

## 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 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	16/01/2018 19:49
Date Of Accident	16/01/2018 07:50
Exact Location Of Accident	EXITING AT KJE (PIE - TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY7488C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YUK YEE LAM ELAINE
NRIC No	S8570816C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98754915
Alternative Phone No	OTHERS-98754915

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA190185/1
Cover Note Number	

### Driver

Name of Driver	LIM HAN YUAN IRVIN
NRIC No	S8335317A
Date Of Birth	17/10/1983
Occupation	INDOOR
Date Of Driving Pass	15/11/2011
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84887653
Fax Number	
Contact Number	
Email Address	EMAILIRVIN@GMAIL.COM

Address	BLK 335B ANCHORVALE CRESCENT #16-88
Postcode	542335
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	COLLISION - HEAD TO REAR
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?	
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)	2
Passenger 1	NAME: : PASSAGER
	GENDER: : MALE

#### 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

PLEASE REFER TO STATEMENT

#### Attachment(s)

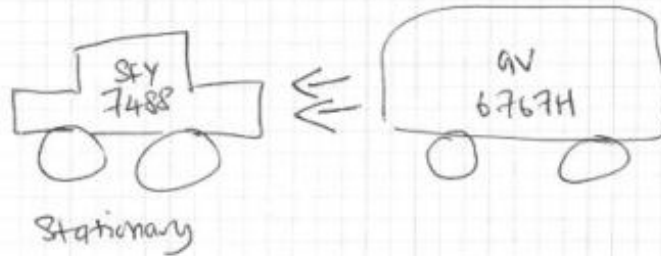
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GV6767H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEN THIEN SOONG
NRIC/Passport Number	S2568887B
Contact Number	9862 8378
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN



existing  
KJE  
(AE-TAS)

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

it was 7:51 AM when I was exiting <sup>at</sup> KJE (PIE-TUAS) where there was traffic built up. My vehicle has come to a stop and was stationary for awhile when a van in-front of me (GV 6767H) started reversing.

I horned at the vehicle a few times but he did not stop. He eventually knocked into my vehicle. I signalled for him to stop, but he continued driving off with no intentions to stop until I overtook his vehicle.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 16/1/18, 7:38pm -

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

# Individual Statement

☐ Owner  
☒ Driver

## ACCIDENT STATEMENT

Date of Accident: 16/01/2018 Time: 7:50am Location of Accident: Exiting at KJE (PIE - TWAS)

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SFY7488C  
Name of Policyholder: Yuk Yee Lam Elaine  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S8570816C  
Address: [blank]  
Contact Number: [blank] Tel: [blank] Hp: 9875 4915  
Occupation: indoor

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: TOYOTA Corolla Altis 1.6  
Type of Vehicle: Sedan, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others  
Exact Purpose for which vehicle was being used at the time of accident: private use  
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks: TP  
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA  
Type of Policy: ☐ Comprehensive ☒ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: GA190135/1

### DRIVER

Name of Driver: Lim Han Yuan Irvin  
NRIC/ FIN/ Passport: S8335317A  
Date of Birth: 17-10-1983  
Occupation: indoor  
Driving Pass Date: 15-11-2011  
Gender: ☒ Male ☐ Female  
Contact Number: [blank] Tel: [blank] Hp: 9488 7653  
Address: Blk 335B Anchorvale Crescent #16-88 S6542335  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured: [blank]  
Vehicle Number of Driver's Own Vehicle (if applicable): [blank]  
Insurance of Driver's Own Vehicle (if applicable): [blank]

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): 2 Pax TP Hit Insured (Front to Rear)  
Weather Conditions: ☒ Clear ☐ Raining ☐ Others  
Road Surface: ☐ Wet ☒ Dry ☐ Others  
Damage Area: [blank]

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes  
Was anybody injured in the accident? (including Witness) ☒ No ☐ Yes  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any camera video footage (in car)? ☐ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station & Report No: [blank]  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom? [blank]

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SF Y7488C

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

GUV6767M  
Toyota

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

Chen Thien Soong

NRIC/ FIN/ Passport

S2568887B  
9862 8378

Contact Number / Email Address

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect

Date & Time

Signature of Policy Holder  
(Company Chop if applicable)

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

10/1/18, 7:38pm Date & Time

## Individual Statement

### SKETCH PLAN

### IMPORTANT NOTICE

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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: 16/11/18, 7:38 PM

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



## Individual Statement



redefining / INSURANCE

Date: 16/1/2018

To: Owner of Vehicle Number: SFY7488C

The following has been advised to you via your workshop, \_\_\_\_\_ through their staff, \_\_\_\_\_.

