

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	18/12/2017 20:42
Date Of Accident	16/12/2017 10:20
Exact Location Of Accident	JALAN BATU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5866K
Insured/Policyholder	
Name Of Registered Owner	TAN JACKY
NRIC No	S8633268Z
Email Address	JACKYT2016@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90048581
Alternative Phone No	OTHERS-90048581

Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN-2.0 PDK CYP E5 SR (A)
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	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	VPX/P1895581
Cover Note Number	

Driver

Name of Driver	TAN JACKY
NRIC No	S8633268Z
Date Of Birth	03/11/1986
Occupation	INDOOR
Date Of Driving Pass	30/09/2005
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90048581
Fax Number	
Contact Number	OTHERS-90048581
EEmail Address	JACKYT2016@HOTMAIL.COM

Address	BLK 11 JALAN BATU #06-134
Postcode	431011
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	SIDE SWIPE
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)	2

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

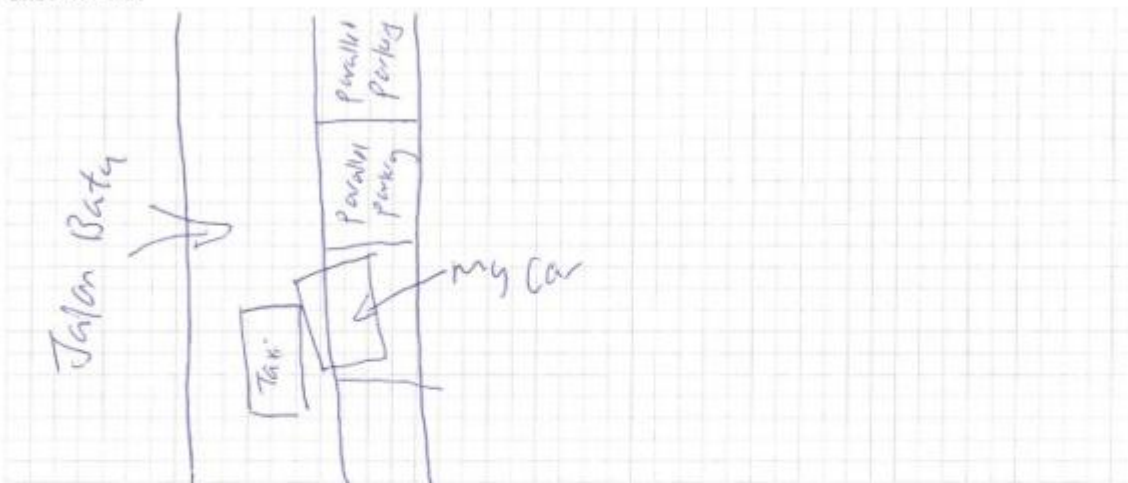
Vehicle Registration Number	SHD1649G
Vehicle Make/Model/Colour	HYUNDAI (TAXI)
Details Of Properties	
Name of Driver	KWEK KIM TECK
NRIC/Passport Number	S1391818Z
Contact Number	9053 2632
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 16th of December, I was exiting my parallel parking when a taxi hit my car. The timing of the accident is around between 10.15 - 10.30 am.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Time: 18/12/17 8:40pm

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

16/12/2017 10:20am Jalan Batu Road

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Occupation

SLK 5866K

Tan Jacky

S8633263Z

Blk 11 Jalan Batu #06-134 S1431011

Tel

Hp 9004 8581

Indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident

Are you claiming under your own insurance policy?

Vehicle category

Porsche Macan Polk Cyp E5

Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others

private

☐ Yes

☒ No

Remarks: Reporting

☒ Private

☐ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

AXA

☐ Comprehensive

☐ TP Fire & Theft

☐ Third party

☐ Yes

☐ No

Vpx/P1895581

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Email Address

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)

..

..

03-11-1986

..

30-09-2005

..

☒ Male

☐ Female

Tel

Hp: ..

..

