

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 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	19/08/2017 11:20
Date Of Accident	18/08/2017 15:20
Exact Location Of Accident	JUNCTION OF BUKIT TIMAH RD & CORONATION WALK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB4853B
Insured/Policyholder	
Name Of Registered Owner	DRAAISMA HENDERIKUS JAN
Passport No/FIN	G3265758W
Email Address	ERIKDRAAISMA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91996279
Alternative Phone No	OFFICE-91996279
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC70 3.2L AUTO ABS AIRBAG GAS/D 4WD
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	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	GA107879/1
Cover Note Number	
Driver	
Name of Driver	DRAAISMA HENDERIKUS JAN
Passport No/FIN	G3265758W
Date Of Birth	24/04/1979
Occupation	INDOOR
Date Of Driving Pass	01/10/1997
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91996279
Fax Number	
Contact Number	OFFICE-91996279
Email Address	ERIKDRAAISMA@HOTMAIL.COM

Address	70 TREVOSE CRESCENT #01-07, TREVOSE PARK
Postcode	298071
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	SIDE SWIPE
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
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 ATTACH

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	SKS7650Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	BAE KYUNGEUN
NRIC/Passport Number	G1334319K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

SKETCH PLAN

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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 Insurers who have insured vehicle(s) involved in this accident (all Insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 making 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 Insurers who have insured vehicle(s) involved in this accident and the Insurers' law/law firm, 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law/law firm), which may be based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident

I was driving down Bukit Timah Rd. As I
passed Coronation Walk a car pulled out ^(at Coronation Walk) and
hit the left side of my car in the rear wheel.

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

Witnessed by Reporting Centre
Personnel

CERTIFICATE OF INSURANCE

— ERIL 9199 6279



redefining / insurance

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4749
customers.com@axa.com.sg
www.axa.com.sg

Certificate of Insurance

account number
08198

Motor Vehicles (Third-Party Risks and Compensation) Act, Chapter 180; Motor Vehicles (Third-Party Risks and Compensation) Rules, 1997; Road Transport Act, 1987 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1993 (Malaysia)

Policy details

Policyholder name	DEALISING HENDERIKUS IAN	Certificate number	GA18779 / 1
Cover	Comprehensive	Chassis number	YV1679805681015115
Plan name	Essential	Engine number	86324523100714520
NCD applicable	10%		
Vehicle registration number	SLB44618		
Period of insurance	from 28/06/2017 to 27/06/2018 (both dates inclusive)		
Finance lease company	CENTURY TOKYO LEASING (SINGAPORE) PTE LTD		

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 to that behalf from driving the Motor Vehicle.

Limitation as to use*

Used only for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover: use for hire or reward, racing, performance, 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 is stationary, is used or otherwise, is in or on, a racing track, circuit, route, course or any other track 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 180 and Section 92 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.

EXCESS	Basic Own Damage Excess	S\$0 800.00
	Workshop Excess	S\$0 100.00
(a) Additional Excess is applicable as follows:		
1. S\$500 for unlicensed Authorized Driver		
2. S\$500 for (declared) Young and Inexperienced Driver		
3. S\$5,000 for unlicensed Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if you have chosen AXA Premium Workshop.		

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

AXA Insurance Pte Ltd

Authorized signatory

Important note

Insured persons 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 misplaced 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. 180).
The Insurance Company reserves the right to be paid in full within a specified period following which there would be no liability under the policy, without prejudice.

AXA Insurance Pte Ltd (1999000226)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068512
Customer Service: 800-01

寶雲(保險)代理私人有限公司
INSURE (INSURANCE) AGENCY PTE LTD
NO. 1 KALLI RIVER ROAD
402-27, ENTERPRISE ONE,
SINGAPORE 411914
TEL: 6642 8766 FAX: 6642 8855 / 6642 7855

1 of 2

OWNER IC & DRIVING LICENCE (FRONT)

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
GOOGLE ASIA PACIFIC PTE. LTD.

Name
DRAAISMA HENDERIKUS JAN

Occupation
STRATEGIC SOURCING MANAGER

FIN
G3265758W

Date of Application
23-03-2016

Date of Issue
09-05-2016

Date of Expiry
09-05-2018

L6791134

WA
USA **WASHINGTON** DRIVER LICENSE

4d LIC# **DRAAIHJ211J4**

1 **DRAAISMA**

2 **HENDERIKUS JAN**

3 DOB **04-24-1979**

4a ISS **09-12-2013**

8 **3629 44TH AVE SW**
SEATTLE WA 98116-3709

15 Sex **M** 16 Hgt **6-01**

17 Wgt **185** 18 Eyes **BLU**

9 Class 9a End **NONE**

12 Restrictions **NONE**

4b Exp **04-24-2018**

5 DD **DRAAIHJ211J432132553H1233** Rev 09-16-2009

OWNER IC & DRIVING LICENCE (BACK)

VISIT PASS
Immigration Regulations

Name
DRAAISMA HENDERIKUS JAN



Date of Birth	Sex	Nationality
24-04-1979	M	NETHERLANDS
FIN	Date of Issue	Date of Expiry
G3265758W	09-05-2016	09-05-2018

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



 **DEPARTMENT OF LICENSING**



CLASS: NONE
ENDORSEMENTS:
NONE

RESTRICTIONS:
NONE

Please notify the Department of Licensing within 10 days of a change of address



ACCIDENT SCENE PHOTO 1



ACCIDENT SCENE PHOTO 2



ACCIDENT SCENE PHOTO 3



ACCIDENT SCENE PHOTO 4



ACCIDENT SCENE PHOTO 5



ACCIDENT SCENE PHOTO 6



ACCIDENT PHOTO 1



ACCIDENT PHOTO 2



ACCIDENT PHOTO 3



ACCIDENT PHOTO 4



ACCIDENT PHOTO 5



ACCIDENT PHOTO 6



ACCIDENT PHOTO 7



ACCIDENT PHOTO 8



ODOMETER READING



CHASSIS NUMBER

