SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

	ACCIDENT STATEMENT	
Date Of Report	12/03/2018 10:23	
Date Of Accident	10/03/2018 12:20	
Exact Location Of Accident	ALONG TAMPINES AVE 10	
Country/State of Loss	SINGAPORE	
<u>r</u>	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK7529U	
Insured/Policyholder		
Name Of Registered Owner	HO KUN KEE	
NRIC No	S0322483Z	
Email Address	RONNIEHOKK@YAHOO.COM.SG	
Mobile Phone No	(LOCAL) +65-97535143	
Alternative Phone No	OTHERS-97535143	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	ALLION 1.5 A	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
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	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	GA259402	
Cover Note Number	21/08/2017 - 31/10/2018	
Driver		
Name of Driver	HO KUN KEE	
NRIC No	S0322483Z	
Date Of Birth	02/01/1947	
Occupation	INDOOR	
Date Of Driving Pass	24/09/1965	
Driving Experience	52 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97535143	
Fax Number		
Contact Number	OTHERS-97535143	

RONNIEHOKK@YAHOO.COM.SG

Address BLK 95 HAVELOCK ROAD #22-579

Postcode 160095

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?

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 3

Number of Passengers (Including Driver)

Passenger 1

NAME: : TENG SOCK THING

GENDER: : FEMALE

Passenger 2 NAME: : HO JOON CHENG

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS5682G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NAZRUL RASHID BIN MOHD

NRIC/Passport Number S7839148J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

My Vehicle A: <u>5J K 75つ</u>	18 Time: 12.20pmLoca 9U Vehicle B: \$15 568	29 Vehicle C:
SKETCH PLAN		
	7	ampinos Ave 9 - >

veh B: 518:	282G	
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. Mohal		
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ESCRIBE CIRCUMSTANCES O	/	
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		out for these vehicle
		ledn't replese. Vehicle
B stopped	subderly whi	ch caused the
accident.		
* woving s	lowly	
Claim OD/7P at Ah Lim	ı Motor 🔲 Claim OD/TP at oth	er workshop Reporting Only
Remarks : Please forward a	copy of my efile accident report to:	
My workshop :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Email address : & myself :		
Email address :		
Make Die		
you own policy. Kindly chec	your insurer have 14 days timeframe i k with your own insurer for more info	for you to submit own damage claim under rmation.
ECLARATION		*
We declare the foregoing particu	lars are true in every respect.	
Janes .	2	
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
late & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

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AH LIM MOTOR COMPARY

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

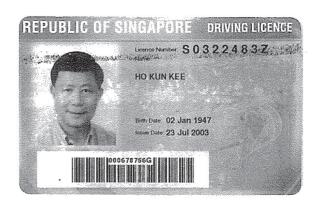
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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





Hp: 97535143

Gual: ronnichokk@ychoo.com.sg

2977233

S0322483Z

Social Comp. Date of style
O+ 26-08-1997

APT BLK 95 HAVELOCK ROAD
#22-579
SINGAPORE 160095

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

NP 428A

Licence No: \$0322483Z

F. Pax: TENG SOCK THING (F). M. Pax: HO JOON CHENG (M) Dry Mg. No Ca. Yes Total: 3,





Certificate number

Chassis number

Engine number

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 11517

GA259402 / 1

1NZD152444

NZT2603030906

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 Cover Plan name NCD applicable

HO KUN KEE Comprehensive Peace 50%

Vehicle registration number SJK7529U

Period of Insurance

Finance loan company

from 21/08/2017 to 31/10/2018 (both dates inclusive)

Mil

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. 1967 (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. \$\$500 for unnamed Authorised Driver
- 2, \$\$500 for declared Young and Inexperienced Driver
- 3. SS5.000 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 compare with this obligation is an effect under the Motor Vehicle Third Party Rists and Compensation Act (Cap. 189).
The Premium Warranty Clause requires the premium to be paid in full within a specific period fulling which there would be no liability under the policy, renewal certificate,

endorsement etc.

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

1 of 3

AMA redefining / insurance		
Date: 1 3 1 18		
To: Owner of Vehicle Number: STR 759 U		
The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.		
Please tick the applicable box if you had been advice on the content as seen below:		
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.		
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.		
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.		
You had been advised by the workshop of the Twelve (12) months warranty for Own Damage 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 and acknowledge by:		
Acad Jening		
Name and signature of policyholder/authorised driver Name and signature of policyholder/authorised driver		