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	04/04/2018 11:11
Date Of Accident	04/04/2018 08:20
Exact Location Of Accident	ALONG BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ8638Y
Insured/Policyholder	
Name Of Registered Owner	NG KAI SENG
NRIC No	S1434112I
Email Address	XIN-DISASTER@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97343477
Alternative Phone No	OFFICE-97343477
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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/P1954768
Cover Note Number	
Driver	
Name of Driver	NG XIN MEI
NDIO N.	000400005

 Name of Driver
 NG XIN ME

 NRIC No
 \$9048636E

 Date Of Birth
 21/12/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 10/12/2009

Driving Experience 8 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98248023

Fax Number

Contact Number

EMail Address XIN-DISASTER@HOTMAIL.COM

Address APT BLK 206 CHOA CHU KANG CENTRAL #06-20 SINGAPORE

Postcode 680206

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - DAUGHTER

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

ambulance?

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

Was any other material or property damaged?

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

YES

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

04 APRIL 2018, 0820AM, BUKIT BATOK ROAD, CAR WAS DRIVING IN NORMAL SPEED, WHEN COMING TO A STOP ,WAS HIT BY CAR BEHIND SO CAR WAS MOVED FORWARD AND RESULT IN MY CAR BANG A CAR INFRONT, 3 CAR INVOLVED (INCLUDING MINE)

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

SKX280B Vehicle Registration Number

Vehicle Make/Model/Colour TOYOTA ALTIS

Details Of Properties

PRIVATE CAR Vehicle Category TAN QIFAN Name of Driver S9647145I NRIC/Passport Number Contact Number 83822172

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

HONDA ACCORD

PRIVATE CAR

JEFF TAN CHEE WEE

S8703308B

96255411

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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)

Lunderstand, 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: 04 101/1 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: [] # //// 2017

11:08 0W

Reporting Centre Personnel's Signature

NRIC/FIN NO.: CASS ALLES

Sketch Plan #2 Pg. 1

SKETCH PLAN	
SKX 280	5 R
SGJ 8638	
5JU 41	E21
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
04 April 2018	
8:20 am	
Bukit Batok Road	
(A) 101/15 division in a contract of	
(ar was driving in normal speed when co car behind and result in my car bang a	ming to a stop, was hit by
car behind and result in my car bang o	a car infront.
3 car involved (including mine)	
ECLARATION We declare the foregoing particulars are true in every respect.	ASSEM6
	C A STERING
We declare the foregoing particulars are true in every respect.	CM (Sierring)
We declare the foregoing particulars are true in every respect. Ilicyholder's Signature Driver's Driver's Driver's Driver's D	Reporting Centre Personnel's Signature
We declare the foregoing particulars are true in every respect.	Reporting Centre Personnel's Signature
We declare the foregoing particulars are true in every respect. Ilicyholder's Signature Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature

Sketch Plan #3 Pg. 1

redefining / insurance				
Date: 04 1951 2018				
To: Owner of Vehicle Number: SGJ 8638 Y				
The following has been advised to you via your workshop, GOLDBELL ENGINEERING through theistaff, ANDY O O through theistaff,				
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 <u>Own Damage</u> 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:				
Name and signature of policyholder/authorised driver				
Name and signature of workshop personnel including company stamp				

Driver identity card & Driving licence Pg. 1

DETUER

18 118 18111 88111 81881 1818 81188 1118 811818 111 1881

NRIC No. S9048636E



Date of issue 29-12-2005

Address
APT BLK 206 CHOA CHU KANG CENTRAL #06-20
SINGAPORE 680206

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

10 Dec 2009

NP 428A

Licence No: S9048636E

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9048636E

Name



110 VINI 88

NG XIN MEI

黄 欣 Race CHINESE

CHINESE
Date of birth
21-12-1990
Country of birth
SINGAPORE

\$90**4863**6E

Licence Number: \$ 9 0 4 8 6 3 6 E
Name:
NG XIN MEI

Birth Date: 21 Dec 1990
Issue Date: 10 Dec 2009

Policy insurance Pg. 1

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.sg GST Registration Number: 199903512M customer.service@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
NEW BUSINESS
Original

POLICY INFORMATION	Policy No. : VPA/P1954768
Source	: (03) 05392 MAYBANK TELE-TEO HONG NIU
Insured	: NG KAI SENG
Address Business/Profession	: 206 CHOA CHU KANG CENTRAL #06-20 SINGAPORE 680206 : OTHER OCCUPATION
240111000/22020001	Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.

Period of Insurance : From 24/07/2017 To 23/07/2018 (Both Dates Inclusive)

Any subsequent period for which the Insured shall pay and the Company shall

agree to accept a renewal premium.

PREMIUM

Premium After 50.00%: SGD 985.67

NCD

Prem W/Shop Disc: SGD 147.85

15.00%

GST 7.00% : SGD 58.65 Annual Premium : SGD 896.47 Total Payable : SGD 896.46

RISK DETAILS THE MOTOR VEHICLE

Type Of Cover : Comprehensive

Regn No. : SGJ8638Y
Type Of Use : Private Car

Make/Model : MITSUBISHI LANCER 1.6 A

Year of Manufacture : 2006 Seating Capacity (excl. Driver) : 04

Body Type : SALOON Engine C.C. : 1584

Engine No. : 4G18HK4506

Chassis No. : JMYSTCS3A6U011333

Insured's Estimated : Market Value At The Time Of Loss

Market Value (including Accessories and Spare Parts)

Limitations as to Use: As specified in Certificate of Insurance
Basic Own Damage Excess : SGD 400.00

Named Drivers

1 NG KAI SENG

2 CHUA SIEW HWA

MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS

Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:

Page 1

Policy insurance Pg. 2

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.sg GST Registration Number: 199903512M

customer.service@axa.com.sg



Private Cars COMP
TAX INVOICE
NEW BUSINESS
Original

Tax Invoice No : P1954768-00001

POLICY INFORMATION	Policy No. :	VPA/P1954768
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Source : (03) 05392 MAYBANK TELE-TEO HONG NIU

Insured : NG KAI SENG

Address : 206 CHOA CHU KANG CENTRAL

#06-20

SINGAPORE 680206

Period of Insurance : From 24/07/2017 To 23/07/2018 (Both Dates Inclusive)

Transaction No. : 00001

Billing Currency : SGD Exchange Rate : 1.0000

Gross Premium Less
Discount
SGD

837.81

GST

Charges
SGD

SGD

Total Payable
SGD

SGD

SGD

896.46

Premium Details (SGD)

Gross Premium : 837.81

Total Discount : 0.00

Gross Premium less Discount : 837.81

Note: Discount is only applicable to limited products.

AXA INSURANÇE PTE LTD

Authorized Signature

IMPORTANT NOTICE :

For Individual Policyholders: Premium due must be paid in full before the inception date of the risk otherwise no benefits whatsoever shall be payable by the Company. Please refer to the Payment Before Cover Warranty in the Policy for further details.

For all other Policyholders: Premium due must be paid in full within 60 days from the inception date of the risk otherwise this Policy/endorsement is automatically terminated immediately. The Company will be entitled to a pro-rata premium for the period they have been on risk subject to the minimum premium as imposed in the policy. Please refer to the Premium Payment Warranty in the Policy for further details.

Issued by - SGINOL on 20/07/2017

(R) Page 1

































