

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	14/02/2018 11:06
Date Of Accident	13/02/2018 17:00
Exact Location Of Accident	SIM AVE JUST PASS JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT584H
Insured/Policyholder	
Name Of Registered Owner	BUTCHER III BYRON THOMAS
NRIC No	S8683718H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96431745
Alternative Phone No	OFFICE-96431745

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE-1.6 (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	CN809395
Cover Note Number	CN809395

Driver

Name of Driver	BUTCHER III BYRON THOMAS
NRIC No	S8683718H
Date Of Birth	10/03/1986
Occupation	INDOOR
Date Of Driving Pass	24/01/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96431745
Fax Number	
Contact Number	OFFICE-96431745
EEmail Address	NOEMAIL

Address	725 BEDOK RESERVOIR
Postcode	470725
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
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)	2
Passenger 1	NAME: : NICOLE KOH 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

SEE REPORT ATTACHED

Attachment(s)

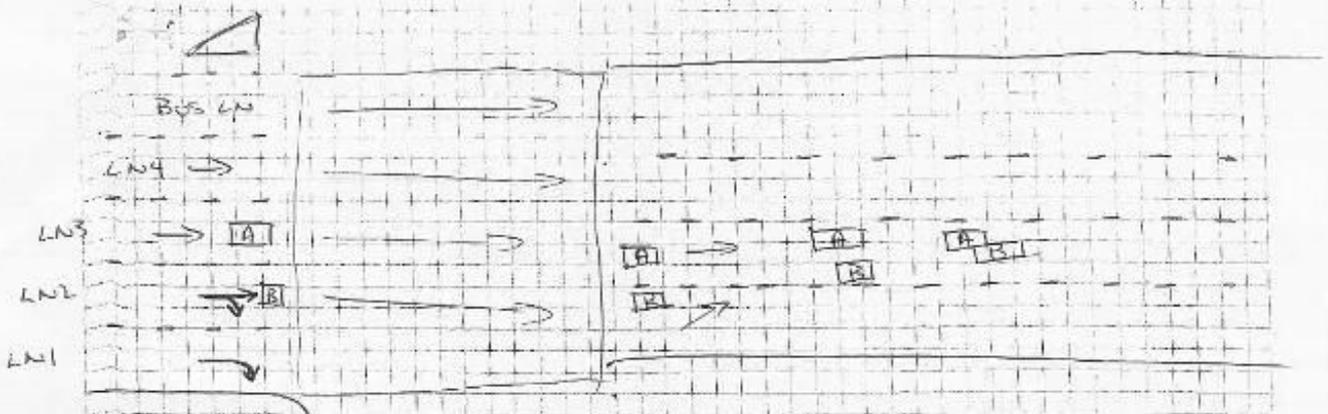
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCE899L
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)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS FIRST CAR IN LANE 3 AT RED LIGHT ON SIMS AVE E AT INTERSECTION JLN FUNDS. VEHICLE "B" WAS FIRST CAR IN LANE 2. AFTER GREEN LIGHT, WE ALL DROVE FORWARD. VEHICLE "B" STARTED TO DRIFT INTO MY LANE (NO TURN SIGNAL). I HONKED CONTINUOUSLY, WHILE ADJUSTING OVER TO THE LEFT SIDE OF MY LANE. THE CAR "B" KEPT DRIFTING TO MY LANE, THEN I SLOWED DOWN, WHILE STILL HONKING AT THE CAR "B". CAR "B" HIT MY CAR ON THE RIGHT SIDE, SCRAPING FROM THE DRIVER DOOR ALL THE WAY FORWARD UNTIL IT RIPPED MY BUMPER FORWARD. HE FINALLY SLOWED DOWN AND STOPPED AHEAD OF MY CAR IN MY LANE. DRIVER DIDNT HAVE HIS LICENSE WITH HIM AND INSURANCE. DRIVER ALSO HAD VISIBLE HEARING AID.

