

## 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	20/04/2018 14:10
Date Of Accident	25/03/2018 14:30
Exact Location Of Accident	ALONG MALAYSIA JB CUSTOM CIQ
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL644L
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#### Insured/Policyholder

Name Of Registered Owner	CHRISTOPHER JOHN BUNTEL
NRIC No	S6869206G
Email Address	CHRISTOPHER.BUNTEL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94885928
Alternative Phone No	OFFICE-94885928

#### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (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?	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	GA166990/1
Cover Note Number	

#### Driver

Name of Driver	LAI HWA BUNTEL
NRIC No	S2769620A
Date Of Birth	18/09/1962
Occupation	INDOOR
Date Of Driving Pass	10/09/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91122841
Fax Number	
Contact Number	
EEmail Address	CHRISTOPHER.BUNTEL@HOTMAIL.COM

Address	BLK 816 JELICOE ROAD #24-02
Postcode	200816
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	NO 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?	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)	2
Passenger 1	NAME: : CHRISTOPHER JOHN BUNTEL 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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

#### 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	SGM1515Z
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)	

## Sketch Plan

### SKETCH PLAN

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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  
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

### SKETCH PLAN

	<b>Vehicle No</b> A - <u>SLL644L</u> B - <u>SGM15152</u>
	<b>Legend</b> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">               Vehicle           </div> <div style="text-align: center;">               Bike           </div> </div>

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WE WERE STUCK IN QUEUE AT MALAYSIA  
 IMMIGRATION HEADING TOWARDS SINGAPORE.  
 WE WERE STATIONARY AND DID NOT FEEL ANY  
 IMPACT OR COLLISION.  
 PEOPLE IN THE OTHER CAR WERE SAYING SOMETHING  
 AT US BUT I DID NOT UNDERSTAND THEM.  
 AFTER CLEARING IMMIGRATION, I CHECKED OUR CAR  
 AND THERE WAS NO DAMAGE OR SIGN OF IMPACT.  
 I DO NOT BELIEVE THERE WAS AN ACCIDENT.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the  
 stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

# Common Statement

## ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 25/3/18		Time 1430		2 Exact location of accident Along Malaysia JB custom C/A		To be signed by BOTH drivers	
3 Injuries given if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>							
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SLL644L

6 Insured / policyholder (see insurance cert.)  
Name Christopher John  
(capital letters) Buntel  
Address \_\_\_\_\_  
NRIC / Passport no. S6889206G  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP 94885928

7 Vehicle  
Make, type \_\_\_\_\_

8 Insurance company AXA ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. GA1669901

9 Driver ☐ Same as Owner  
Name Lai Hwa Buntel  
(capital letters) \_\_\_\_\_  
NRIC / Passport no. S2769620A  
Class of licence 91122841  
HP \_\_\_\_\_  
Gender Male ☐ Female ☒

### 12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- |   |    |   |
|---|----|---|
| A | 01 | Chas Collision                                  |
|   | 02 | Collided into Bicyclist                         |
|   | 03 | Collided into Motorcyclist                      |
|   | 04 | Collided into Parked Vehicle                    |
|   | 05 | Collided into Pedestrian                        |
|   | 06 | Collided into Property                          |
|   | 07 | Collision - Change/Cross Lane                   |
|   | 08 | Collision - Cross Junction                      |
|   | 09 | Collision - Head on Collision                   |
|   | 10 | Collision - Head to Rear                        |
|   | 11 | Collision - Major/Minor Rd                      |
|   | 12 | Collision - Opening Door of Vehicle             |
|   | 13 | Collision - Roundabout                          |
|   | 14 | Collision - U-Turn                              |
|   | 15 | Drunk Driving / Drug Influence                  |
|   | 16 | Fire, Explosion or Lightning                    |
|   | 17 | Flood   |
|   | 18 | Hit and Run / Vandalism / Damaged whilst Parked |
|   | 19 | Hit by Fallen Tree / Other Objects              |
|   | 20 | No Collision                                    |
|   | 21 | Side Swipe                                      |
|   | 22 | Theft   |

