

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	05/03/2018 10:56
Date Of Accident	04/03/2018 09:50
Exact Location Of Accident	SUNGEI RD TWDS ROCHOR (OPP. SIM LIM)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY1018R
Insured/Policyholder	
Name Of Registered Owner	TEO YEE CHENG
NRIC No	S1453919J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81017669
Alternative Phone No	OFFICE-81017669

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	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	GA052160/1
Cover Note Number	

Driver

Name of Driver	LAU MOH LAM
NRIC No	S1213516E
Date Of Birth	02/02/1956
Occupation	INDOOR
Date Of Driving Pass	21/03/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81017669
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	40 YUNNAN DR 1
Postcode	638265
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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: : YEE CHENG GENDER: : FEMALE
Passenger 2	NAME: : ANDY GENDER: : MALE

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

I WAS DRIVING STRAIGHT ON THE 5TH LANE (MOST LEFT) PREPARING TO TURN INTO ROCHOR CANAL ROAD WHEN THE OTHER PARTY CRASH INTO ME FROM THE 4TH LANE. SHE CLAIMED THAT SHE DID NOT SEE US UPON CHANGING OF LANES.

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	SKA2266B
Vehicle Make/Model/Colour	LEXUS WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DORIS
NRIC/Passport Number	
Contact Number	98548862
Address	
Postcode	

Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TEO YEE CHENG
Approximate Age	
Injuries Sustain	CHEST
Injured person in which vehicle?	SFY1018R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	40 YUNNAN DR 1
Postcode	638265

Sketch Plan

SKETCH PLAN

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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:

(f) 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

(g) for complying with requirements under any regulations, laws or court orders.

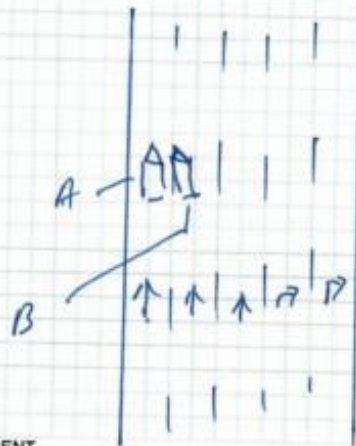
05/03/18 10:00am
Policyholder's Signature
Date & Time

05/03/18 10:00am
Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Person
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



A: SFY 1018 R

B: SKA 2266 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~It was raining~~

I was driving straight on the 5th lane (most left) preparing to turn into Rochor Canal Road when the other party crash into me from the 4th lane. she claimed that she did not see us upon changing of lanes.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4401 HP: 9312 0062 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg

Policyholder's Signature
Date & Time

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

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

Sketch Plan #3



Sketch Plan #4



MEDICAL CERTIFICATE

NRIC : S1453919J
NAME : TEO YEE CHENG

VISIT DATE : 04 Mar 2018 (12:00)
VISIT NO : G09818007073

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 05 Mar 2018 to 06 Mar 2018

DOCTOR : Timmasarthi Srikanan (M19925G)

CLINIC : 24 HR EMERGENCY CLINIC

ADDRESS : 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 188770

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.
*This certificate is electronically generated. No signature is required.

Printed: 04 Mar 2018, 12:36PM

Raffles Hospital
24 HR EMER
635 North Bridge Road
Raffles Hospital Level -01-00 Singapore 188770
Tel: (65) 6311 1000 Fax: (65) 6311 1151

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N

Sketch Plan #5

RafflesMedical
Your Trusted Partner for Health

TAX INVOICE

GST REGN NO. : M9-0000467-N
VISIT NO. : G09818007073
VISIT DATE/TIME : 04-MAR-2018 11:56AM
INVOICE NO. : PG09818007073-1
PAYER NAME : TEO YEE CHENG
ADDRESS : 40 YUNNAN DRIVE 1 SINGAPORE 638265

PAGE : 1 of 1
BILL TYPE : PATIVNOUT
BILL DATE : 04-MAR-2018
PATIENT NAME : TEO YEE CHENG
PATIENT ID NO. : S1453919J
POLICY NO. :

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			
PRACTICE COST			70.00
PRACTICE COST	1.0	31.50	
RADIOLOGY			31.50
CHEST XRAY (PA)	1.0	46.00	
GEN RADIOGRAPHER AFTER OFFICE HRS SURCHARGE	1.0	52.00	
SUB-TOTAL			98.00
TOTAL CHARGES BEFORE GST			199.50
GST @ 7%			199.50
TOTAL CHARGES AFTER GST			13.97
LESS ROUNDING ADJUSTMENT			213.47
TOTAL AMOUNT PAID			(0.02)
REG1800302047 - 04/03/2018 - VISA		213.45	(213.45)
TOTAL BALANCE DUE			0.00



RAFFLES MEDICAL GROUP
585 NORTH BRIDGE ROAD
24 HRS EMERGENCY
LEVEL 1 RAFFLES HOSPITAL
SINGAPORE 188770

SALE

DATE/TIME: 04MAR18 12:36
TID:40202219 MID:168168291680
INVOICE#: 058047 BATCH#: 001234
VISA EXPIRY
XXXX XXXX XXXX 6802 XX/XX
APPR CODE:105801 HOST: DBS
PAYWAVE* RRN:806304058047
TC:318A18069FA04E4E AID:A00000000031010
VISA TVR:0000000000

TOTAL SGD 213.45

SIGN X

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
*** CUSTOMER COPY ***

RafflesHospital

24 HR EMER

585 North Brk

Raffles Hospital

585 North Brk

188770

RAFFLES MEDICAL GROUP LTD 585 NORTH BRIDGE ROAD RAFFLES HOSPITAL #01-00 SINGAPORE 188770

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



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

Certificate of Insurance

account number
 03203

-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	TEO YEE CHENG	Certificate number	GA052160 / 1
Cover	Comprehensive	Chassis number	WDD2120342A804405
Plan name	Private	Engine number	27492030064007
NCD applicable	50%		
Vehicle registration number	SFY1018R		
Period of Insurance	from 31/07/2017 to 30/07/2018 (both dates inclusive)		
Finance loan company	CITIBANK SINGAPORE LIMITED		

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	Basic Own Damage Excess
	Windscreen Excess

SGD 400.00
 SGD 100.00

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 signature

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.

Your Servicing Agent:

Alfa Credit Pte Ltd

1 Commonwealth Lane
 #01-24 One Commonwealth
 Singapore 149544

Tel: (65) 6241 1228, 6244 4444 Fax: (65) 6449 5813
 Email: admin@alfacredit.com.sg

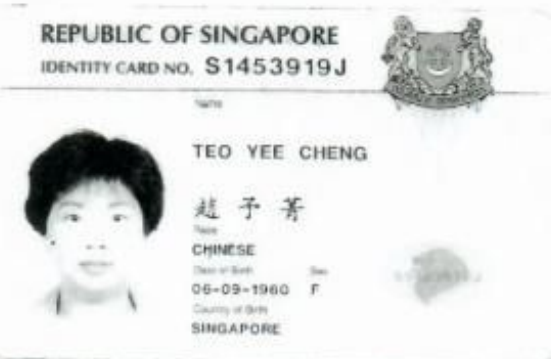
AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 3

Accident Sketch Plan



FOR C&C USE ONLY



Accident Photo



Accident Photo



Accident Photo



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