DECLARATION

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

[Signature] 1100
 14/2/2018
 Policyholder's Signature
 Date & Time:

[Signature] 1100
 14/2/2018
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

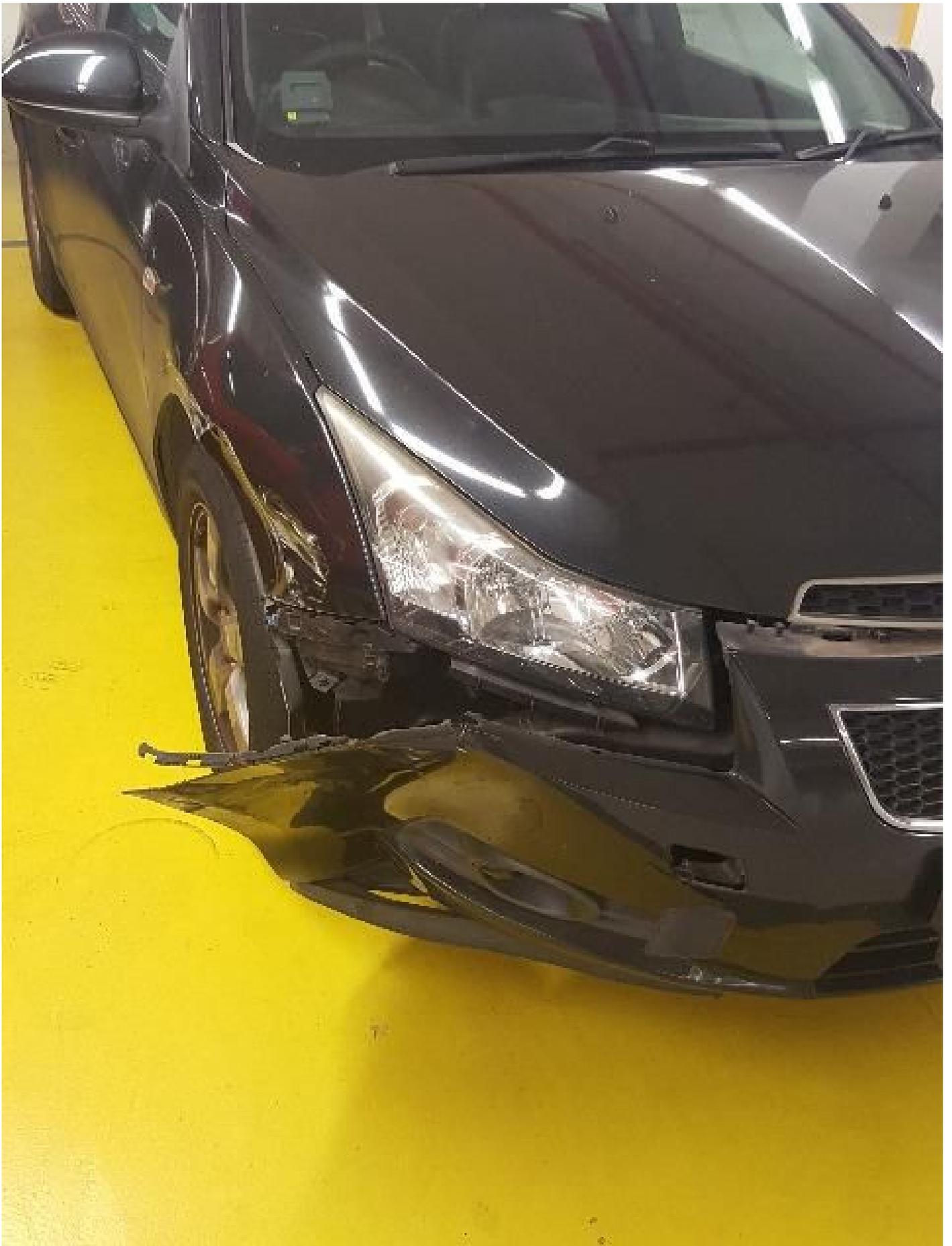
Accident Photo



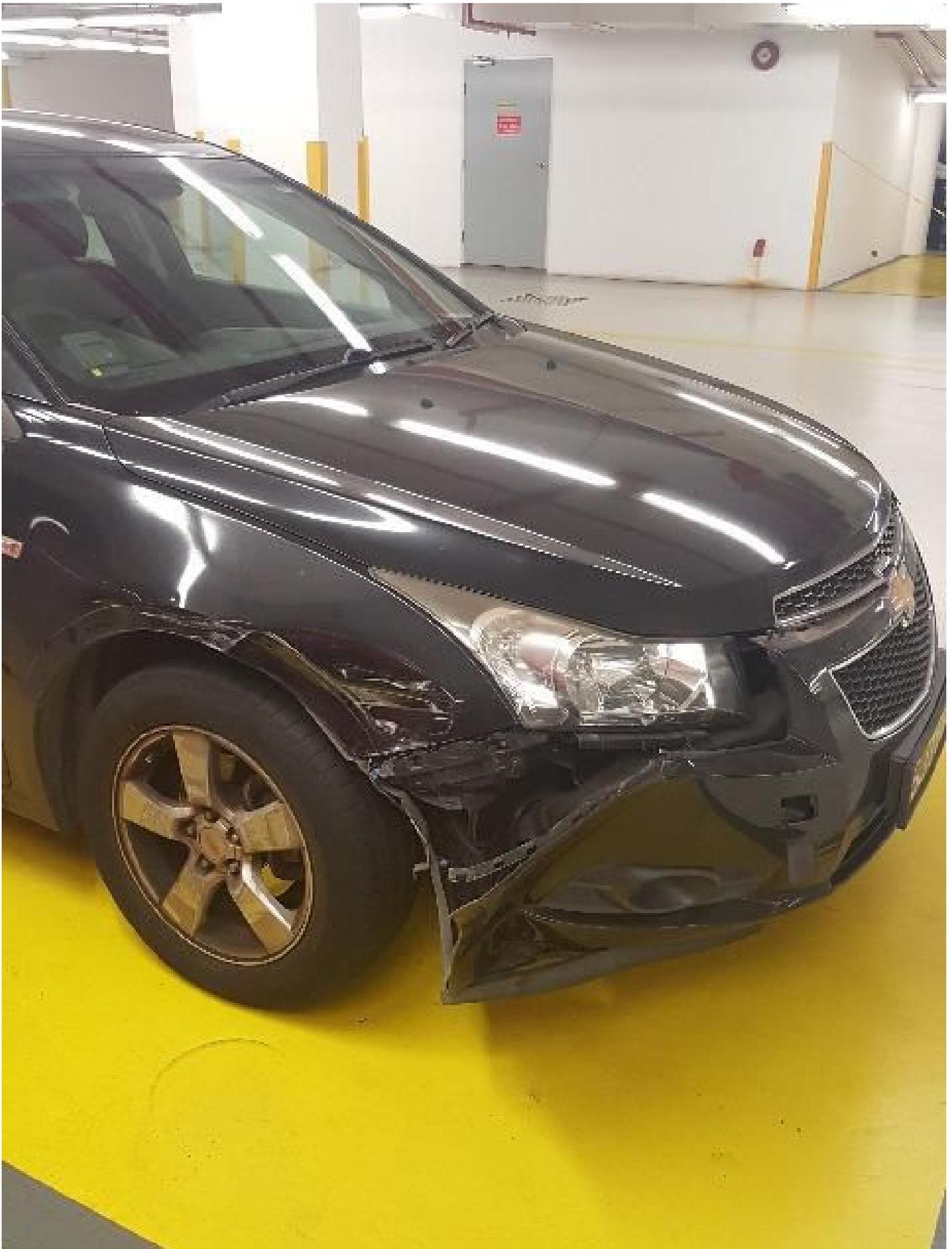
Accident Photo



Accident Photo



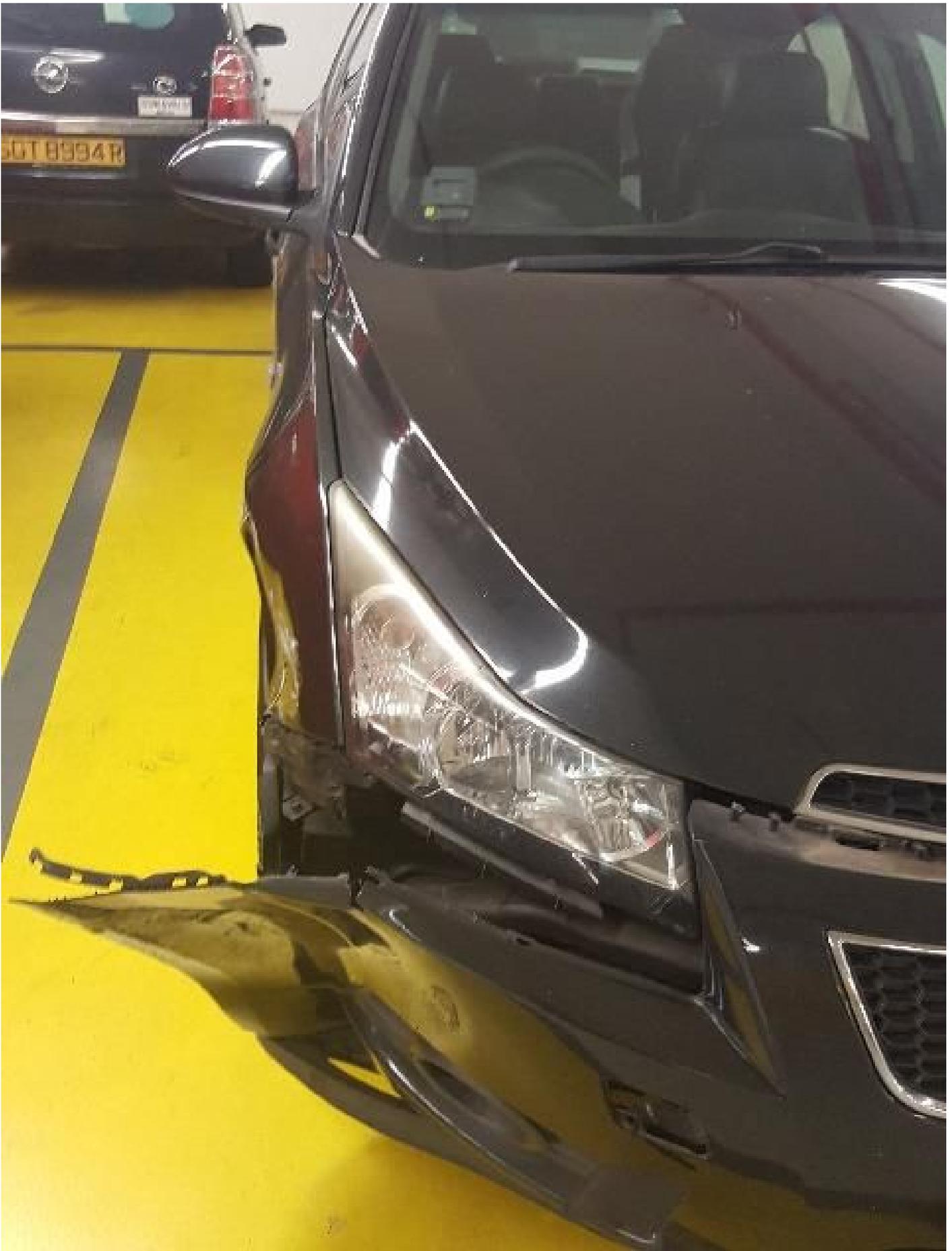
Accident Photo



Accident Photo



Accident Photo



Accident Photo

AXA INSURANCE PTE LTD

8 Robinson Way, #04-01
 AXA Tower, Singapore 048611
 Customer Service Centre (R1-U)
 Tel: (65) 7338 1111 Fax: (65) 7338 2522
 Website: www.axa.com.sg
 GST Registration Number: 1000017124



Insurer's Copy

Agent Code: 08028
Policy No. (Way):
New Business
Branch/Line Name (Ref)

MOTOR COVER NOTE

No. CN809395

- The Motor Vehicle (Third Party Risk and Compensation Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1976; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1982;
