#### 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  $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 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

	ACCIDENT STATEMENT
Date Of Report	08/01/2013 15:08
Date Of Accident	08/01/2013 12:15
Exact Location Of Accident	BLK 269 DRIVEWAY TOH GUAN ROAD

Exact Location Of Accident	BLK 269 DRIVEWAY TOH GUAN ROAD	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJA6778B	
Insured/Policyholder		
Name Of Registered Owner	YEE WAI KEONG	
NRIC No	S8414572F	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	C200	
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 Car	
Insurance Company		

Insurance	Company		

Name of Insurance Company AXA Insurance Singapore Pte Ltd

Type Of Coverage Comprehensive

Fleet Policy No

Policy Number VPA/P1111186

Cover Note Number

Driver

Name of Driver YEE WAI KEONG NRIC No S8414572F 20/05/1984 Date Of Birth Occupation Indoor Date Of Driving Pass 04/03/2005

**Driving Experience** 7 Years And 10 Months

Gender

Mobile Number (Local) +65-93200088

Fax Number

Contact Number

**EMail Address NOEMAIL** 

Address BLK 270 #12-105 TOH GUAN ROAD

600270 Postcode 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

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Insurance Company of Driver's Own Vehicle

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**General Information of the Accident** 

Type Of Accident Unknown - REFER TO ATTACHED

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
Was there any video captured by Car Camera? No

**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** 

SKETCH PLAN

Are accident photos available for attachment?

Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC5406U

Vehicle Make/Model/Colour TRANS CAB TAXI

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

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Sketch Plan	
	A A HOUSE
	1681
	HAND
Describe Circumstances o	f the Accident
I was one	ing along the driveway and car
	Ou de
B Went out	I the hump without slowing
	, success
down, Bu	revod into my love and lat
11	1 de corce caj
the right	ficht gortion of my car.
	of the first car.
eclaration	

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

C.H. YIK

DID: 6771 4353 HP: 9186 5109 Email: chanhoe.yik@cyclecarriage.com.sg. Cycle & Carriage Industries Pte Ltd Customer Service Centre Pandan Loop

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

AXA INSURANCE SINGAPORE PTE LT 8 Shenton Way, #27-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01

Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: M2-0009922-2 Co. Registration Number:196900406D



7627-502401

#### 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 Party Risks) Rules, 1959 (Malaysia) (Malaysia) . Motor Vehicles (Third-

CERTIFICATE NO.

VPA/P1111186

Account No. : 03926

Coverage

Comprehensive

Sum Insured

Market Value At The Time Of Loss

Name of Policy Holder

: YEE WAI KEONG

Vehicle Registration No.

: SJA6778B

Period of Insurance

: From 07/09/2011 To 06/09/2012 (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.

(01)

#### Basic Own Damage Excess

: SGD 800.00

An Additional Excess is applicable as follows: \$\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver. \$\$5,000.00 for Undeclared Young and Inexperienced Driver. (Please refer to your policy on the terms & conditions)

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).

N.B : (Private Car Only)

Undertaking have signed an exclusively AXA Premium Workshops for all your accident repairs insured by AXA Basic Own Damage Excess for Insured & Named

Drivers is reduced as follows: . 50% NCD - Nil Excess

0% - 40% - Excess Halved 6100 25 92 call | fax 6280 98 78 TRIVEX . 8 Burn Road #09-10

MAX INSURANCEVENTURE

AXA INSURANCE SINGAPORE PTE LTD

Authorized Signature

Issued by - MAXINS01

on 12/10/2011

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Policyholders are warned that on the sale of a motor vehicle they must surrender 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.

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.























# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

138 Robinson Road #07-09 The Corporate Office Singapore 068906

Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

## ADDENDUM (A)PARTICULARS OF PERSON MAKING THE AMENDMENTS Vehicle Registration No : SJA6778D Original Report No : mcc413003299 YEE WAI KEONG Name(as shown in NRIC): ("Vehicle Driver/Vehicle Owner) (")Please delete as appropriate NRIC/Passport No : S8414572F BLK 270 #12-105 TOH GUAN ROAD S(600270) Address : (H/P): 93200088 Contact (Tel): AHYAN118@HOTMAIL.COM (EMail): 12:15 08/01/2013 Date Of Accident : Time Of Accident : Place Of Accident : BLK 269 DRIVEWAY TOH GUAN ROAD AXA INSURANCE SINGAPORE Insurance Company: (B)ADDITIONAL INFORMATION / AMENDMENTS I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:-CHANGE FROM THIRD PARTY CLAIM TO OWN DAMAGE CLAIM

SIGNATURE OF VEHICLE OWNER/DRIVER DATE: 18 / 1/2015

Page 1 of 1