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MVGS17167511 / Volkswagen Centre Singapore - HQ ENTRY DATE & TIME: 21/12/2017 10:09 SUBMITTED BY: PEARLYN CHEONG

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/12/2017 10:20

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 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	21/12/2017 10:09
Date Of Accident	17/12/2017 11:50
Exact Location Of Accident	PARKED AT MT ELIZABETH HOSPITAL CAR PARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG5755E
Insured/Policyholder	
Name Of Registered Owner	SHARON NATASHA THAM WY-LING
NRIC No	S7811752D
Email Address	SHARONTHAM@MAC.COM
Mobile Phone No	(LOCAL) +65-97525147
Alternative Phone No	OFFICE-97525147
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF MATCH 1.4 TSI (DSG)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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

PRIVATE CAR

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

VPA/P1264486

Cover Note Number

Driver

Name of Driver

CHARLES PHILIP THOMS

S8785410H NRIC No 07/06/1987 Date Of Birth **INDOOR** Occupation 24/08/2012 Date Of Driving Pass

5 YEARS AND 3 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90285465 Mobile Number (LOCAL) +65-90258564 Fax Number

Contact Number

CHARLESTHOMS@GMAIL.COM **EMail Address**

Address

150 PRINCE CHARLES CRESCENT #14-02

Postcode

159012

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

CUSTOMER WILL SUBMIT AFTER

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

FOR MORE DETAILS PLEASE REFER TO SKETCH PLAN

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

GBF1851Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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)

Lunderstand, 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 (all 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: Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

	Sketch Flan Fg. 2	
	My C	a sky 5755E
SKETCH PLAN	/ `	1
DESCRIBE CIRCUMSTANCES OF My car wan p while t partied (Indicator light and other manages at and he confirm cared to foo	aled in W Elizabeth the wing murol cracked whinor cra neal damage) Che Mt Elizabeth (So ned a var but	ached part scratched eled with leastly wresh Tol: 673(2700) my car the hour
Accident hay 7.15 km @ a an weded to cansed by a true for h	ppened Sunday 17 d 11.50 am. It u get oudence the note Vehicle a lt \$117abet " see	n at Control
DECLARATION I/We declare the foregoing particular part	lars are true in every espect. Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

JAPAN Same Program, Va

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel: 6338 7288 Fax: 6338 2522 Website: www.axa.com.sg GST Registration Number: 199903512M



Original

Agent Code: 13820

Policy No. (if any): P1264486

Renewal

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN849546

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Maiaysia; 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
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule having proposed for insurence 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 promum 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	THAM WY-LING SHARON NATASHA	
MAKE AND DESCRIPTION OF VEHICLE	VOLKSWAGEN GOLF 1.4 TSI	
VEHICLE REGISTRATION NO.	SKG5755E	
YEAR OF MANUFACTURE	2012	
ENGINE NO.	CAXC09743	
CHASSIS NO.	WVW2Z21KZDW034764	
ENGINE CAPACITY/TONNAGE	1390.00	
COVER TYPE	COMPREHENSIVE	
HIRE PURCHASE	DBS BANK LTD	
VALUE (S\$)	AS PER MARKET VALUE	
PERIOD OF INSURANCE	FROM: 20/09/2017 TO: 19/09/2018	
EXCESS (S\$)	AS PER POL	
AXA PREMIUM WORKSHOP?	NO	

IWE 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 185; AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by

JAKE SAGUM

on

18/09/2017 9:41am

Authorised Signature

Note: This Cover Note is only valid for 50 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 SS53 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:
 - a Cover note issued and cancelled before inception
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUNI WARRANTY

Eq. 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 Northdividual Customers:
Please note that where the pend of cover is for more man 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/C/NOTE/V01/03



REPUBLIC OF STICTAPORE DRIVING TESTIFE

CHARLES PHILIP THOMS

LETTERS OF Jun 1987

LETTERS OF



CHARCLE THOMS (DCMAIC. COM





REPUBLIC OF SINCAPORE IDENTITY CARD NO. S7811752D

SHARON NATASHA THAM WY-LING



Mrs Sharon Tham 150 Prince Charles Crescent #14-02 Tanglin View Singapore 159012 21st December 2017

To whom it may concern,

l authorize my husband, Charles Philip Thoms (S8785410H), to represent me, Sharon Natasha Tham (S7811752D) in reporting an accident involving my car Volkswagen Gold (SKG5755E) on the 17th of December.

Please discuss particulars with him as needed, I have provided him with my IC in case you need it.

Sincerely

Sharon Natasha Tham (S7811752D)