

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	08/02/2018 14:14
Date Of Accident	24/01/2018 15:45
Exact Location Of Accident	ALONG LOADING BAY BESIDE BLK 930 YSIHUN CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY9082B
Insured/Policyholder	
Name Of Registered Owner	KOH KIM TENG
NRIC No	S1244610A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97222435
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	KIA
Model	RIO-1.4 HB (M)
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA065809/1
Cover Note Number	

Driver

Name of Driver	KOH KEE GAY
NRIC No	S8608011G
Date Of Birth	01/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96372208
Fax Number	
Contact Number	
Email Address	KEEGAY@ISLANDMAIDS.COM.SG

Address	BLK 232A SERANGOON AVE 2 #06-129
Postcode	551232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	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 ATTACHED

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	SHC4679E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN PENG KNG
NRIC/Passport Number	S1209572D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

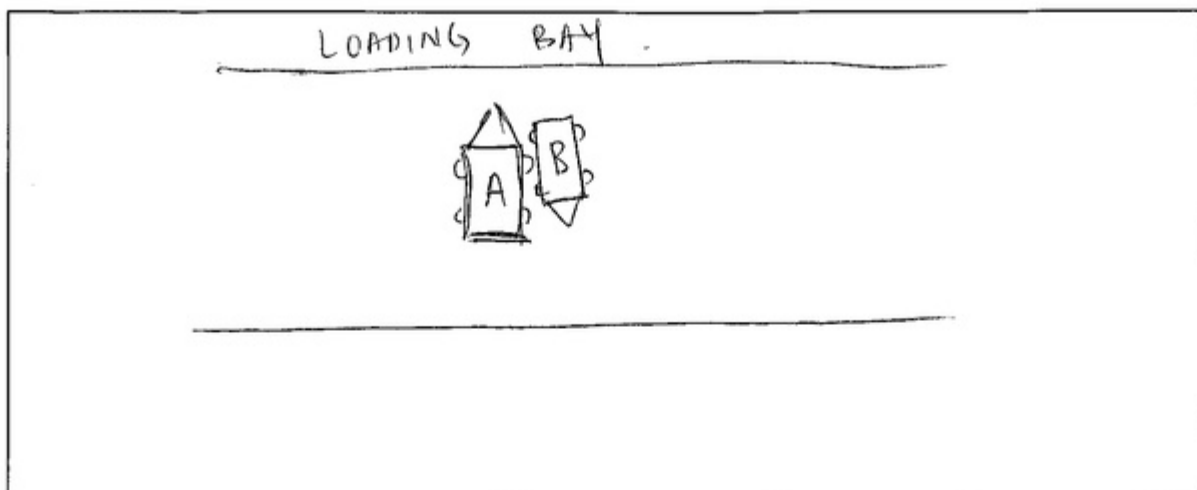
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



SKETCH PLAN

Accident Date: 24 JAN 18 Time: 1548HRS Location: ALONG LOADING BAY BESIDE BIK 930 YISHUN
 My Vehicle A: SFY908ZF Vehicle B: S1C4679E Vehicle C/Others: CENTRAL 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24 JAN 18, I WAS PARKED MY CAR SFY908ZF WAS PARKED ALONG LOADING BAY BESIDE BIK 930 YISHUN CENTRAL 1 TO DO UNLOADING. UPON MOVING OFF, I WENT REVERSE OFF AS I WAS HEAD IN; A SMURT CAR TURNED IN (BACK IN). BOTH DID NOT NOTICE EACH OTHER. AS MY WHEEL WAS IN A REVERSING POSITION, IT HIT THE CAR REAR RIGHT DOOR, CAUSING A SMALL DENT. MY CAR (SFY908ZF) WAS FINE.

() 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 : keegay@islandmaids.com.sg
 & Myself :
 Email Address :

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

DECLARATION

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

Policyholder's Signature
 Date & Time:

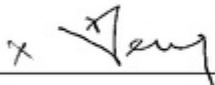
Driver's Signature (if driver is not the policyholder)
 Date & Time 7/2/18

Witnessed by Reporting Centre
 Personnel

To Whom It May Concern,

Accident involving my vehicle no SF19082B on 24/1/18 (date) with
SHC4679E (other veh no) along LOADING BAY BESIDE BLK 930
YISHUN CENTRAL 1

I, KOH KIM TENG NRIC No: S1244610A
owner of vehicle no - SF19082B am aware of the accident of my vehicle on
24/1/18 (Date) while car was driven by KOH KEE GAY
IC No: S86080116. I hereby authorise him/her to make the report.

x 

Name KOH KIM TENG

Date: 8/2/18

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

Name

Date



29 January, 2018

KOH, KIM TENG
BLK 232A SERANGOON AVENUE 2
#06-129
SINGAPORE 551232

Dear Sir,

OUR REF : S8M007RH/TE
YOUR REF : SFY9082B
ACCIDENT INVOLVING SFY9082B & SHC4679E ALONG LOADING BAY BESIDE BLK 930 YISHUN CENTRAL 1
ON 24/01/2018

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to us. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you.

