident:			
Name of Driver: <u>Mr Yap</u>			
NRIC/Passport/FIN Number:		Contact Number:	<u>9797 4598</u>
Address:			Postal Code:
Insurance Company Name:			
Nature Of Damage:			
No. Of Passenger (including Driver):			
DETAILS OF ACCIDENT INDEPENDANT WITNESS			
Name:		Name:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	
DETAILS OF INJURED PERSON 1 (Please fill Annex A if more person injured)			
Name:	<u>NA</u>	Approximate Age:	
Address:			Postal Code:
Injuries Sustained:			
Injured person in which vehicle:			
Were seat belt worn? No <input type="checkbox"/> Yes <input type="checkbox"/> Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>			

Individual Statement

while waiting to exit the petrol station, SFY3133C drove into the outgoing lane, therefore I waited for SFY3133C to pass before exiting, but when SFY3133C passing my vehicle, SFY3133C passenger door scratched against my vehicle back bumper.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

Common Statement

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/P1939950	Account No. : 14885
Coverage	: Comprehensive (SmartDrive Toyota Prestige)	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: LAM NGOH LOONG	
Vehicle Registration No.	: SLP4406K	
Period of Insurance	: From 06/06/2017 To 05/06/2018 (Both Dates Inclusive)	
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*		
<p>(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</p> <p>(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.</p>		
LIMITATIONS AS TO USE*		
<p>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.</p> <p style="text-align: right;">(01)</p>		
<p>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.</p> <p>(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.</p>		

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 8/6/2017

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.

NRIC & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S762034E**
 Name: **LAM NGOH LOONG**
 Birth Date: **05 Jul 1976**
 Issue Date: **14 Jul 2003**

1000E35936C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7620341E


 Name: **LAM NGOH LOONG**
 Chinese: **林 傲 隆**
 Race: **CHINESE**
 Date of birth: **05-07-1976** Sex: **M**
 Country of birth: **SINGAPORE**

S7620341E

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
 PASS DATE
15 May 2001

NP-423A

Licence No: S7620341E

4677033


 UIC No: **S7620341E**


 Date of issue: **06-07-2007**

APT-BLK 455 SEGAR ROAD #08-115
SINGAPORE 670455
 NRIC No: **S7620341E** Date: **21/05/2012** No: **8953788**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

