

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 12:19
Date Of Accident	13/02/2018 21:00
Exact Location Of Accident	CHIN SWEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP91K
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Insured/Policyholder

Name Of Registered Owner	MARTINA MELISSA TAN YAN LIN
NRIC No	S8210713D
Email Address	MYBBB5@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96929880
Alternative Phone No	OTHERS-96929880

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 AMG LINE (R18 LED)-2.0 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA300515/1
Cover Note Number	

Driver

Name of Driver	MARTINA MELISSA TAN YAN LIN
NRIC No	S8210713D
Date Of Birth	04/04/1982
Occupation	INDOOR
Date Of Driving Pass	30/08/2002
Driving Experience	15 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96929880
Fax Number	
Contact Number	OTHERS-96929880
Email Address	MYBBB5@GMAIL.COM

Address	BLK 35 AMBER GARDENS #06-12 SINGAPORE
Postcode	439966
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	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)	3
Passenger 1	NAME: : CHAU SZE YEE GENDER: : MALE
Passenger 2	NAME: : HAIN HAIN 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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SHB4037M
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)

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 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:

14/2/18
12:30pm

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

Permen

Sketch Plan #2

SKETCH PLAN

Vehicle No	
A -	
B -	

Legend

Vehicle: [Rectangle with A] Bike: [Circle with A]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Chin Swee road at 9 pm. I was to turn left into the filter lane. I signalled left to turn left, as I was about to turn left, SHB 4037M, brushed past me. I swerved to avoid the vehicle.

I remained in my vehicle as it was a busy road. Till the traffic was less dense, I was about to get out, the driver of SHB 4037M Mr Wong was shouting at me. I got me very frightened. He asked for my IC and I gave him. As he shouted louder and louder, I was panicking and afraid, I couldn't find my driver's license in time. My husband got the car as well and he shouted at me to get down the car.

He took pictures of my I.C. He didn't provide me with any particulars of his. We exchanged contact. Even as we exchanged contact numbers, he still refused to give me his full name and NRIC.

Chan Sze Yee & Hain Hui Aye

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated time frame from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time: 14/2
12:20 pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.20 pm

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

GIATMC SketchPlanForm_V3

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident: 13/2/18 Time: 2:00		2 Exact location of accident: Chin Swee Road		To be signed by BOTH drivers	
3 Material damage To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> To objects other than vehicles: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		5 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
6 Insurance company: AXA		7 Insurance company: AXA		8 Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SLP91K

6 Insured / policyholder (see insurance cert.)
Name: Martina Melissa Tan Yan Lin
Address: _____
NRIC / Passport no.: S8210713D
Tel no. (from 9am till 5pm): 96929880
HP: 96929880
7 Vehicle: Mercedes C200
Make, type: 2.0 coupe
8 Insurance company: AXA
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No.: GA 300515/1
9 Driver: ☒ State or Owner
Name: _____
(capital letters)
NRIC / Passport no.: _____
Class of licence: 3
HP: _____
Gender: Male ☐ Female ☒

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	12.1 Collided into Pedestrian
<input type="checkbox"/>	12.2 Collided into Bicycle
<input type="checkbox"/>	12.3 Collided into Motorcyclist
<input type="checkbox"/>	12.4 Collided into Parked Vehicle
<input type="checkbox"/>	12.5 Collided into Pedestrian
<input type="checkbox"/>	12.6 Collided into Property
<input type="checkbox"/>	12.7 Collision - Orange/Cross Lane
<input type="checkbox"/>	12.8 Collision - Cross Junction
<input type="checkbox"/>	12.9 Collision - Head on Collision
<input type="checkbox"/>	12.10 Collision - Head to Rear
<input type="checkbox"/>	12.11 Collision - Major/Misc. Rd
<input type="checkbox"/>	12.12 Collision - Opening Door of Vehicle
<input type="checkbox"/>	12.13 Collision - Roundabout
<input type="checkbox"/>	12.14 Collision - U-Turn
<input type="checkbox"/>	12.15 Drink Driving / Drug Influence
<input type="checkbox"/>	12.16 Fax, Implication or Upsetting
<input type="checkbox"/>	12.17 Road
<input type="checkbox"/>	12.18 Hit and Run / Vanishing / Damaged whilst Parked
<input type="checkbox"/>	12.19 Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	12.20 Hit Collision
<input type="checkbox"/>	12.21 Side Swipe
<input type="checkbox"/>	12.22 Theft