The report has to be lodged at any of our AXA Premium Workshops or reporting centres (subject to your policy). For the list of our Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (if any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to cst@axa.com.sg or deliver it by hand to our Customer Care Centre.

As Insurers, we shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please revert to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

If you need any clarification, please do not hesitate to contact our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm or cst@axa.com.sg. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Motor Claims Department
AXA Insurance Pte Ltd

This is a computer generated letter and no signature is required.

cc Agent A/c No.: 02920 C & S CORPORATE SERVICES



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
02920

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	KOH KIM TENG	Certificate number	GA065809 / 1
Cover	Comprehensive	Chassis number	KNAD E241266039546
Plan name	Private APW	Engine number	G4EE6H011870
NCD applicable	50%		
Vehicle registration number	SFY9082B		
Period of insurance	from 28/09/2017 to 27/09/2018 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any Named Driver as stated in the Policy:
1. KOH KEE GAY
(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 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.

EXCESS Basic Own Damage Excess
Windscreen Excess

\$500.00
\$500.00

An Additional Excess is applicable as follows:

- \$5500 for unnamed *Authorized Driver*
- \$5500 for declared *Young and Inexperienced Driver*
- \$55,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$2,500 if You have chosen AXA Premium Workshops

Additional clauses & endorsements to your policy

Nil

I/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.

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S8608011G**
 Name: **KOH KEE GAY**
 Birth Date: **01 Apr 1986**
 Issue Date: **14 Sep 2012**

002106051F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8608011G


 Name: **KOH KEE GAY**
 許基毅
 Race: **CHINESE**
 Date of birth: **01-04-1986** Sex: **M**
 Country of birth: **SINGAPORE**

S8608011G

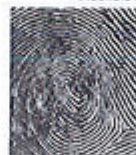
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	30 Aug 2006
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	06 Oct 2011

NP 428A



4591981



NRIC No: S8608011G

Date of issue:
18-09-2012

Address
APT BLK 232A SERANGOON AVENUE 2
#06-129
SINGAPORE 551232

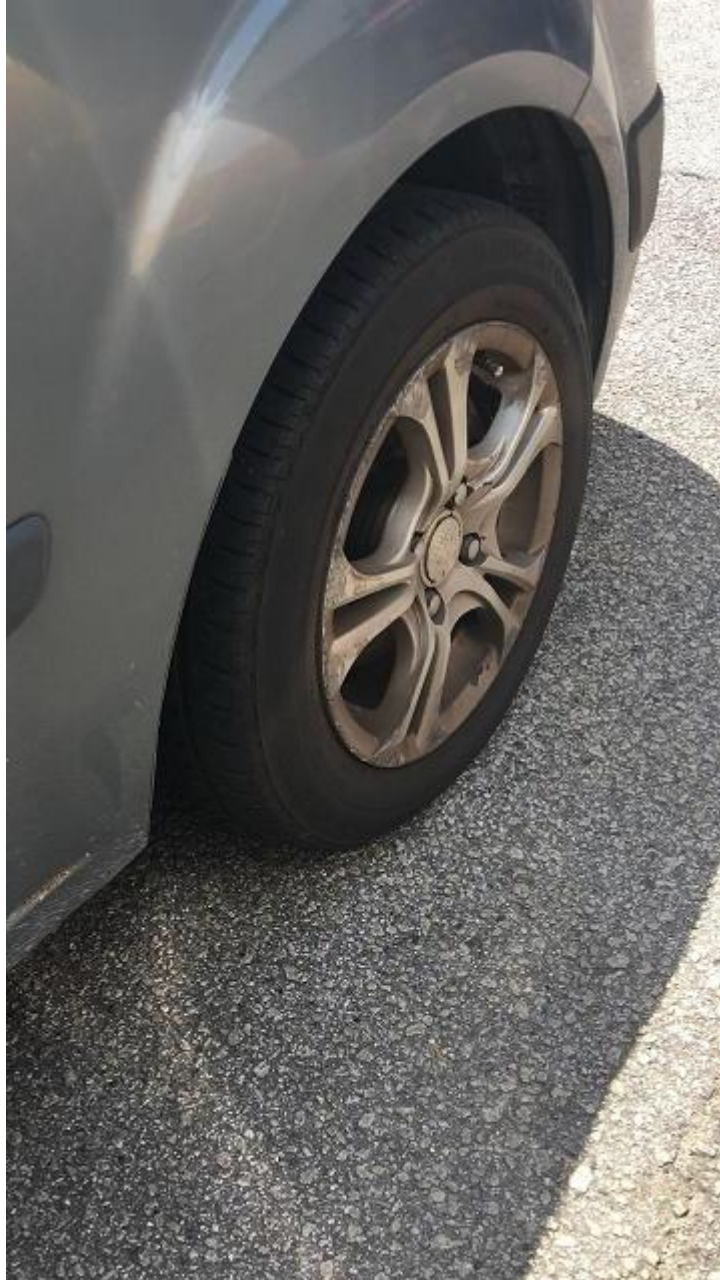
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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