- And any subsequent revisions of the above Acts and Agreements

The Insured mentioned in the Schedule, having expressed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insured will have no claims and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been at risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	BUTCHER III BYRON THOMAS
MARK AND DESCRIPTION OF VEHICLE	CHEVROLET CRUZE 1.5 AUTO ABS DVAB 2WD 4DR
VEHICLE REGISTRATION NO.	5JTS81H
YEAR OF MANUFACTURE	2009
ENGINE NO.	F16DS1575211
CHASSIS NO.	KL11A695LAK533385
ENGINE CAPACITY/TUNNAGE	1598
COVER TYPE	COMPREHENSIVE
WHERE PURCHASED	UNITED OVERSEAS BANK LIMITED
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 23/01/2017 TO: 23/01/2018
EXCESS (\$)	0.00
AXA PREMIUM WORKSHOP?	YES

WE HEREBY CERTIFY THAT THIS IS THE VEHICLE TO WHICH THIS CERTIFICATE RELATES IS MARKED AND DISPLAYED WITH THE FRONTWORK OF THE MOTOR VEHICLE (THIRD PARTY RISK AND COMPENSATION ACT) OR WITH AN MARK PART OF THE ROAD TRANSPORT ACT (MALAYSIA).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by JACKSON AUTO AGENCY on 23/01/2017 0:13pm

Note: This Cover Note is only valid for 90 days from the date of issue unless replaced by the Old Trade of Insurance issued by the Company.

- Premium for time on risk will be charged subject to a minimum of S\$50.00 (inclusive of GST) if the policy is cancelled after the inception date.
- An administrative fee of S\$25.75 (inclusive of GST) will be charged:
 - o Cover note issued and cancelled before inception.
 - o Retaining the old registration number for a new vehicle issuing with NCS.

PREMIUM WARRANTY

Individual Customer:
 Please note that the premium in full should be paid before inception date as shown above in order for the insurance cover to be valid.
For Corporate/Other Customers:
 Please note that the premium in full should be paid within 10 days of the inception date in order for the insurance cover to be valid. The premium in full should be paid before inception.

