

## 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	24/04/2018 18:15
Date Of Accident	24/04/2018 08:30
Exact Location Of Accident	SLIP ROAD TO WEST COAST WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN3599R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EUROAUTOMOBILIE PTE LTD
Co Reg No	200201004E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94871217

### Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	1.4 TURBO TCT SMT ABS D/AB
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	YES
Policy Number	VCX/P1514693
Cover Note Number	

### Driver

Name of Driver	LEE JIA MIN
NRIC No	S8004172A
Date Of Birth	05/02/1980
Occupation	INDOOR
Date Of Driving Pass	30/01/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94871217
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	RAINING
Road Surface	WET

#### 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

PLEASE REFER TO STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3028G
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	GZ5503M
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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:

  
28/1/18

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

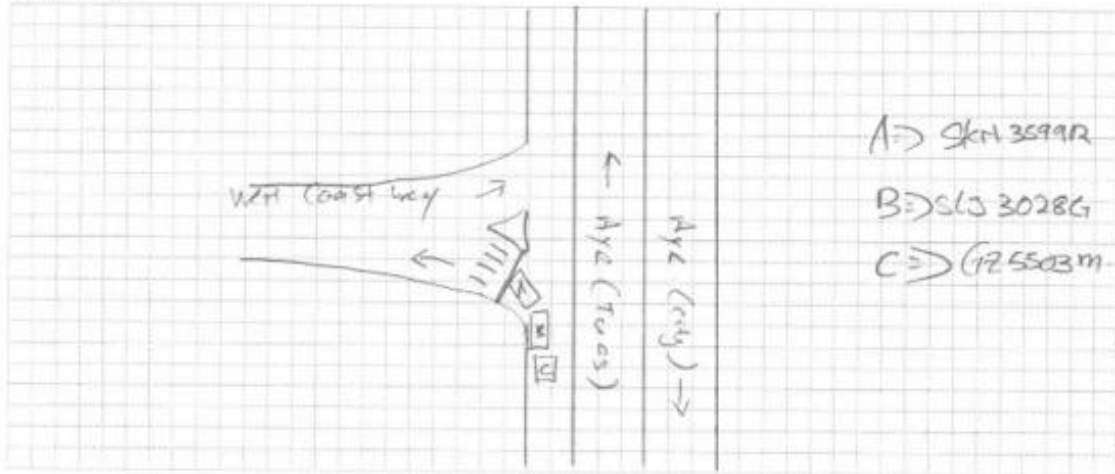


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I came to a complete stop before a zebra crossing, then I felt a heavy jolt from the rear of my car.

## DECLARATION

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

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.:

[[NARC/Driver/Personnel]]

# Common Statement

☐ Owner  
☐ Driver

**ACCIDENT STATEMENT**

Date of Accident: 24<sup>th</sup> April 2018      Time: 0830H      Location of Accident: Slip road to west coast way.

**INSURED/ POLICY HOLDER (VEHICLE A)**  
 Vehicle Registration Number: SKN 3599R  
 Name of Policyholder: EURO AUTOMOBILE Pte Ltd.  
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): 200201004E.  
 Address: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Tel: \_\_\_\_\_ Hp: 94871217.  
 Occupation: \_\_\_\_\_

**VEHICLE PARTICULARS (VEHICLE A)**  
 Vehicle Make / Model: \_\_\_\_\_  
 Type of Vehicle: Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others \_\_\_\_\_  
 Exact Purpose for which vehicle was being used at the time of accident: Private used.  
 Are you claiming under your own insurance policy? ☒ Yes ☐ No      Remarks: TP-  
 Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

**INSURANCE COMPANY (VEHICLE A)**  
 Name of Insurance Company: Axa  
 Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
 Fleet Policy: ☒ Yes ☐ No  
 Policy Number: VCC/P1514693.

**DRIVER**  
 Name of Driver: Lee Jia Min  
 NRIC/ FIN/ Passport: B8004172A.  
 Date of Birth: 05/02/1960  
 Occupation: out door.  
 Driving Pass Date: 30/01/2007.  
 Gender: ☒ Male ☐ Female  
 Contact Number: \_\_\_\_\_ Tel: \_\_\_\_\_ Hp: 11  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
 If No, relationship of Driver with the Insured: \_\_\_\_\_  
 Vehicle Number of Driver's Own Vehicle (if applicable): \_\_\_\_\_  
 Insurance of Driver's Own Vehicle (if applicable): \_\_\_\_\_

