

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 12:12
Date Of Accident	27/01/2018 02:30
Exact Location Of Accident	SEMPAWANG RD TWDS CHONG PANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9183Z
Insured/Policyholder	
Name Of Registered Owner	TANG SOON THIAM
NRIC No	S1703627J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97647146
Alternative Phone No	OFFICE-97647146

Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO
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	GA299423/1
Cover Note Number	

Driver

Name of Driver	TANG SOON THIAM
NRIC No	S1703627J
Date Of Birth	11/11/1965
Occupation	INDOOR
Date Of Driving Pass	18/07/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97647146
Fax Number	
Contact Number	OFFICE-97647146
Email Address	NOEMAIL

Address	14A GALISTAN AVENUE
Postcode	669692
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)	2
Passenger 1	NAME: : LIAW SHIRLEY GENDER: : FEMALE

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

MY CAR WAS STATIONARY ALONG SEMBAWANG ROAD TOWARDS CHONG PANG TRAFFIC LIGHT WHILE WAITING FOR THE RED LIGHT TRAFFIC TO TURN GREEN. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR. THE IMPACT WAS SO BIG THAT IT CASUED MY VEHICLE TO MOVE FORWARD, HIT ON THE VEHICLE IN FRONT. I GET DOWN AND REALISED 3 VEHICLES WERE INVOLVED.

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	GT8064A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB8971S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
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 INJURED PERSON 1

Name	TANG SOON THIAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT9183Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

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 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:

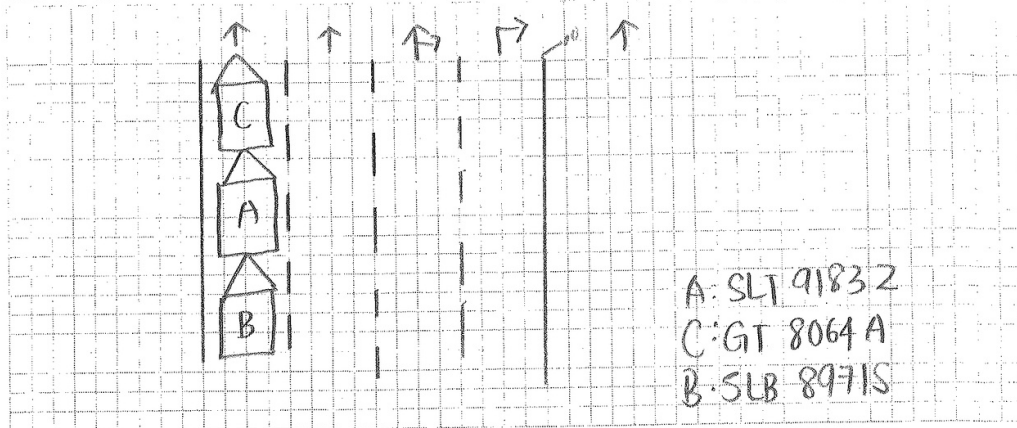
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

29/1/18 11:20 AM

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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TRAFFIC LIGHT WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN.
SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR. THE IMPACT WAS SO BIG
THAT IT CAUSED MY VEHICLE TO MOVE FORWARD & HIT ON THE VEHICLE IN
FRONT. I GET DOWN & REALIZED 3 VEHICLE WAS INVOLVES.

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:

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

GRABAC SHRM/JAN/2019 V3

LETTER OF UNDERTAKING

I/We, TAN/A BOON THAM, the owner of vehicle no. SL7 9832

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:



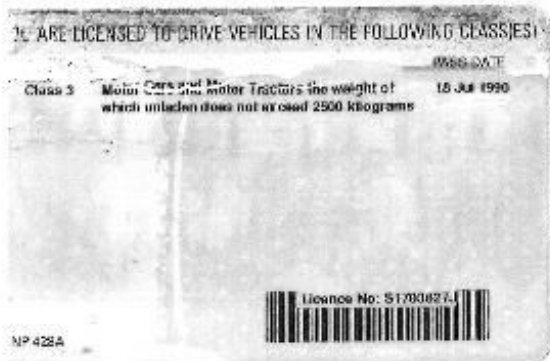
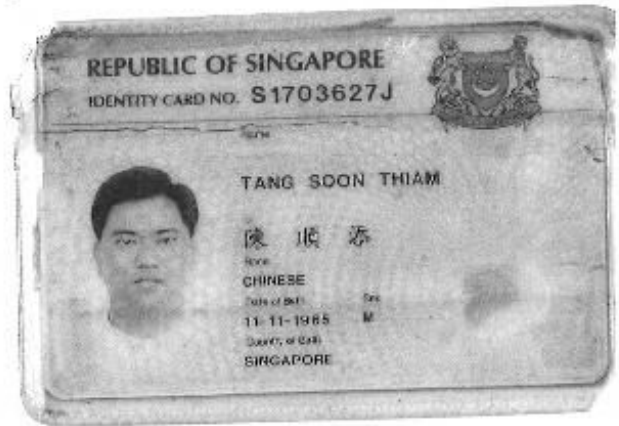
Nric no. and signature of policyholder

Company Stamp

29/01/2018

Date

Driving License



INSURANCE



redefining / insurance

AXA Insurance Pte Ltd
1800 890 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
customer@care.axa.com.sg
www.axa.com.sg

account number
03180

Certificate of Insurance

Motor Vehicles Third-Party Risks and Compensation Act, (Chapter 188) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1987 (Malaysia)

Policy details

Policyholder name	TANG SOOH THIAN	Certificate number	GA299423 / 1
Cover	Comprehensive	Classis number	MAHDD4570FF030342
Plan name	Private	Engine number	LL5Z12501567
NCD applicable	40%		
Vehicle registration number	SLT91832		
Period of Insurance	from 02/12/2017 to 01/12/2018 (both dates inclusive)		
Finance/loan company	INDEX CREDIT PTE LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy
L. LAM SHIRLEY
- (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 disqualification 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 racing 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 reviewed in accordance with Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 188) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	\$80,000.00
	Wynncare Excess	\$80,000.00

An Additional Excess is applicable as follows:

1. \$3500 for unnamed Authorised Driver
2. \$8500 for declared Young and Inexperienced Driver
3. \$85,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$42,500 if You have chosen AXA Premium Workshop.

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

AXA Insurance Pte Ltd

Authorised signatory

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. 188).
The Premium Waiver Clause requires the premium to be paid in full within a specified period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (19903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #01-01

AXA HOLDINGS PTE LTD
100 ROBINSON ROAD, SINGAPORE 068906
TELEPHONE: 6733 7070

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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