#### 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 witholding 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 her aforesaid.	eby consent to the archiving of this report at the centre and to copies of the report being made available				
	ACCIDENT STATEMENT				
Date Of Report	18/12/2017 13:24				
Date Of Accident	17/12/2017 15:15				
Exact Location Of Accident	CTE TWRDS CITY BEF AMK AVE 1				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SGT8114P				
Insured/Policyholder					
Name Of Registered Owner	YEE KUM FAI				
NRIC No	S6906818I				
Email Address	YEEKF1@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-94893883				
Alternative Phone No	OTHERS-NOPHONE				
Vehicle Particulars					

Exact Purpose for which vehicle was being used at

time of accident

Manufacturer

Model

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

**HYUNDAI** AVANTE-1.6 (A)

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 GA028275

Cover Note Number

Driver

Name of Driver YEE KUM FAI NRIC No S6906818I Date Of Birth 24/02/1969 Occupation **INDOOR** Date Of Driving Pass 05/05/1995

22 YEARS AND 7 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-94893883

Fax Number

**Contact Number** OTHERS-NOPHONE **EMail Address** YEEKF1@GMAIL.COM Address BLK 163B PUNGGOL CENTRAL #13-189

Postcode 822163

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.

Number of Passengers (Including Driver) 2

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

#### REFER TO ATTACHED

#### 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 SJY4655J

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** 

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SHC661G

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

#### IMPORTANT NOTICE

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- 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.
- 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.
- 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:
  - 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:
  - 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:

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

GIARMC SketchPlanForur\_V3

Pate of accident:	12/13 Time:	: 1515 Locat	on: (TE TOWN	IRDS CITY Refore AMK
My Vehicle A:SGT &	5114 / Vel	hicle B: ST 46	Vehicle (	C:_SHC 66109
	D CITY F	BEFORE AM	AVE 1:	
CIZ TOWN		Z. o. S. Wint		
<u></u>				
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	10/	18 LIAT		
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		-		
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDEN	τ.		
^	S67	8114P		
		LONG CTE		
ANG MO KIO	AVE   AT	1515 HRS	VEHICLE B	534465
SUDDENLY HIT	ON VEHIC	CLB C SHC 6	61G , AS 74	IB ACCIDENT
HAPPENS TOO FA	I GUA TZ	COULD NOT	MIT WE POT2	E AND
ACCIDENTIALLY +	ITT ON 1	BATCLE R S	1 46cs7 :	* AS I
ACCIDENTALLY.				
CAUSES VEHICLE				
Claim OD/III at Ah	lim Motor 7	Claim OD/TP at othe	workshop DR	eporting Only
Remarks : Please forwar			попапор Ц	eporting only
My workshop :	a a copy of my eme	accident report to:		
Email address :				
& myself : Email address :				
Note: Please take note t you own policy. Kindly cl				amage claim under
	- Jour Jour Jour			
DECLARATION /We declare the foregoing par	ticulars are true in eve	ry respect.		10
( )				N /4.
$\sim$				7
olicyholder's Signature	Driver's Signa			Personnel's Signature
Date & Time:	(If driver is no Date & Time:	ot the policyholder)	Name: NRIC/FIN No.:	
18 12 1 Farm 13	Date of Time:		ranity rita into	AH LIM MOTOR COMPANY

10:25 AM





AXA Insurance Pte Ltd

1800 880 4888 (Within Singapere)
(65) 6884 4888 (International)
(65) 6889 4740

Gustemer.care@axa.com.sg

# Certificate of Insurance

account number

03842

-Motor Vehicles (Third-Party Risks and Companisation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Componisation) Rules, 1980 - Road Transport Act. 1987 (Malaysia) - Motor Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia)

# Policy details

Policy of for name
Cover
Plan name
NCO applicable
Volicio registration number
Period of Insurance
Finance Jean company

YEE KUM FAI Comprohensivo Private APW 50% SGTB114P from 25/04/201

from 25/84/2017 to 24/84/2018 (both dates inclusive) HONG LEONG FINANCE LIMITED GA028275 / 1 KMHDU41BR7U162448 G4FC7U136522

#### Persons or classes of persons entitled to drive\*

(a) The Policyholder

(b) 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 lise\*

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 Companyation) Act, (Chapter 189) and Section 95 of the Rend Transport Act, 1987 (Makysla), are not to be included under these headings.

#### EXCESS

Windscheen Excess

An Additional Excess is applicable as follows:

- 1. \$\$500 for unnamed Author/sed Driver
- 2. S\$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 & endersements to your policy

Nil

I/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

IRBA

Authorised signature

#### Important note

Policyholders are warned that on the sale of a rector vehicle they must surrander 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. Falture 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 Rability under the policy, renewal certificate, endersoment ele-

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01 1 of 3

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$69068181





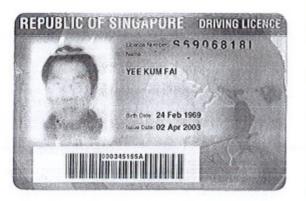
YEE KUM FAI

余 錦 輝

CHINESE One of Birth Ser 24-02-1969 M

24-02-1969 County of Birth SINGAPORE







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

PASS DATE

OS May 1995

Which unladen does not exceed 2500 kilograms

NP 428A







