

## 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	19/04/2018 14:15
Date Of Accident	18/04/2018 21:20
Exact Location Of Accident	CTE TWRDS AMK AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM809H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAI CHUN YEEN
NRIC No	S2702402E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97228918
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	VERNA-1.4 (M)

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? 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	GA052825
Cover Note Number	

### Driver

Name of Driver	THAM MUN PUN
NRIC No	S2702401G
Date Of Birth	01/09/1962
Occupation	INDOOR
Date Of Driving Pass	18/03/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91751163
Fax Number	
Contact Number	
EEmail Address	MICHAELTMP@GMAIL.COM

Address	BLK 649 ANG MO KIO AVE 5 #13-3325
Postcode	560649
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	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?	
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: : LAI CHUN YEEN
	GENDER: : FEMALE

#### 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

REFER TO ATTACHED

#### 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	SKE3800G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE ZI QI
NRIC/Passport Number	
Contact Number	97251800
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**


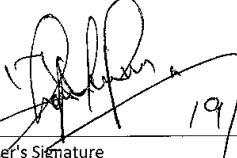

**IMPORTANT NOTICE**

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 **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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. 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:

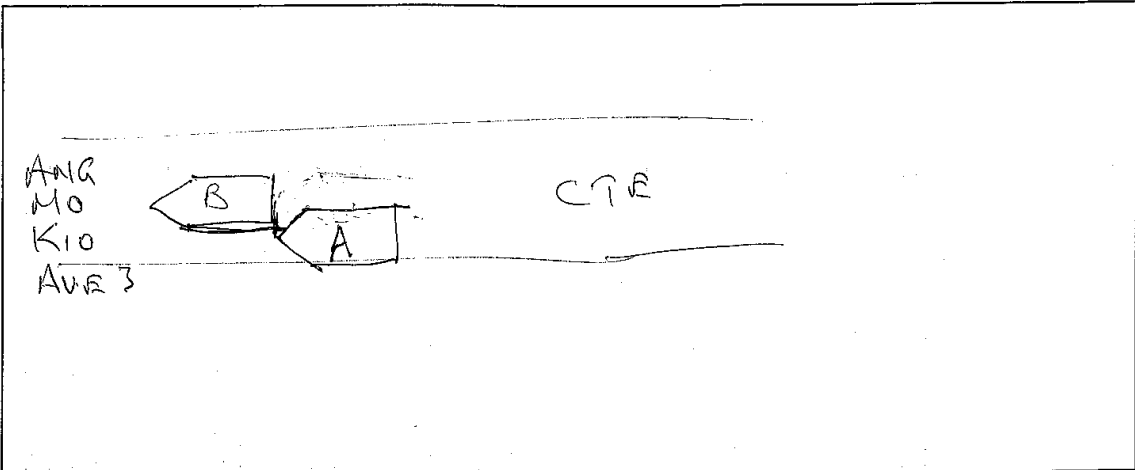
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

<p>x</p>  _____ 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 Pg. 2

### SKETCH PLAN

Accident Date: 10/7/2010 Time: 9:20pm Location: 71k towards HWY 11E Ave 3  
My Vehicle A: SGM 809H Vehicle B: SKR 3800 G Vehicle C/Others: \_\_\_\_\_



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

While I was driving home with my wife heading towards CREAM, the front car MERCEDES suddenly jam brake then I also jam brake but was not stopped in time and my car knocked onto the back on the left hand corner of the car SK3800G.  
My car damage on the front right portion

☒ Claim OD / TP at Ah Lim Motor      ☐ Claim OD / TP at other workshop      ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop :

Email Address :

& Myself :

Email Address :

**Note :** Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

~~Driver's Signature (If driver is not the policyholder)~~

Date &amp; Time

Witnessed by Reporting Centre

## Personnel

To Whom It May Concern,

Accident involving my vehicle no SGM809H on 18.4.2018 (date) with  
SKE3800G (other veh no) along CTE towards AMK Ave 3

I, LAI CHUN YEEN NRIC No: S2702402E  
owner of vehicle no - SGM809H am aware of the accident of my vehicle on  
18.4.2018 (Date) while car was driven by Tham Mun Pun  
IC No: S2702401G. I hereby authorise him/her to make the report.

X [Signature]  
Name LAI CHUN YEEN  
Date: 19/4/2018

-----  
**To fill in if there is a OD claim**

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X [Signature]  
Name LAI CHUN YEEN  
Date 19/4/2018



redefining / insurance

AXA Insurance Pte Ltd  
 1800 880 4888 (Within Singapore)  
 (95) 6880 4888 (International)  
 (95) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

account number  
 04111

## Certificate of Insurance

-Motor Vehicles (Third-Party Risk and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risk and Compensation) Rules, 1990 - Road Transport Act, 1987 (Malaysia)  
 -Motor Vehicles (Third-Party Risk) Rules, 1989 (Malaysia)

### Policy details

Policyholder name	LAI CHUN YEEN	Certificate number	6A052825 / 1
Cover	Comprehensive	Chassis number	KMHCM41AR6U067125
Plan name	Essential	Engine number	G4EE6463027
NCD applicable	0%		
Vehicle registration number	SQMB09H		
Period of insurance	from 07/10/2017 to 06/10/2018 (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 5 of the Motor Vehicles (Third-Party Risk and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS** Basic Own Damage Excess  
 Windscreen Excess

S\$0 4,000.00  
 S\$0 4,000.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorized 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 signatory

### 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 Risk and Compensation) Act (Cap. 189).  
 The Premium Warranty Clause requires the premium to be paid in full within a specific period falling which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903312M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

1 of 3

DRIVER NRIC & DL Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S2702401G**

Name: **THAM MUN PUN**

Birth Date: **01 Sep 1962**  
Issue Date: **13 Nov 2017**

002743000H



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S2702401G**

Name: **THAM MUN PUN**

譚文彬

Race: **CHINESE**

Date of birth: **01-09-1962**

Country/Place of birth: **MALAYSIA**

Sex: **M**

S2702401G



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

Class	Description	Effective Date
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	18 Mar 2009

NP 426A



Licence No: S2702401G

9467704



NRIC No: **S2702401G**



Nationality: **MALAYSIAN**

Date of issue: **22-11-2017**

Address: **APT BLK 649 ANG MO KIO AVENUE 5  
#13-3325  
SINGAPORE 560649**

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