Registration No. (VEHICLE B) SHB4037M

6 Insured / policyholder (see insurance cert.)
Name: _____
(capital letters)
Address: _____
NRIC / Passport no.: _____
Tel no. (from 9am till 5pm): _____
HP: _____
7 Vehicle: _____
Make, type: _____
8 Insurance company: _____
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available): _____
9 Driver (See driving licence)
(if different from insured B above)
Name: _____
(capital letters)
NRIC / Passport no.: _____
Class of licence: _____
HP: _____
Gender: Male ☐ Female ☐

13 Indicate the point of initial impact with an arrow (→)

13.1 Visible damage to vehicle A

14 My remarks

13.2 Sketch of accident when impact occurred

Please indicate: 1. Layout of the road - 2. The direction of vehicles A and B with arrows - 3. Their positions at the time of impact - 4. The road signs - 5. Names of the streets or roads

13.3 State TOTAL number of boxes marked with a cross

15 Signatures of drivers

A

B

13 Indicate the point of initial impact with an arrow (→)

13.1 Visible damage to vehicle B

14 My remarks

In the event of injury or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf ->

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)						Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)							
Insured	1 Occupation (if more than one, state all)				Email:		
	2 Vehicle registration no.		C.C.		If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, State Relationship of Driver with owner		State the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire						
	<input type="checkbox"/> Others - please specify						
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, state where it is at present Tel. no.						
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	If no, state action to be taken: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)						
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission?
	4/4/82		Indoor		30/8/2002		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability						
	9 Full details of all driving convictions including pending prosecutions in the last 36 months						
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle		Were seat belts being worn?
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage		Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	If yes, please state which Police station						
Accident details	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	If yes, against whom?						
	14 Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others						
	15 Road surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others						
	16 Speed of vehicles: A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr						
	17 What warnings were given by driver or other party?						
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Declaration	19 What lights were displayed on your vehicle/the other vehicle(s)?						
	20 If your vehicle is commercial, state weight of load carried at time of accident						
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)						
	22 State number of Passengers (including Driver) <input checked="" type="checkbox"/> 3						
1/We declare the foregoing particulars are true in every respect							
Policyholder's signature						Date 14/2/18 12:18pm	
Driver's signature (if driver is not the policyholder)						Date	



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

account number
 05185

Certificate of Insurance

-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

Policyholder name	TAN YAN LIN MARTINA MELISSA	Certificate number	GA300515 / 1
Cover	Comprehensive	Chassis number	27492031197580
Plan name	Flexi	Engine number	WDD2053422F636965
NCD applicable	50%		
Vehicle registration number	SLP91K		
Period of Insurance	from 07/12/2017 to 06/12/2018 (both dates inclusive)		
Finance loan company	TOKYO CENTURY 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 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 rendered 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.

EXCESS Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 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 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. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8210713D



Name
MARTINA MELISSA TAN YAN
LIN
(MARTINA MELISSA CHEN
YANLIN)


Race
CHINESE

Date of birth
04-04-1982

Sex
F

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8210713D


Name
MARTINA MELISSA TAN YAN
LIN
(MARTINA MELISSA CHEN
YANLIN)

Birth Date: 04 Apr 1982


Issue Date: 30 Aug 2004

001279932A

4960292



NRIC No: S8210713D



陈妍霖

Date of issue
11-04-2013

APT BLK 35 AMBER GARDENS #08-12
SINGAPORE 439966

NRIC No: S8210713D

Date: 14/09/2017

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

PASS DATE
30 Aug 2002

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

NP 428A

Licence No: S8210713D

Accident Photo



Accident Photo



Accident Photo