Please tick the applicable box if you had been advised 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:

LIM HAN YUAN IRVIN  
Name and signature of policyholder/authorised driver

\_\_\_\_\_  
Name and signature of workshop personnel including company stamp

IDENTITY CARD (OWNER)

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8570816C**



Name  
**YUK YEE LAM ELAINE**


**沃 以 琳**

Race  
**CHINESE**

Date of birth  
**05-07-1985**

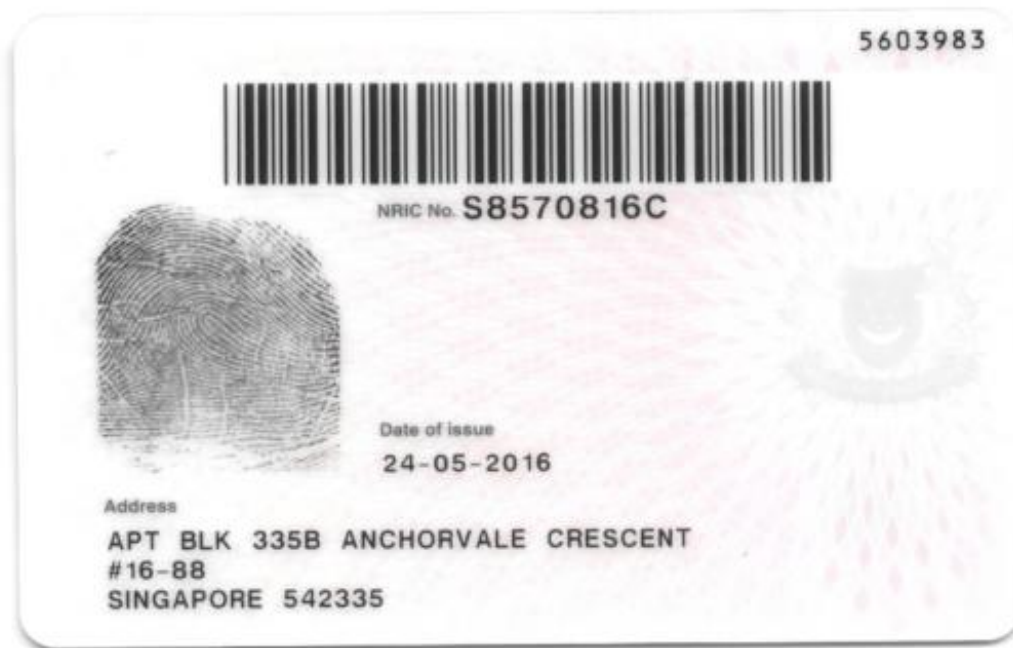
Sex  
**F**

Country/Place of birth  
**HONG KONG**





IDENTITY CARD (OWNER)



## IDENTITY CARD & DRIVING LICENCE (DRIVER)

**REPUBLIC OF SINGAPORE** DRIVING LICENCE

Licence Number: **S8335317A**

Name: **LIM HAN YUAN IRVIN**

Birth Date: **17 Oct 1983**

Valid Date: **23 Jan 2016**

**002521761A**



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8335317A**

Name: **LIM HAN YUAN IRVIN**

**林 汉 源**

Race: **CHINESE**

Date of birth: **17-10-1983**

Country/Place of birth: **SINGAPORE**

Sex: **M**

**S8335317A**



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

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **15 Nov 2011**

Licence No: **S8335317A**



NP 42RA

**5457962**

**S8335317A**

**21-04-2015**

Address: **APT BLK 335B ANCHORVALE CRESCENT  
#16-88  
SINGAPORE 542335**



## CERTIFICATE OF INSURANCE



redefining / insurance

AXA Insurance Pte Ltd  
☎ 1800 880 4888 (Within Singapore)  
(65) 6880 4888 (International)  
✉ (65) 6880 4740  
✉ customer.care@axa.com.sg  
🌐 www.axa.com.sg

account number  
05471

### 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)

#### Policy details

Policyholder name	YUK YEE LAM ELAINE	Certificate number	GA190185 / 1
Cover	Third Party, Fire & Theft	Chassis number	MR0532EC107096719
Plan name	Third Party, Fire & Theft	Engine number	3ZZ4502291
NCD applicable	40%		
Vehicle registration number	SFY7488C		
Period of Insurance	from 20/04/2017 to 19/04/2018 (both dates inclusive)		
Finance loan company	LAKE VIEW CREDIT PTE LTD		

#### Persons or classes of persons entitled to drive\*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
  - 1. LIM HAN YUAN IRVIN
- (c) Any person who is driving on the Policyholder's order or with their 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.

#### Limitation 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, speed testing, 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.

\* Limitations rendered imperative 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.

#### Additional clauses & endorsements to your policy

Nil

We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Authorised signature:

#### Important note

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, endorsement etc.

## Authorization Form

I, (Name) Yuk Yee Lam Elaine of (NRIC) S 8570816 C authorized

(Name) Lim Han Yuan Irvin of (NRIC) S 8335317 A to Repair/Reporting at

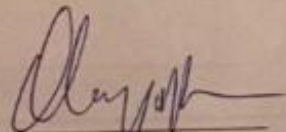
BH AUTO SERVICES PTE LTD located at Blk1 Sin Ming Industrial Estate Sector C #01-111/113/115/117

S575636

On behalf of me for my vehicle number SFY 7488C

My residential address is Blk 335B Anchorvale Crescent #16-88 (S) 542335 and

contact number is 9875 4915

  
Signature  
Owner Name: Yuk Yee Lam Elaine

  
Signature  
Witness Name:

Accident Photo



Accident Photo





Accident Photo



Driving License TP



Accident Photo



Identification Card TP





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

