#### 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	23/03/2018 10:56
Date Of Accident	22/03/2018 19:30
Exact Location Of Accident	TPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGD3063U
Insured/Policyholder	
Name Of Registered Owner	CHEONG CHIU KENG
NRIC No	S6927528A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96614731
Alternative Phone No	OFFICE-96614731
Vehicle Particulars	
Manufacturer	KIA
Model	PICANTO-1.1 (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	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	VPA/P1740427
Cover Note Number	
Driver	

Name of Driver CHU CHUAN
NRIC No S2625524D
Date Of Birth 10/03/1964
Occupation INDOOR
Date Of Driving Pass 11/05/1989

Driving Experience 28 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96433883

Fax Number

Contact Number

EMail Address SIMON1095@YAHOO.COM

Address BLK 127 PASIR RIS STREET 11 #02-385

**SINGAPORE** 

Postcode 510127

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 CHAIN COLLISION

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

NO

1

Was any other material or property damaged? YES

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

soliciting/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**

REFER TO ATTACH STATEMENT RECORDED BY ISAAC- PROGRESSIVE AUTOMOTIVE 6741 5336

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO WITH OWNER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJW4361S

Vehicle Make/Model/Colour

**Details Of Properties** 

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)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number SLA8212E

Vehicle Make/Model/Colour

**Details Of Properties** 

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)

### **DETAILS OF INJURED PERSON 1**

Name CHU CHUAN

Approximate Age Injuries Sustain

Injured person in which vehicle? SGD3063U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### Sketch Plan Pg. 1

#### SKETCH PLAN

### **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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

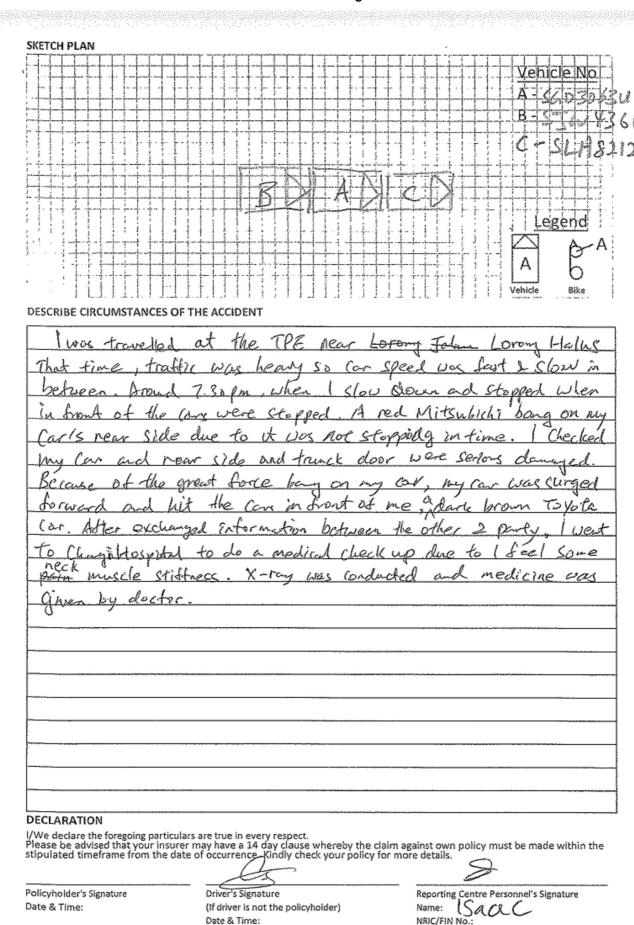
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

NRIC/FIN No .:



GIARIMC SketchPlanForm V3

2

### **Common Statement**

The whiches chief than weblicts A or vehicle and 8 To objects other than weblicts A or vehicle 6)    Ves   No	This is NOT an admission of blame / liability and facts which will speed up the settlement    Date of accident   Time	nt of claims	nt			To be signed by BOTH drivers 3 Injuries even if slight No Yes
Stranger Completed response reach the section of the archive stranger of the archives application to year whether in the archive stranger of the archives archives archives are archives	To verticles other than vehicles A and B		vides (5) withess is passe	name, address and te nger in vehicle A or vehic	de B)	Camera Available
Alternative Company of the Company o	CONTROL Source (See Insurance CHEON & CHIM (captal letters)  Address  Addre	Cent.)  A  Cont.  Cont.	The care of (X) in each of the care of the calls of the application to application to application to application to application of the calls of the	er of Sames of the street	(VEHIX)  [6] Insured    Name (copital letter  Address    Name (copital letter)  Fel no. (from HP    [7] Vehicle    Make, type    Does the polition    No    Does the polition    No	e company  control  garn till Span  e company  C TPFT TP  cy cover damage to verikile 82  everlebite)  et diving licence)  it from insured is above)  it from insured is above)
	Lines	Charles of the Control of the Contro	principal distribution of the second	Total Control	[Id]My rama:	fue
A 5   B		- AG	-	6		

