## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Mobile Number Fax Number Contact Number EMail Address

Address

- 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 policyliability 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report heing made available

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/12/2017 15:53
Date Of Accident	18/12/2017 18:30
Exact Location Of Accident	PIE TOWARDS TUAS (L/P 700)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT3451M
Insured/Policyholder	
Name Of Registered Owner	WOLFF ROSWELL SHEARER
Passport No/FIN	G5798644T
Email Address	KIKILALAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91085521
Alternative Phone No	Office-91085521
Vehicle Particulars	
Manufacturer	HONDA
Model	CR-V-2.4 I-VTEC (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
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
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P0990718
Cover Note Number	
Driver	
Name of Driver	PORTER WOLFF KARENA SARA EYRE
NRIC No	G5812699W
Date Of Birth	08/02/1958
Occupation	INDOOR
Date Of Driving Pass	15/02/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE

KIKILALAH@GMAIL.COM

Postcode Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own Vehicle

NO

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) NO soliciting/offering accident claims assistance. 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

## Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLT491T Vehicle Registration Number

Vehicle Make/Model/Colour HONDA/VEZEL/WHITE

**Details Of Properties** 

Name of Driver **IBRAHIM BIN SALLEH** 

NRIC/Passport Number S1466444J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

2 No. Of Passenger (Including Driver)

## **Details of Witness**

Name

Phone Number **Email Address** 

Vehicle No \$134514

# SKETCH PLAN

Annex D

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	Kama	um	Ŋ	(4-(4pm 19 DEC 2017	ARY CHUA
Policyholder's Signature / Date & Time Sketch Plan PLE town	Driver's Signature	(If driver is not the policy) toward Changi	holder) / Date	Witnessed by Repor Personnel	ting Centre
A	A ROZA	Exitis upple suran	6	B= St	T3 451 M T491 T

Vehicle No SJ 13	451M	Annex E
Describe Circumstances		
PIE -> TUE	45. (15Km). (7.30. 12/12/	2017
SIDE CALLE	morter CAR IN LANG (T)  T. 491T)  DRINGE MIR BRAGIN BINSAI	I CM BAR
	514664447	) CAR
Wo ligh	be him trying to change to	~U, .
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Now		run hid
	worly PooRor Mon Come Pox	
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275		
		AND THE RESIDENCE OF THE PARTY OF THE PARTY OF
laration		
declare the foregoing particular	rs are true in every respect.	
		14:14pm AM.
	6 AA	19 DEC 2017 APV CHILLA
holder's Signature / Date &	( www.ww	ARY CHUA

MIY. UEL. ZUI/F 14: U4 6 Snenion vvay, #24-01 AXA Tower, Singapore 068611 Customer Service Centre #B1-01 Tel:(65)63387268 Fax:(65)63382522 Website:www.exa.com.sg GST Registration Number: 199903512M HT. Ar. Ary 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 and Compensation) Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.

: VPA/P0990718

Account No.: 03365

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: ROSWELL SHEARER WOLFF

Vehicle Registration No. : 8JT3451M

Period of Insurance

: From 11/10/2017 To 10/10/2018 (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 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.

#### 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.

A	DDITIONAL EXCESS APPLICABLE FOR AN	Y AUTHORISED DRIVERS	
Age of Driver	Driving Experience Less than 1 year	Driving Experience More than 1 year	
Below 22	Own Damage Excess + 8\$4,000	Own Damage Excess + S\$4,000	
22 to below 27	Own Damage Excess + S\$4,000	Own Damage Excess + S\$2,500	
27 to below 70	Own Damage Excess + S\$2,500	Own Damage Excess	
70 and above	Own Damage Excess + S\$2,500	Own Damage Excess + S\$2,500	

<sup>\*</sup> Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Read Transport Act, 1987 (Malaysia), are not to be included under these headings.

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).

N.B :

Your authorised workshop is Kah Motor Co Sdn Bhd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - WINNER03 on 05/10/2017

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.



VISIT PASS Immigration Regulations

WOLFF ROSWELL SHEARER



Date of Birth Sex 09-09-1958 M

Nationality AMERICAN

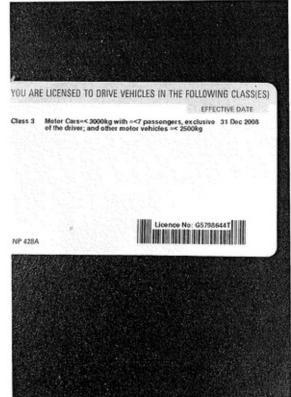
FIN Dane of Issue Date of Expiry G5798644T 21-11-2017 13-04-2021

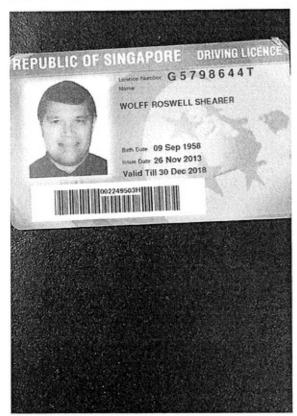
MULTIPLE JOURNEY VISA ISSUED

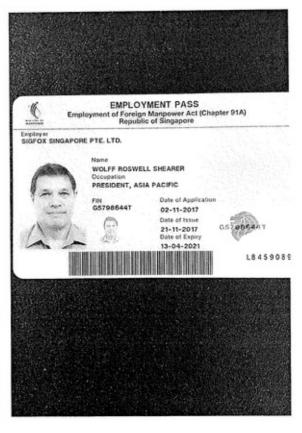
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.













# REPUBLIC OF SINGAPORE FIN G5812699W





PORTER WOLFF KARENA SARA EYRE

Date of Birth 08-02-1958



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

EFFECTIVE DATE

FA1577744

DEPENDANT'S PASS Immigration Regulations



FIN G5812699W

NP 428A













**Accident Photo** 