**GENERAL INFORMATION OF THE ACCIDENT**  
 Type of Collision (E.g. Chain Collision, Head-On, etc.): Chain Collision  
 Weather Conditions: ☒ Clear ☐ Raining ☐ Others \_\_\_\_\_  
 Road Surface: ☒ Wet ☐ Dry ☐ Others \_\_\_\_\_  
 Damage Area: \_\_\_\_\_

**OTHER INFORMATION**  
 Was there any foreign vehicle(s) involved? ☒ No ☐ Yes  
 Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes  
 Was any other vehicle(s) or property damaged? ☒ No ☐ Yes  
 Was there any camera video footage (in car)? ☒ No ☐ Yes

**DETAILS OF POLICE ACTION**  
 Was the accident reported to the Police? ☒ No ☐ Yes  
 If Yes, please state which police station & Report No: \_\_\_\_\_  
 Was notice of intended Prosecution given? ☒ No ☐ Yes  
 If Yes, against whom? \_\_\_\_\_

1 pax.

## Common Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SLJ 3028G

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

GZ 6503m

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes


☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

\_\_\_\_\_  
Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

>   
\_\_\_\_\_  
Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Police Report

4572529



NRIC No: S8004172A



Date of Issue  
25-01-2011

APT BLK 289F BUKIT BATOK STREET 25 #06-130  
SINGAPORE 655289

NRIC No: S8004172A      Date: 07/04/2011      No: 6758591

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3 - Motor Cars =< 1000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

Licence No: S8004172A



NP 428A



Driving License

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8004172A**



Name  
**LEE JIA MIN**  
**(LI JIAMING)**  
**李家铭**

Race  
**CHINESE**

Date of birth  
**05-02-1980**

Sex  
**M**

Country of birth  
**SINGAPORE**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S8004172A**

Name:  
**LEE JIA MIN**  
**(LI JIAMING)**

Birth Date: **05 Feb 1980**

Issue Date: **30 Jan 2007**



001475774K

# AXA FROM



roadfitting.com.au

Date: 24/04/18

To: Owner of Vehicle Number SKN 389MR

The following has been advised to you via your workshop, BH Auto Workshop, through their staff, Sacelign.

Please tick the applicable box if you had been advised 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 where by 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 priority 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 mechanics/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 any combination 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 Own Damage 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: TP @ other workshops

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

# INSURANCE

AXA INSURANCE SINGAPORE PTE LTD  
 11 Shenton Way, #27-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: (65) 6337288 Fax: (65) 6338287  
 Website: www.axa.com.sg  
 GST Registration Number: S2 000002237  
 customer.service@axa.com.sg



## 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, 1960 (Malaysia) \*Motor Vehicles (Third-Party Risks) Rules, 1960 (Malaysia)

**CERTIFICATE NO.** : VCK/P1514593 **Account No.** : 03241  
**Coverage** : Comprehensive  
**Sum Insured** : Market Value At The Time Of Loss  
**Name of Policy Holder** : EUROAUTOMOBILE PTE LTD  
**Vehicle Registration No.** : SBN3599B  
**Period of Insurance** : From 04/06/2015 To 04/06/2016 (Both Dates Inclusive)

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is driving on the Policyholder's sides 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.

### LIMITATIONS AS TO USE\*

- (a) Use for the carriage of passengers or goods in connection with the Policyholder's business
- (b) Use for social, domestic and pleasure purposes and business purpose of any person to whom the vehicle is hired
- (c) Use for racing, pace making, reliability trial or speed testing
- (d) Use whilst driving a trailer except the towing (other than for awards) of any one disabled mechanically propelled vehicle
- (e) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

### SIGNS :

- Sect I - Used In S'pore Only : SGD 3,000.00
- Sect II - Used Outside S'pore : SGD 6,000.00
- W/screen Excess in Singapore : SGD 100.00
- W/screen Excess (Outside S'pore) : SGD 200.00

(For Unscreened Driver Excess, please refer to your policy)

\* Limitations contained inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 4 of the Road Transport Act, 1960 (Malaysia), and not to be included under these headings.

I/We hereby certify that the policy to which this Certificate 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, 1960 (Malaysia).

AXA INSURANCE SINGAPORE PTE LTD

Authorized Signature

Issued By : SOPHIAW on 15/06/2015

### IMPORTANT :

Policyholders are warned that on the sale of a used 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 Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

The automatic Warranty Clause requires the premium to be paid in full within a specific period falling which there would be no liability under the policy, general certificate, coverage and endorsement etc.

Accident Photo





Accident Photo





