#### 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 <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 17:52
Date Of Accident	21/02/2018 12:15
Exact Location Of Accident	BLK 85 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV7084C
Insured/Policyholder	
Name Of Registered Owner	NG LINDA
NRIC No	S1471049C
Email Address	NGLINDA2003@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96804593
Alternative Phone No	OFFICE-96804593
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	130
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	GA046253
Cover Note Number	
Driver	

#### Driver

Name of Driver EDWARD LI DERONG

NRIC No S9108959I
Date Of Birth 09/03/1991
Occupation INDOOR
Date Of Driving Pass 10/01/2018

Driving Experience 0 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-82221440

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 49 JALAN TIGA #08-56

Postcode 390049

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - -

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

liciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes,against whom?

NO

NO

# **Circumstances of Accident**

TIME: 12.15AM PARKING IN CARPARK. PARKED HEAD IN. MISJUDGED ANGLE OF ENTRY INTO PARKING LOT AND SCRATCHED REAR RIGHT OF CAR A AGAINST FRONT RIGHT OF VEHICLE B.

### 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 SDU1818T

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
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 Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 lodgment 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.
- 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:

Edward

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

# Sketch Plan #2 Pg. 1

KETCH PLAN	and the second s	<u> </u>
		· [A]
	A 18	
		(5)
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
Time: 12.15 am. P.	orlung in row pack. Parked by into corpork let. Scratch	head in . Migual . Misjudged
angle of come ent	ay into corporte lot. Scratch	ed Recr right of car A
against front cra	ht of vehicle B	
3		
		,
,		
DECLARATION		
I/We deciare the foregoing partic	ulars are true in every respect.	
/ / / /	1 Edeveralli	
1/0/	Driver's Signature	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	(If driver is not the policyholder)  Date & Time:	Name: NRIC/FIN No.:

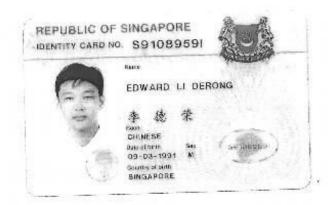
Getaled Medical Amedian

# Sketch Plan #3 Pg. 1

# LETTER OF UNDERTAKING

	/
J/We, NET CINDA	, the owner of vehicle no SIV 7084C
]/We,	
My/Our Insurance is under M/s AXA Insurate to claim under my/our Policy or against the Tolaim to M/s AXA Insurance Singapore Pte Late (fourteen) days of occurrence or disc	nce Singapore Pte Ltd, I/ve shall decide whether Third Party and if the former shall submit such a Ltd with all relevant facts and documents within covery of damage.
My/Our Third Party claim is handle by my/our	prejerred works,
	¥
Signed and Acknowledge by:	
	21602/2014
Nric no. and signature of policyholder	Company Stamp Date

#### **Driving License**









#### **INSURANCE**





Certificate number

Chassis number

Emfine number

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

⊠ customer.cara@asa.com.sg

# **Certificate of Insurance**

account number 03203

-Matter Voltables (Trick-Party Bisks and Compensation) Act. (Chapter 1891- Matter Voltaber (Thick-Party Bisks and Compensation) Rules, 1950-Road Transport Act. 1887 (Malaysia) -Motor Venicles (Thild Party Risks | Roles, 1858 (Maleysia)

#### **Policy details**

Policyholder name Cover

Plan name NCD applicable

Vehicle registration number Period of Insurance Finance loan company

NG LINDA Comprehensive For Her 50% 5JV7084C

from 06/08/2017 to 05/08/2018 (both dates inclusive)

GA048253 / 1

KVHD051DMAU237531 G4F09U802238

#### Persons or classes of persons entitled to drive\*

(a) The Policyholdo

(b) Any Named Driver as stated in the Policy:

1, LEE KOK LING

(c) Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is pennitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been sepormitted and is not disqualified by order of a Court of Law or by respon of any ensotment or regulation in that behalf from driving the Motor Vehicle.

#### Limitation as to use\*

Use only for social, domestic and plaque purposes and for the Policyholder's business,

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed teating, the carriage of goods other than samples in connoction with any trade of 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 roong track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pade-making or such similar purposes.

 Diritations randered Properties Set of 8 of the Motor Vehicles (fine-fierly liese and Compensation) Act, (Chapter 163) and Sector 95 of the Reed Franzisch Ant, 1987 (Malaysia), are not to be included once, these readings,

EXCESS

Basic Own Damage Excess

Windscreen Excess

CQ.008 008

SGE 200.00

An Additional Excess is applicable as follows:

- 1. \$\$500 for unnamed Authorised Driver
- 2. \$\$800 for declared Young and Inexperienced Driver
- 3. \$25,000 for undeclared Young and Indxections Drivers. This additional excess is reduced to \$82,500 if You have chosen AXA Premium Workshops,

# Additional clauses & endorsements to your policy

We hereby certify that the policy to which this Contribute 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 (Molaysia).

AXA Insurance Ptc Ltd

Authorised signature

#### Important note

Follow of News are warned dust on the special a motor with delibery must but raider the Continents of Insurance and the Policy to the insurance company. If the Continents of Insurance has been lost or distincted a Statutary Declaration to the effect must be made. Failure to comply with this original can offence under the Mater Vahida (Turgetee) Farty Aisks and Componsation Act (Cep. 189).

The Alamium Werrer is Clause requires the promium to be polic in full within a specific period rading which their would be no liability under the policy, renewal certificate,

AXA Insurance Pto Ltd (199903512M) 8 Shenton Way, #24-01, AXA Towor. Singapore 068911 Oustomer Centre, #81-01

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