# **Individual Statement**

# Reporting Centre: Progressive Automotive Pte Ltd

To be completed and	AL STATEMENT (P submitted within 24 hours to your	insurer or Idac or appoi	nted workshop (Use a se							
Insured	Occupation (if more than one, state     Vehicle registration no.	e all)	If commercial	cial vehicle, state	1095@ ya	Moo. (2				
Of which vahide are	3 is driver the owner? Yes	No If no. State Retainer with	Conship of Ball	carrying capacity o the vehicle number and o nar of driver's own vehicle						
you the owner?  A	4 Exact purpose for which vehicle wa  Others - please specify  5 is the velidde still in use? Yes  6 Are you claiming under your own in	No If no, s	state where it is at present your vehicle? Yes	No 1	"Tail no.	Private Hite				
Driver or person in charge of vehicle at the time of accident (including insured)	If no, state action to be taken  7 Date of birth  Occupation	ate of Scense poss	te of license pass  Was vehicle driven with the insured's permission?							
	10-03-1964 Indoor U 8 Give details of any pre-existing imp	Outdoor	1-5-1999 and of any other disability	Yes No	Yes Yes	No .				
	9 Full details of all driving convictions including pending presecutions in the last 36 months									
	Date	Offerx	Se .		Penalty					
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries susteined	If vehicle occupants, state in which vehicle	Were seet belts be worn?	to hospit	Was injured conveyed to hospital by ambulance?				
	CHU CHUAN	Slight	5610 30631	Yes No No	Yes Yes	No \				
			<u> </u>	Yes No No	Yes Yes	No No				
amage to proporty vehicles (other than shicles A and B)	11 Name(s) and address(es) of Vehicle registration no. or details of property Nature of damage (if snown)  LA 8212 E									
stice uson	12 Was the accident reported to the 1 If yes, please state which Police s 13 Was notice of Intended prosecutio If yes, against whom?	tation	No V							
	14 Weather conditions Clear 15 Road surface Wet 16 Speed of vehicles A		Ony B	Others						
oddent stails	17 What warnings were given by driv 18 Ware street lights illuminated? 19 What lights were displayed on you 20 If your vehicle is commercial, stat 21 State how accident happened, with 22 State number of Passengers (inc	Yes No No reshide/the other vehicle/ e weight of load carried at to the of roads, speed firnits, el	irne of accident							
eclaration	I/We declare the foregoing particulars Policyholder's signature Driver's signature (if driver is not		B	Date						

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.sq



#### 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)

CERTIFICATE NO. : VPA/P1740427 Account No. : 13932

Coverage : Comprehensive

Sum Insured : Market Value At The Time Of Loss

Name of Policy Holder : CHEONG CHIU KENG

Vehicle Registration No. : SGD3063U

Period of Insurance : From 16/02/2018 To 15/02/2019 (Both Dates Inclusive)

#### 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, 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.

(01)

Basic Own Damage Excess : SGD 300.00

Voluntary Excess : SGD 500.00

Final Basic Own Damage Excess : SGD 800.00

An additional Excess is applicable as follows:

\$\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperience Driver.

S\$5,000.00 for Undeclared Young and Inexperienced Driver.

(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 Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certification 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).

**Authorized Workshop** 

Elite AM Pte Ltd

AXA INSURANCE PTE LTD

Authorized Signature

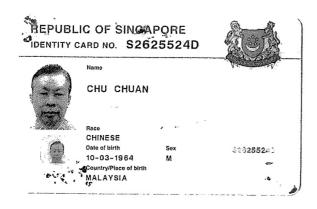
Issued by - SGOMOHA on 14/02/2018

#### IMPORTANT;

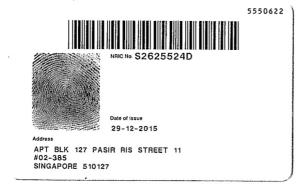
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with the obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act, (Cap. 189).

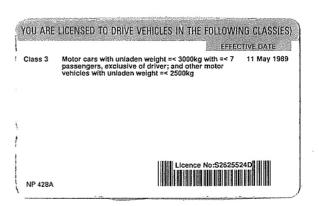
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, cover note and endorsement etc.

### **DRIVER NRIC AND LICENSE Pg. 1**









### **OWNER NRIC Pg. 1**



















