

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	07/12/2017 11:36
Date Of Accident	06/12/2017 18:00
Exact Location Of Accident	ALONG ADAM ROAD (NEAR ADAM PARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB3550A
Insured/Policyholder	
Name Of Registered Owner	LEE CHAU LAM
NRIC No	S1483167C
Email Address	LEE_RICHARD_2000@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97877168
Alternative Phone No	OTHERS-97877168

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER-198CC VXR 200
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P0509379
Cover Note Number	06/03/2017 - 05/03/2018

Driver

Name of Driver	LEE CHAU LAM
NRIC No	S1483167C
Date Of Birth	01/04/1961
Occupation	INDOOR
Date Of Driving Pass	29/05/1982
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97877168
Fax Number	
Contact Number	OTHERS-97877168
Email Address	LEE_RICHARD_2000@YAHOO.COM

Address	BLK 417 CANBERRA ROAD #13-373
Postcode	750417
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLE
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 SKETCH PLAN BY DRIVER

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	SLA3366C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LAUW HUI KIAN
NRIC/Passport Number	S2205646H
Contact Number	96383988
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1


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:

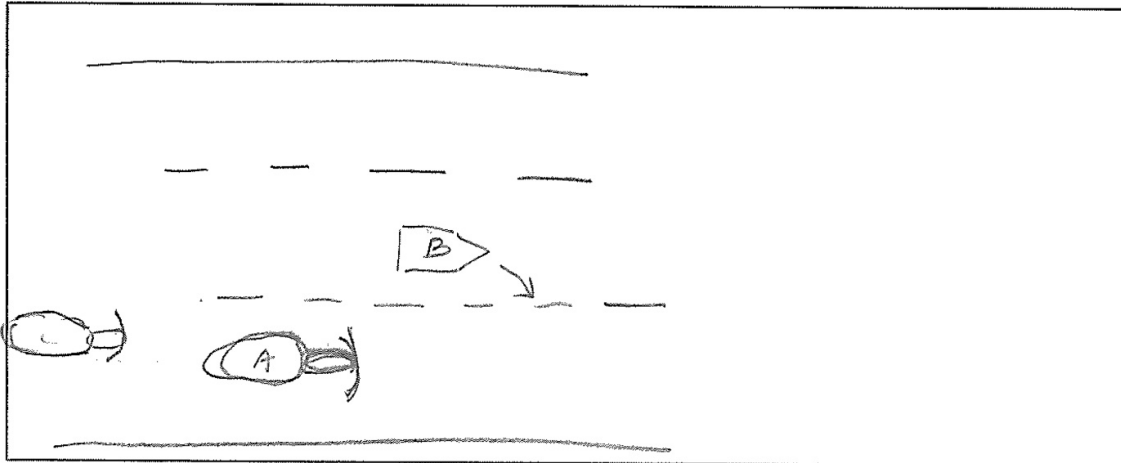
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

Date of accident: 6 DEC 2017 Time: 18.00 Location: Along Adam Rd (near Adam Park)
 My Vehicle A: FBB3550A Vehicle B: SLA3366C Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling along the Adam Road, a dark Mercedes SLA3366C suddenly switched into my lane that caused me to apply an emergency brake but unfortunately I cannot brake on time and hit her vehicle bonnet damper at the rear.

A lady named Jas who was travelling behind saw the whole incident. She helped to lift my motorcycle. She can be my witness. Her mobile # 92376451

Vehicle B driver name - Lann Hui Kiam I/C # S22056461.14
 mobile # 96383988

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :
 Email address : lex_richard_2000@yahoo.com
 & myself :
 Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

X [Signature]

Policyholder's Signature
 Date & Time:

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

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

AH LIM MOTOR COMPANY

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. : VMZ/P0509379 Account No. : 03375
Coverage : Third Party Fire & Theft Only
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : LEE CHAU LAM
Vehicle Registration No. : FBB3550A
Period of Insurance : From 06/03/2017 To 05/03/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
(b) 1. LEE CHAU LAM

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 in connection with the Policyholder's business or profession

The Policy does not cover:

- a) Use for hire and reward
b) Use for racing, pace-making, reliability trial or speed-testing
c) Use for the carriage of goods (other than samples) in connection with any trade or business
d) Use for any purpose in connection with the Motor Trade

(11)

Fire&Theft - Insured&Named Dr. : SGD 300.00

THEFT OUTSIDE SINGAPORE : SGD 600.00

* 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 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

Authorized Signature

Issued by - SGRAN09 on 15/02/2017

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 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.

WARRANTED ALL
ACCIDENT REPAIRS
MUST BE CARRIED
OUT ONLY AT OUR
AUTHORISED
WORKSHOPS

ANDA INSURANCE AGENCIES PTE LTD
(MOTOR DEPARTMENT)
190 MacPherson Road
#03-01 Wisma Gulab
Singapore 348548
Tel: 6554 2288 Fax: 6453 4466
Email: thomson@anda.com.sg


6383 7118

Page 1

report center whye Hong.
confirm & Delgo

Sketch Plan Pg. 4


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1483167C




Name
LEE CHAU LAM
李兆南
Race
CHINESE
Date of Birth
01-04-1961 Sex
M
Country of Birth
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: S1483167C
Name
LEE CHAU LAM
Birth Date: 01 Apr 1961
Issue Date: 11 Aug 2003



07 87 7169.
Dng, ~~not~~ drink
No riding.
No camera.
Ipma



0 0 4 6 8 1 0



NRIC No. S1483167C

Blood Group Date of issue
A+ 17-08-1991


APT BLK 417 CANBERRA ROAD #13-01/3
SINGAPORE 750417

NRIC No: S1483167C Date: 18-07-1999 No: 2981281

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 May 1982
Class 2A	Motorcycles between 201 cc and 400 cc	29 May 1982
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Sep 1980

Licence No: S1483167C



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