☐ Yes

☒ No

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

Road Surface

Damage Area

2 Pax

☒ Clear

☐ Raining

☐ Others

☐ Wet

☒ Dry

☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

If Yes, against whom?

☒ No

☐ Yes

☒ No

☐ Yes

☐ No

☒ Yes

☒ No

☐ Yes

☒ No

☐ Yes

☒ No

☐ Yes

jackyt2016@hotmail.com

OWN VEHICLE REGISTRATION NUMBER

SLK5866K

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHD1649G

Vehicle Make/ Model/ Colour

Hyundai (Taxi)

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

Damage Area

Name of Driver

Kwek Kim Teck

NRIC/ FIN/ Passport

S13918188

Contact Number / Email Address

9053 2632

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

18/12/17 8:40 pm

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

Date & Time

SKETCH PLAN

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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: 18/02/17
8.40pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

INSTRUC. 2014/15/16/17/18/19



redefining / insurance

Date: 18/12/2017

To: Owner of Vehicle Number: SK 5866K

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 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 Only Reporting

Signed and acknowledge by:

Tom Jolley

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8633268Z**

Name: **TAN JACKY**

Birth Date: **03 Nov 1986**

Issue Date: **30 Sep 2006**

001372321E




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8633268Z**



Name: **TAN JACKY**

陈伟杰

Race: **CHINESE**

Date of birth: **03-11-1986**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S8633268Z




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

Class	Description	PASS DATE
Class 3	Motor cars < 3500 kg with < 7 passengers, exclusive of the driver, and motor tractors / vehicles < 2500 kg	30 Sep 2006

NP 426A

Licence No: **S8633268Z**



5805588



NRIC No: **S8633268Z**



Date of issue: **26-09-2017**

Address: **APT BLK 11 JALAN BATU
#08-134
SINGAPORE 431011**

CERTIFICATE OF INSURANCE

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)

Account No. : 10360

CERTIFICATE NO. : VPX/P1895581
Coverage : Comprehensive
Sum Insured : SGD 280,000.00
Name of Policy Holder : TAN JACKY
Vehicle Registration No. : SLK3866K
Period of Insurance : From 20/01/2017 To 19/01/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (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
(b) Any Named Driver as stated in the Policy
(c) 1. TAN JACKY
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.

LIMITATIONS 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, 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.

(01)

EXCESS :
Sect I - Used In S'pore Only : SGD 3,000.00
Sect I - Used Outside S'pore : SGD 6,000.00
Fire&Theft - Outside Singapore : SGD 6,000.00
Windscreen Excess : SGD 500.00

* 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.

I/We hereby certify that the policy to which this Certification 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).

Authorized Workshop



Stuttgart Auto Pte Ltd
Eurokars Group of Companies

AXA INSURANCE PTE LTD

Authorized Signature

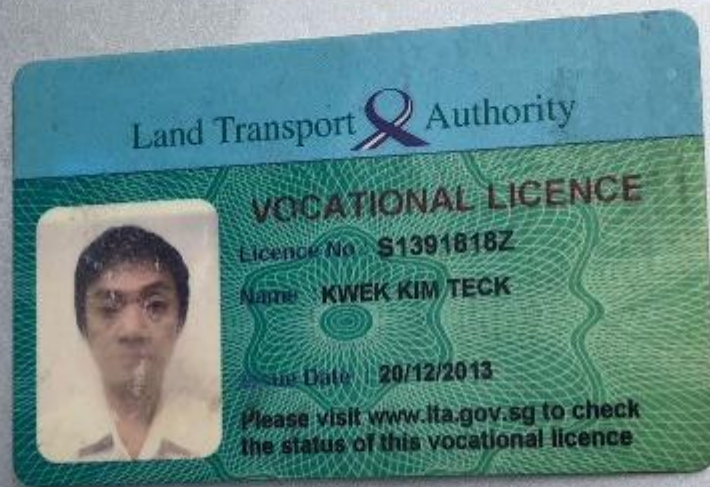
Issued by - SGOPIBE on 17/02/2017

IMPORTANT:

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 the 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.

Identification Card TP



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

