

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	29/01/2018 14:26
Date Of Accident	26/01/2018 18:05
Exact Location Of Accident	SIN MING AVE SUP ROAD TO MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2110B
Insured/Policyholder	
Name Of Registered Owner	TAN KAH HOE
NRIC No	S9131977B
Email Address	JINL_NR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92307514
Alternative Phone No	OFFICE-92307514

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.2XG 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 CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA242785/1
Cover Note Number	

Driver

Name of Driver	TAN KAH HOE
NRIC No	S9131977B
Date Of Birth	27/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92307514
Fax Number	
Contact Number	
EEmail Address	JINL_NR@HOTMAIL.COM

Address	BLK 511A YISHUN STREET 51 #09-413
Postcode	761511
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	-
	-
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

PLEASE REFER TO THE ATTACHMENT

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	SLP4734M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90062323
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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 liability.
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.

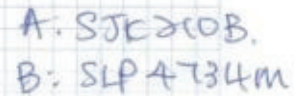


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



From the Filter Lane to Marymount Rd road to the exit of the Lane I turned to check for incoming vehicle before accelerating when I turned back ~~my~~ the vehicle in front stopped so I Jammed my brakes but the collision still happened.

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

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

CERTIFICATE OF INSURANCE



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (85) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

Certificate of Insurance

Motor Vehicles (Third Party Risks and Compensation) Act, Chapter 180; Motor Vehicles (Third Party Risks and Compensation) Rules, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Account number: **04069**

Policy details

Policyholder name	TAN KAH HOK	Certificate number	GA242795 / 1
Cover	Comprehensive	Chassis number	2C715447194
Plan name	Essential	Engine number	K12B1096254
NCD applicable	0%		
Vehicle registration number	SH421188		
Period of Insurance	From: 12/07/2017 to 05/10/2018 (both dates inclusive)		
Finance lease company	HONG LING FINANCE LIMITED		

Persons or classes of persons entitled to drive*

(a) The Policyholder
 (b) 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, 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 is being stationary in use or otherwise, or 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.
 * Conditions stipulated in Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, Chapter 180 and Section 80 of the Road Transport Act, 1987 (Malaysia), are not to be inducted under these headings.

EXCESS	Basic Own Damage Excess Windscreen Excess	\$600 / \$200.00 \$600 / \$200.00
---------------	--	--

Re: Additional Excess is applicable as follows:
 1. \$5500 for unlicensed Authorized Driver
 2. \$5500 for licensed Young and Inexperienced Driver
 3. \$55,000 for unlicensed Young and Inexperienced Drivers. This additional excess is reduced to \$22,500 if you have chosen AXA Premium Workmanship.

Additional clauses & endorsements to your policy

Not

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 180 and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd


 Authorised signature

Important note

Applications are submitted here on the basis of a Motor Vehicle. Any motor accident involving the Certificate of Insurance and the Policy is 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 will constitute an offence under the Motor Vehicle (Third Party Risks and Compensation) Act, Chapter 180.

The Premium Reversion (Basic) option is to be used in full when a specific period ending when there would be no liability under the policy, covered conditions (premium only).

AXA Insurance Pte Ltd (1399903612M)
 8 Shenton Way, #24-02, AXA Tower,
 Singapore 069111
 Customer Care: 800 411

1 of 2

OWNER IC & DRIVING LICENCE (FRONT)