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(1)

Accident Photo



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8683718H



Name

BUTCHER III BYRON THOMAS

Race

CAUCASIAN

Date of birth

03-10-1986

Sex

M

Country/Place of birth

UNITED STATES



Driving License

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 24 Jan 2015
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg



NP 428A

Identification Card

9346682



NRIC No. S8683718H

Nationality

AMERICAN

Date of issue

08-10-2014

Address

APT BLK 725 BEDOK RESERVOIR ROAD
#04-5204
SINGAPORE 470725

Accident Photo



Accident Photo



Accident Photo



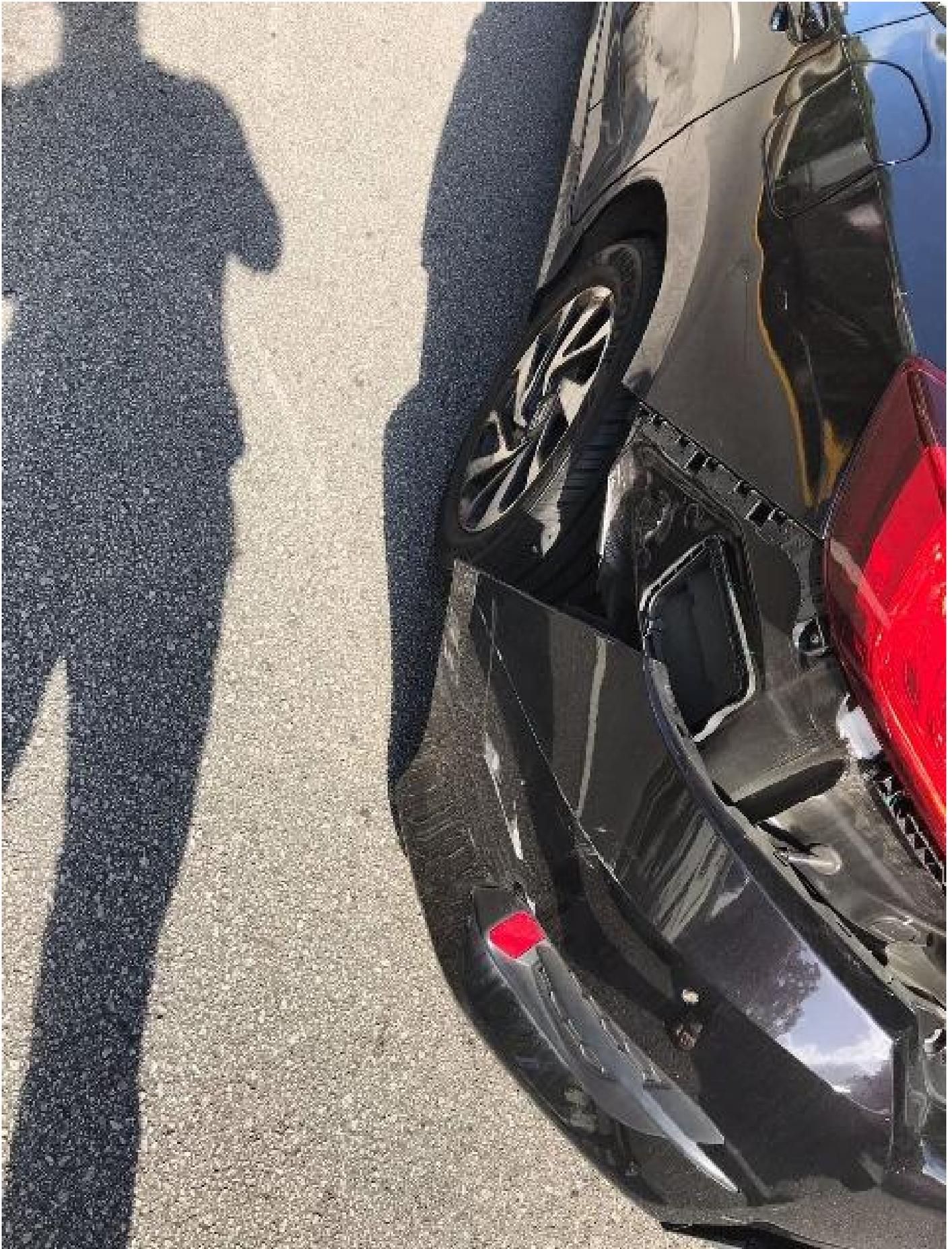
Accident Photo



Identification Card



Accident Photo



Accident Photo

