

## 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 17:24
Date Of Accident	27/01/2018 09:50
Exact Location Of Accident	KEPPEL RD TWDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK425S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW SIAK CHUAN
NRIC No	S1583200B
Email Address	SCLOWERIC@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92395700
Alternative Phone No	OTHERS-90210119

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA085569/1
Cover Note Number	27/01/2018 - 26/01/2019

### Driver

Name of Driver	LOW SIAK CHUAN
NRIC No	S1583200B
Date Of Birth	25/07/1963
Occupation	INDOOR
Date Of Driving Pass	15/09/1981
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92395700
Fax Number	
Contact Number	OTHERS-90210119
EEmail Address	SCLOWERIC@YAHOO.COM.SG

Address	BLK 654C JURONG WEST ST 61 #14-470
Postcode	643654
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	CHAIN COLLISION
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER. VEHICLE IS AT TRAFFIC POLICE COMPUND.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM4347
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB8832H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GW7284Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

### DETAILS OF INJURED PERSON 1

Name LOW SIAK CHUAN  
Approximate Age  
Injuries Sustain RIGHT ARM,BODY UNWELL  
Injured person in which vehicle? SGK425S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

# Sketch Plan Pg. 1

SKETCH PLAN

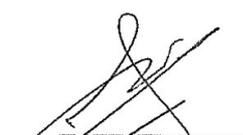
VEHICLE NO.: SGK 4255  
INSURER : AXA  
DATE & TIME: 27/01/18

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

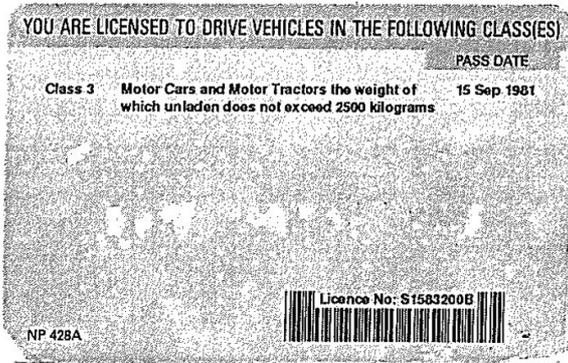
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:







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

## Certificate of Insurance

account number  
**03944**

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

<b>Policyholder name</b>	LOW SIAK CHUAN	<b>Certificate number</b>	GA085569 / 1
<b>Cover</b>	Comprehensive	<b>Chassis number</b>	ZNE100314506
<b>Plan name</b>	Private APW	<b>Engine number</b>	LZZ2819391
<b>NCD applicable</b>	40%		
<b>Vehicle registration number</b>	SGK425S		
<b>Period of Insurance</b>	from 27/01/2018 to 26/01/2019 (both dates inclusive)		
<b>Finance loan company</b>	Nil		

### 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, 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 endorsed 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.

<b>EXCESS</b>	Basic Own Damage Excess	SGD 250.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

- \$500 for unnamed *Authorised Driver*
- \$8500 for declared *Young and Inexperienced Driver*
- \$55,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$52,500 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 Vehicles (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period (during which there would be no liability under the policy, renewal or future endorsement etc).

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

Sketch Plan Pg. 8



redefining / insurance

Date: 29/10/15

To: Owner of Vehicle Number: SGK 4255

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 claim Third Party @ own workshop

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp



Sketch Plan Pg. 9

DATE OF ACCIDENT : 27/01/18 TIME : 0950 hrs  
LOCATION : Keppel Rd Inds AYE

INFORMANT'S PARTICULARS

- 1) VEHICLE NO.: SGK 4255 MODEL: Toyota wish
- 2) INSURANCE CO.: AXA POLICY NO.:
- 3) CLAIM TYPE : OWN DAMAGE (THIRD PARTY) REPORTING ONLY (PLS CIRCLE)
- 4) OWNER NAME : Low siak chuan I/C S1583200B TEL: 9021 0119
- 5) OWNER EMAIL : CSonganto@yahoo.com.sg ALTERNATIVE PHONE NO.:
- 6) DRIVER NAME : AS above I/C " TEL: 9239 5700
- 7) DRIVER OCCUPATION : Admin EMAIL : sclowenc@yahoo.com.sg
- 8) RELATIONSHIP WITH OWNER : Owner
- 9) DOES DRIVER OWN ANY CAR? YES/NO (QN 9 & 10 APPLY FOR NON OWNER ONLY)
- 10) DRIVER'S OWN VEHICLE REG-NO.: - INS CO.: -
- 11) WEATHER CONDITION : CLEAR/RAINING/OTHERS
- 12) ROAD SURFACE : DRY/WET/OTHERS
- 13) ANY SCENE PHOTOS : YES/NO
- 14) ANY VIDEO CAPTURED BY CAR CAMERA : YES (NO)
- 15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT : Pte used
- 16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE : YES / NO
- 17) NO. OF PASSENGERS (INCLUDING DRIVER) : 1

THIRD PARTY (OTHER VEHICLE) PARTICULARS

**VEHICLE 1** 1) VEHICLE NO.: SLM 4347 M MODEL: Nissan Qashai B  
 2) DRIVER NAME : I/C  
 3) ADDRESS :  
 4) CONTACT NO.: INS CO.:

**VEHICLE 2** 1) VEHICLE NO.: SHB 8832 H MODEL:  
 2) DRIVER NAME : I/C (C)  
 3) ADDRESS :  
 4) CONTACT NO.: INS CO.:

\* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)  
 IF YES, FOREIGN VEHICLE NO.:  
 FOREIGN VEHICLE CATEGORY :

(D) Gw 7284y.

WITNESS PARTICULARS

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW :-
- 2) NAME & NRIC : TEL: :
- 3) RELATIONSHIP WITH INVOLVED PARTIES :

OTHERS

- 1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN :
- 2) WAS ACCIDENT REPORTED TO POLICE (YES/NO) - IF YES, PLEASE PROVIDE A COPY OF POLICE REPORT.
- 3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES/NO) - IF YES, PLS PROVIDE A COPY OF THE NOTICE.
- 4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO THE ABOVE ACCIDENT (YES/NO).

DRIVER'S SIGNATURE & DATE