

## 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	06/12/2017 15:24
Date Of Accident	05/12/2017 17:30
Exact Location Of Accident	MOUNTBATTEN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR9138J
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#### Insured/Policyholder

Name Of Registered Owner	SUYANTI
Passport No/FIN	R300923
Email Address	SUYANTI@ERIDEON.COM
Mobile Phone No	(LOCAL) +65-81389382
Alternative Phone No	OTHERS-81338611

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S280-2.8 (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
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#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN825708
Cover Note Number	

#### Driver

Name of Driver	VICTOR SOUCIK
NRIC No	S7664776C
Date Of Birth	30/01/1976
Occupation	INDOOR
Date Of Driving Pass	13/10/2001
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81338611
Fax Number	
Contact Number	
EEmail Address	VICTOR.SOUCIK@ERIDEON.COM

Address	582 SIGLAP ROAD SINGAPORE
Postcode	455948
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

#### 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	SHD9184C
Vehicle Make/Model/Colour	
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	

# Sketch Plan

## SKETCH PLAN

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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.:



Common Statement

**ACCIDENT STATEMENT (Part I)** Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1. Date of accident: 5/12/17 1730		2. Exact location of accident: Mumbatten Road.		3. Injuries even if slight: No <input type="checkbox"/> Yes <input type="checkbox"/>	
4. Material damage: To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> To objects other than vehicles: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5. Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SBR9138J**

6. Insured / policyholder (see insurance cert.):  
Name: **Suyanti**  
Address: \_\_\_\_\_  
NRIC / Passport no. **R300923**  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP **81389382**

7. Vehicle: **Mercedes Benz**  
Make, type \_\_\_\_\_

8. Insurance company: **AXA**  C  TPFT  TPO  
Does the policy cover damage to vehicle A? No  Yes   
Policy No. **IN 825708**

9. Driver:  Same as Owner  
Name: **Victor Soucik**  
NRIC / Passport no. **S7664776C**  
Class of licence **3**  
HP **8138 8611**  
Gender: Male  Female

12. CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drink Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandals etc / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **SHD9184C**

6. Insured / policyholder (see insurance cert.):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7. Vehicle: \_\_\_\_\_  
Make, type \_\_\_\_\_

8. Insurance company:  C  TPFT  TPO  
Does the policy cover damage to vehicle B? No  Yes   
Policy No. (if available) \_\_\_\_\_

9. Driver (See driving licence) (if different from Insured B above):  
Name: \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender: Male  Female

10. Indicate the point of initial impact with an arrow (→)

13. Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

**REFER TO ATTACHED**

Alternatively please refer to sketches on page II

10. Indicate the point of initial impact with an arrow (→)

11. Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

11. Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

14. My remarks

\_\_\_\_\_

\_\_\_\_\_

15. Signatures of drivers

A

B \_\_\_\_\_

14. My remarks

\_\_\_\_\_

\_\_\_\_\_

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf. Do not alter anything in the statement after signing. Subsequently, each driver should take one copy. For insured's Individual Statement (Part II) see overleaf →

**Individual Statement**

*Reporting Centre: Progressive Automotive Pte Ltd*

<b>INDIVIDUAL STATEMENT (Part II)</b>		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all)		Email:
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>relative</u> state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Fire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____		
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present _____ Tel no. _____		
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
	7 Date of birth Occupation Date of license pass Was vehicle driven with the insured's permission? Was driver an employee of the insured's company?		
Driver or person in charge of vehicle at the time of accident (including insured)	<u>30/1/76</u> Indoor Outdoor: <u>13/10/2001</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____		
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
		Date	Offence
			Penalty
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained
			If vehicle occupants, state in which vehicle
			Were seat belts being worn?
			Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
			Was injured conveyed to hospital by ambulance?
		Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property
			Nature of damage
			Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____		
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____		
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____		
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____		
	16 Speed of vehicles A _____ km/hr B _____ km/hr		
	17 What warnings were given by driver or other party? _____		
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____		
	20 If your vehicle is commercial, state weight of load carried at time of accident _____		
21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)			
22 State number of Passengers (including Driver) <u>1</u>			
Declaration	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature _____		Date <u>6/12/17 2:27pm</u>
	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		Date _____



# SUYANTI.pdf



### AXA INSURANCE PTE LTD

8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #81-01  
Tel: 6338 7288 Fax: 6336 2622  
Website: www.axa.com.sg  
GST Registration Number: 199903512M



Original

Agent Code	03203
Policy No (if any)	P1770444
	Renewal
SmartDrive Quote Ref	

### MOTOR COVER NOTE

No. CN825708

- 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	SUYANTI
MAKE AND DESCRIPTION OF VEHICLE	MERCEDES S280
VEHICLE REGISTRATION NO.	SBR9138J
YEAR OF MANUFACTURE	2005
ENGINE NO.	11292232001116
CHASSIS NO.	WDB2200632A483952
ENGINE CAPACITY/TONNAGE	2799 CC
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	N/A
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 30/05/2017 TO: 29/05/2018
EXCESS (S\$)	OWN DAMAGE EXCESS: S\$500.00 ; WINDSCREEN EXCESS: S\$100.00
AXA PREMIUM WORKSHOP?	NO

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 (I) OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

Issued by ALFA CREDIT PTE LTD on 02/05/2017 2.50pm

AXA INSURANCE PTE LTD

Authorized Signature

Alfa Credit Pte Ltd

Commonwealth Lane  
#01-24 One Commonwealth  
Singapore 149544  
Tel: (65) 6241 1228, 6244 4444 Fax: (65) 6448 5313  
Email: admin@alfacredit.com.sg

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

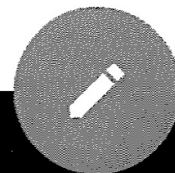
For Individual Customers:

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/16/102



DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7664776C




Name  
VICTOR SOUCIK

Race  
CAUCASIAN


Date of birth Sex  
30-01-1976 M

Country of birth  
SLOVAK REPUBLIC

57664776C



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7664776C  
Name  
VICTOR SOUCIK

Birth Date 30 Jan 1976  
Issue Date 07 Feb 2011

001934731D

8836824



Nric No. S7664776C



Nationality  
AUSTRALIAN

Date of Issue  
19-03-2007

582 SIGLAP ROAD  
SINGAPORE 455948

NRIC No. S7664776C Date: 26/10/2009 No: 6298158

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 13 Oct 2001

NP 428A

6298158

6298158



**Peiwen PROGAUTO**

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**From:** Suyanti <suyanti@erideon.com>  
**Sent:** Wednesday, December 06, 2017 9:48 AM  
**To:** peiwen@progauto.com.sg  
**Subject:** Mercedes Benz S280 (SBR9138J)

**To:** AXA Insurance Pte Ltd

Dear Sir / Madam,

**Re:** ACCIDENT REPORT AND CLAIM FOR SBR9138J

This is to authorise to proceed with insurance claim related to accident involving my policy taken with AXA Insurance Pte Ltd for a car registered in my name, being Mercedes Benz S280 license plate SBR9138J.

Authorised driver to file and report the claim is Victor Soucik (NRIC S7664776C).

Thank you,

Suyanti

(Passport No. X274920)

Wednesday, 6 December 2017

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo

