

## 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	11/01/2018 12:16
Date Of Accident	10/01/2018 16:50
Exact Location Of Accident	ALONG NORTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3914E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STARMIKE5
Co Reg No	53320785A
Email Address	MARIAMAL.A@SGH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-97973690

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 MIVEC GLS 4A/T (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCX/P1688911
Cover Note Number	

### Driver

Name of Driver	ASOGAN S/O MUTHUKRISHNAN
NRIC No	S1508230E
Date Of Birth	08/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	22/02/1984
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97975414
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK626 CHOA CHU KANG ST 62 #05-188
Postcode	680626
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NAMED DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

### 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)	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 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	SHC5272M
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY KOK POW
NRIC/Passport Number	S1312691G
Contact Number	97657880
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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. 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.
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:

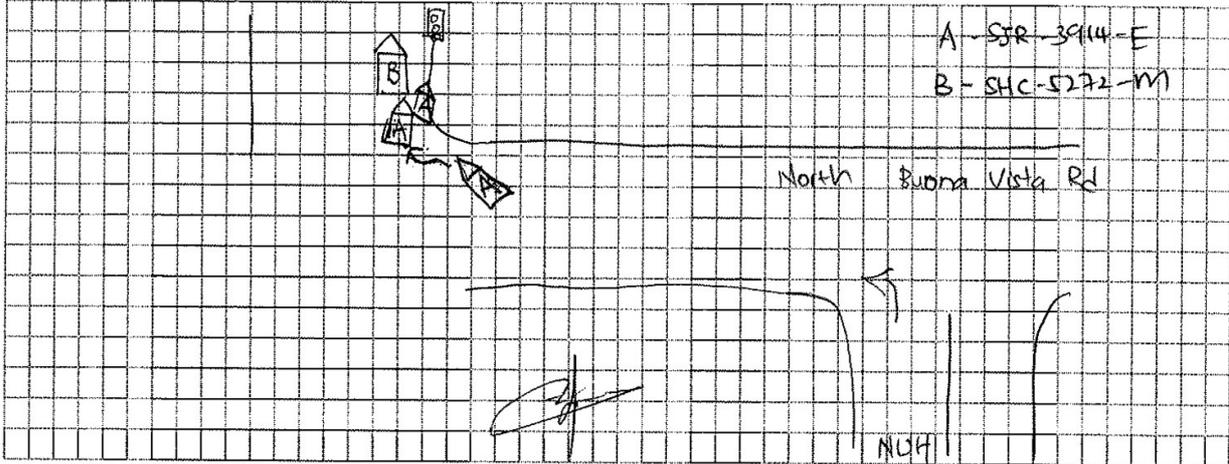
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

11/1/18

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling towards North Buna Vista Road and was going intending to make a right turn towards AYE (city). I was travelling at slow speed; I signal to my right and applied the brakes to slow down as there was a road bend before a traffic light signal. The car suddenly skidded and I tried to control but could not. There was a taxi in front of me waiting at traffic light. My vehicle was collided on taxi and went up the road kerb. It was raining and the road surface was wet at the point of accident.

<p><b>Important:</b> You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.</p>	✓	- Reporting Only
		- Claim OD
		- Claim TP
		- Claim OD/TP at other workshop

DECLARATION

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



Policyholder's signature  
Date & Time

Driver's Signature  
(if driver not the policyholder)  
Date & Time 11/1/18

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

Sketch Plan Pg. 3



redefining / insurance

Date: 11/1/18

To: Owner of Vehicle Number: SJR - 3914-E

The following has been advised to you via your workshop, Auto Protect Pte Ltd through their staff, TON KHAR KIAN.

Please tick the applicable box if you had been advice 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 \_\_\_\_\_

Signed and acknowledge by:



Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

**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. : VCX/P1688911 Account No. : 13861  
 Coverage : Comprehensive  
 Sum Insured : Market Value At The Time Of Loss  
 Name of Policy Holder : STARMIKE5  
 Vehicle Registration No. : SJR3914E  
 Period of Insurance : From 23/12/2017 To 22/12/2018 (Both Dates Inclusive)

**PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\***

Named Driver(s) as stated in the Policy

1. A MARIAMAL
2. ASOGAN S/O MUTHUKRISHNA
3. ANY AUTHORISED DRIVER

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\***

- (a) Use for the carriage of passengers or goods in connection with the Policyholder's business.
  - (b) Use for social, domestic and pleasure purposes.
- The Policy does not cover
- (a) Use for racing, pace making, reliability trial or speed-testing
  - (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(04)

**EXCESS :**

All Claims-Any Author'd Driver : SGD 2,000.00

Windscreen Excess : SGD 100.00

(For Unnamed Driver Excess, please refer to your policy)

\* 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 - SGOMOHA on 18/12/2017

**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.

