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	05/03/2018 14:48
Date Of Accident	04/03/2018 09:50
Exact Location Of Accident	SUNGEI RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA2266B
Insured/Policyholder	
Name Of Registered Owner	NG SIEW HONG
NRIC No	S1636797D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98548862
Alternative Phone No	OFFICE-62551305
Vehicle Particulars	
Manufacturer	LEXUS
Model	ES250-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
T Of O	OOMBDELIENON/E

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VPA/P1991067

Cover Note Number

Driver

Name of Driver

NG SIEW HONG

NRIC No

S1636797D

Date Of Birth

14/09/1964

Occupation

INDOOR

Date Of Driving Pass

20/08/1984

Driving Experience 33 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98548862

Fax Number

Contact Number OFFICE-62551305

EMail Address NOEMAIL

97C UPP THOMSON RD #10-12 Address

Postcode 574329

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** DRY Road Surface

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)

NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

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

PLEASE REFER AS 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 SFY1018R Vehicle Make/Model/Colour **MERCEDES**

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

RHS PORTION Nature Of Damage

No. Of Passenger (Including Driver)

rve into Lane 4. While	ei Road on Lane 3. Afte doing so, vehicle B sudd tion of my vehicle graze	denly appeared beside	me. Due to this, the
	Sungei Ro	pad	
	B.	 	
		A - SKA 2266 B	B - SFY 1018 R
laration	s are true in every respect.		
	•		

SKETCH PLAN

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- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

olicyholder's Signature / Date & ime	Driver's Signature (# driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
ketch Plan		

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.sq 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)

Account No. : 14888 CERTIFICATE NO. : VPA/P1991067

: Comprehensive (SmartDrive Lexus Prestige) Coverage

Sum Insured : Market Value At The Time Of Loss

: NG SIEW HONG Name of Policy Holder Vehicle Registration No. : SKA2266B

: From 08/11/2017 To 07/11/2019 (Both Dates Inclusive) Period of Insurance

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.

Basic Own Damage Excess

: SGD 700.00

An Additional Excess is applicable as follows: S\$2,500.00 for Young or Inexperienced Driver.

Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

(Please refer to your policy on the terms & conditions) * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Boad 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).

AXA INSURANCE PTE LTD

Issued by - SGOAGPH on 22/09/2017

TMPORTANT :

Authorized Signature

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 Notor Vehicle (Third-Party Risks and Compensation Act (Cep. 189). The Fremium 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.









































