# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	21/02/2018 18:31
Date Of Accident	20/02/2018 22:10
Exact Location Of Accident	KEPPEL VIADUCT
Country/State of Loss	SINGAPORE
I	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN1526B
Insured/Policyholder	
Name Of Registered Owner	CHOO SOO KUAN
NRIC No	S1133008H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96780641
Alternative Phone No	HOME-96780641
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD 2.4L
Exact Purpose for which vehicle was being used at time of accident	t .
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	P0754363
Cover Note Number	
Driver	
Name of Driver	CHUA SHUYI
NRIC No	S8616476J
Date Of Birth	17/06/1986
Occupation	INDOOR
Date Of Driving Pass	09/06/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	FEMALE

(LOCAL) +65-97685836

**NOEMAIL** 

Address 12 LEMPENG #14-04 SINGAPORE 128798

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured CHILDREN

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 YES

Was any other material or property damaged?

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

NO

If Yes,Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBF4397Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE
Name of Driver GOH YOU DE , NELSON

NRIC/Passport Number S9010261C Contact Number 83394715

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: 199903512M customer.service@axa.com.sg



### 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)

CERTIFICATE NO.

: VPA/P0754363

Account No.: 03365

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: CHOO SOO KUAN

Vehicle Registration No. : SJN1526B Period of Insurance : From 05/

: From 05/02/2018 To 04/02/2019 (Both Dates Inclusive)

# PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner

(b) Any other person who is driving on the Policyholder's order or with his 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.

#### LIMITATIONS 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, speedtesting, 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.

(01)

Basic Own Damage Excess

: SGD 700.00

ADDITIONAL EXCESS APPLICABLE FOR ANY AUTHORISED DRIVERS			
Age of Driver	Driving Experience Less than 1 year	Driving Experience More than 1 year	
Below 22	Own Damage Excess + S\$4,000	Own Damage Excess + S\$4,000	
22 to below 27	Own Damage Excess + S\$4,000	Own Damage Excess + S\$2,500	
27 to below 70	Own Damage Excess + S\$2,500	Own Damage Excess	
70 and above	Own Damage Excess + S\$2,500	Own Damage Excess + S\$2,500	

<sup>\*</sup> 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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

N.B

Your authorised workshop is Kah Motor Co Sdn Bhd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSP

on 13/01/2018

## IMPORTANT :

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. 1891)

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, covernote and endorsement etc.

# Sketch Plan Pg. 2

AXA	redefining/insurance
Date: _	21/02/2618
To: Ow	ner of Vehicle Number: SSN 1526B
	owing has been advised to you via your workshop, ETHOL PROJECT through their
Please	ick the applicable box if you had been advice on the content as seen below:
V	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.
N	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.
XI	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 <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.
X	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> 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
Signed a	and acknowledge by:
	www. a
Name a	nd signature of policyholder/authorised driver
111	HAMM
Name	d signature of workshop personnel including company stamp
) (	