

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 | 12/03/2018 12:54 |
| Date Of Accident | 11/03/2018 11:55 |
| Exact Location Of Accident | BEDOK SOUTH AVE 2 BLK 33 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKN319C |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM BEE GEK |
| NRIC No | S0584791E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96871185 |
| Alternative Phone No | OFFICE-96871185 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | SKODA |
| Model | YETI-1.2 TSI (A) |
| 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 | GA047483 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM BEE GEK |
| NRIC No | S0584791E |
| Date Of Birth | 28/11/1947 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/12/1976 |
| Driving Experience | 41 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96871185 |
| Fax Number | |
| Contact Number | OFFICE-96871185 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 5000A MARINNE PARADE ROAD #08-02 |
| Postcode | 1544 |
| 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? | 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) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

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 REVERSE MY VEHICLE FROM PARKING LOT. SUDDENLY, VEHICLE B FROM MY LEFT IN FAST SPEED CAME TO BACK. I CANNOT STOP IN TIME AND HIT VEHICLE B REAR LEFT PORTION.

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 | SKK2188R |
| 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

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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:
 - (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.

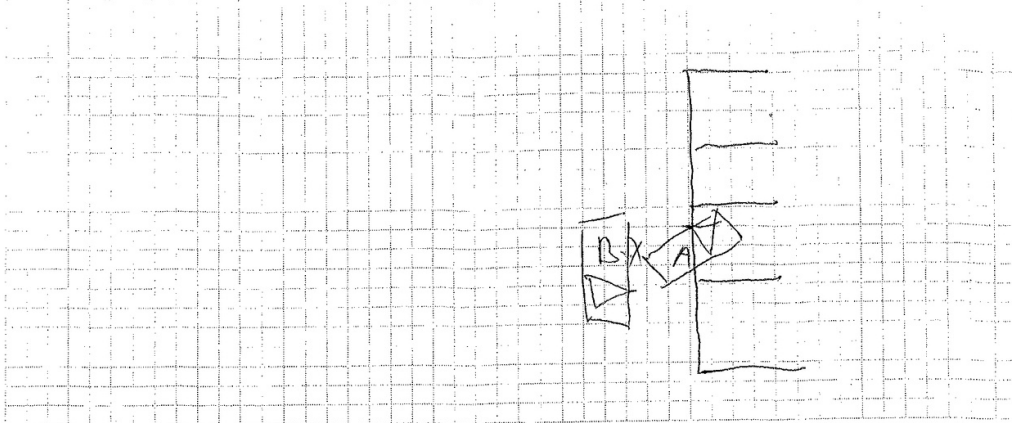

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my veh from parking lot, suddenly
veh B from my left in fast speed come
to back, I cannot stop in time & hit
veh B from left portion.

DECLARATION

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


Policyholder's Signature
Date & Time:

CH/00251/20/000000000000000000

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

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

LETTER OF UNDERTAKING

I/We, Lim Boon Tat, the owner of vehicle no. 8PA 319C

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

BOON TAT
Nric no. and signature of policyholder

Company Stamp

12/03/2018
Date

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0584791E



NETA
LIM BEE GEK
林美玉
AGE
CHINESE
DATE OF BIRTH 28-11-1947
PLACE OF BIRTH SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licensee's Identity No. S0584791E
Name
LIM BEE GEK
Date of Birth 28 Nov 1947
Valid Until 14 Oct 2003



0310303



MED No. S0584791E



Medic Group Date of issue
B+ 22-04-1992


ADDRESS
APT BLK 5000A MARINE PARADE ROAD
#03-02
SINGAPORE 1544

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

| Class | Description | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 16 Dec 1976 |

NP 4256

Licensee No: S0584791E



INSURANCE



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

Product Number
 04247

(Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 188) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1997 (Road Transport Act 1987) (Malaysia))
 (Motor Vehicles (Third Party Risks and Compensation) Rules, 1997 (Malaysia))

Policy details

| | | | |
|-----------------------------|--|--------------------|-------------------|
| Policyholder name | LIM BEE GEE | Certificate number | GA043483 / 1 |
| Cover | Comprehensive | Class's number | TMC4F55LXB0342054 |
| Plan name | Private APW | Engine number | CB230C127 |
| NCB applicable | 50% | | |
| Vehicle registration number | 5KN318C | | |
| Period of Insurance | from 20/07/2017 to 19/07/2018 (both dates inclusive) | | |
| Finance loan company | DBS BANK LTD | | |

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

Provides 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 or Law on any 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.
 This policy does not cover use for hire or reward, racing, pace-making, reliability trials, speed testing, the carriage of goods or other samples in connection with any trade or business or use for any purpose in connection with motor racing or when the Motor Car, whether stationary in use or otherwise, is in or on, a racing track, closed road, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations imposed inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 188) and Section 25 of the Road Transport Act 1987 (Malaysia) and not to be construed in these readings

| | | |
|--------|-------------------------|-------------|
| EXCESS | Basic Own Damage Excess | \$60,000 |
| | Windscreen Excess | \$60,000.00 |

- An Additional Excess is applicable as follows:
- \$1000 for Unlicensed Authorized Driver
 - \$5000 for Licensed Young and Inexperienced Driver
 - \$80,000 for Licensed Young and Inexperienced Drivers. This additional excess is reduced to \$32,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I 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 188) and Part IV of the Road Transport Act, 1987 (Malaysia)

AXA Insurance Pte Ltd

Authorized Signature

Insure Link Pte Ltd
 2 Kallang Avenue #08-10
 GT Hub S(339407)
 Off : 6444 4544
 Fax: 6444 0046

Important note

Insureds should immediately (in the case of a major vehicle loss) consider the cancellation of insurance and the Policy to the insurance company if the Certificate of Insurance has been lost or damaged a Written Declaration to the effect must be made. Failure to comply with the obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 188).

The Motor Vehicle Class Excess may be paid in full when a notice is received which states that the vehicle would be no liability under the terms of the certificate, duly entered.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