Registration No. (VEHICLE B) SGM15152

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
(capital letters) \_\_\_\_\_  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle  
Make, type \_\_\_\_\_

8 Insurance company ☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available) \_\_\_\_\_

9 Driver (See driving licence)  
(if different from insured B above)  
Name \_\_\_\_\_  
(capital letters) \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13 Sketch of accident when impact occurred  
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4

15 Signatures of drivers

A

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing  
Subsequently, each driver should take one copy

For insured's Individual Statement  
(Part II) see overleaf →

# Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all) _____				
	2 Vehicle registration no. _____		C.C. _____		Own Workshop Email / Fax (if any) _____
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner _____		Email: <u>CHRISTOPHER.BUNTAL@gmail.com</u>
	state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____				
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire				
	<input type="checkbox"/> Others - please specify _____				
Of which vehicle are you the owner?	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____				
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)					
Driver or person in charge of vehicle at the time of accident (including Insured)	7 Date of birth _____		Occupation _____		Date of license pass _____
	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle
					Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage
					Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	If yes, please state which Police station _____				
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	If yes, against whom? _____				
	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____				
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____				
	16 Speed of vehicles A _____ km/hr B _____ km/hr				
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____				
Declaration	20 If your vehicle is commercial, state weight of load carried at time of accident _____				
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached) <u>1) Christopher John Buntal (M).</u>				
	22 State number of Passengers (including Driver) <u>2</u>				
	I/We declare the foregoing particulars are true in every respect				
Policyholder's signature _____ Date _____					
Driver's signature (if driver is not the policyholder) _____ Date _____					



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  
 04247

-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	CHRISTOPHER JOHN BUNTEL	Certificate number	GA166990 / 1
Cover	Comprehensive	Chassis number	SJNFEAJ11U1534772
Plan name	Essential	Engine number	HRA2212481A
NCD applicable	0%		
Vehicle registration number	SLL644L		
Period of Insurance	from 24/02/2017 to 09/06/2018 (both dates inclusive)		
Finance loan company	TOKYO CENTURY LEASING (S) PTE 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

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.

<b>EXCESS</b>	Basic Own Damage Excess	SGD 500.00
	Windscreen Excess	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.

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

1 of 3

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2769620A




Name  
**LAI HWA BUNTEL**

Race  
**CHINESE**

Date of birth  
**18-09-1962**

Sex  
**F**

Country of birth  
**MALAYSIA**





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2769620A**

Name:  
**LAI HWA BUNTEL**

Birth Date: **18 Sep 1962**

Issue Date: **10 Sep 2015**





002471975A



SG 50

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6869206G




Name  
**CHRISTOPHER JOHN BUNTEL**

Race  
**CAUCASIAN**

Date of birth  
**13-09-1968**

Sex  
**M**

Country of birth  
**UNITED STATES**





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6869206G**


Name:  
**CHRISTOPHER JOHN BUNTEL**

Birth Date: **13 Sep 1968**

Issue Date: **10 Sep 2015**

002471974H



SG 50

9191867



NRIC No. **S2769620A**



Nationality  
**AMERICAN**

Date of issue  
**25-02-2013**

APT BLK 816 JELICOE ROAD #24-02  
SINGAPORE 200816

NRIC No: **S2769620A** Date: **26/01/2017**

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 10 Sep 2015

NP 428A



9191870



NRIC No. **S6869206G**



Nationality  
**AMERICAN**

Date of issue  
**25-02-2013**

APT BLK 816 JELICOE ROAD #24-02  
SINGAPORE 200816

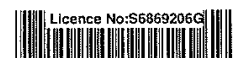
NRIC No: **S6869206G** Date: **26/01/2017**

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 10 Sep 2015

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

