

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	07/05/2018 14:47
Date Of Accident	05/05/2018 13:30
Exact Location Of Accident	PIE (CHANGI) AFTER STEVENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5089Z
Insured/Policyholder	
Name Of Registered Owner	NEWCON BUILDERS PTE LTD
Co Reg No	200713695G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62768208

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	P1876331
Cover Note Number	

Driver

Name of Driver	LEE CHEK KEE
NRIC No	S9030531Z
Date Of Birth	24/08/1990
Occupation	INDOOR
Date Of Driving Pass	25/03/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91058257
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 509 PASIR RIS ST 52 #04-163
Postcode	510509
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WWH968Z (PRIVATE CAR)
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

I WAS DRIVING STRAIGHT ALONG PIE (CHANGI) AFTER STEVENS ROAD AT EXTREME RIGHT OF 3 LANES. VEHICLE IN FRONT OF ME SUDDENLY JAMMED BRAKE. I MANAGED TO STOP IN TIME. FROM THE REAR VIEW MIRROR, I SAW VEHICLE B MANAGED TO STOP IN TIME BUT SUDDENLY, I FELT AN IMPACT AND REALISED MY VEHICLE WAS HIT. I ALIGHTED AND REALISED THERE WAS TOTAL 4 VEHICLES INVOLVED.

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	WWH968Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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	SGR866R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
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 3

Vehicle Registration Number	SKU8231G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE D
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



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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

A: SKK5089Z

B: WWH9682

C: SGR866R

D: SKU8231E

PIE (Changi) After Stevens Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along PIE (Changi) after Stevens Rd at extreme right of 3 lanes.

Veh in front of me suddenly jammed brake, I managed stopped in time. From the rear view mirror, I saw veh "B" managed to stop in time. But suddenly, I felt an impact and realised my vehicle was hit.

I alighted and realised there was total 4 vehicles get involved.

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.:

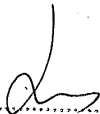
LETTER OF UNDERTAKING

I/We, Newcon Builders Pte Ltd, the owner of vehicle no. SKK 50897
involving in an accident with vehicle no. (TP) WWH 9682 on 05.05.18 along PTE (Changi)
after Stevens Rd

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, New Hock Teck Motor Pte Ltd

Signed and Acknowledge by:



.....
Name and signature of policyholder



.....
Company Stamp

05/05/18

.....
Date

Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9030531Z**



Name

LEE CHEK KEE

李 泽 琦

Race

CHINESE

Date of birth

24-08-1990

Sex

M

S9030531Z

Country of birth

SINGAPORE



3763715



NRIC No. **S9030531Z**

Date of issue

02-09-2005

**APT BLK 509 PASIR RIS STREET 52 #04-163
SINGAPORE 510509**

NRIC No: **S9030531Z**

Date: **13/06/2017**

Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S9030531Z**
Name **LEE CHEK KEE**

Birth Date **24 Aug 1990**
Issue Date **25 Mar 2010**

001842351G

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

	PASS DATE
Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	25 Mar 2010

NP 428A

Licence No: S9030531Z

INSURANCE

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #01-01
 Tel: (65) 63367288 Fax: (65) 63362522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 Customer service@axa.com.sg



CERTIFI

• Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) • Motor
 Risks and Compensation) Rules, 1960 • Road Transport Act, 1997 (Malaysia) • Motor
 Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VPA/P1876331	Account No
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: NEWCON BUILDERS PTE LTD	
Vehicle Registration No.	: SKK5089E	
Period of Insurance	: From 25/01/2018 To 24/01/2019 (Both Dat	

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or no
 hire purchase agreement or otherwise) to him or his employer or hi

(b) Any other person who is driving on the Policyholder's order or wit
 Provided that the person driving is permitted in accordance with the
 laws or regulations to drive the Motor Vehicle or has been so permitt
 disqualified by order of a Court of law or by reason of any enactment
 that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Polic
 The policy does not cover - use for hire or reward, racing, pace-mak
 trial, speed testing, the carriage of goods other than samples in co
 trade or business or use for any purpose in connection with motor tr
 Motor Car, whether stationary, in use or otherwise, is in or on, a r
 route, course or any other roads by whatever name called that are ty
 racing, pace-making or such similar purposes.

Basic Own Damage Excess : SGD 600.00

An additional Excess is applicable as follows:

S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexper
 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
 Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act,
 to be included under these headings.

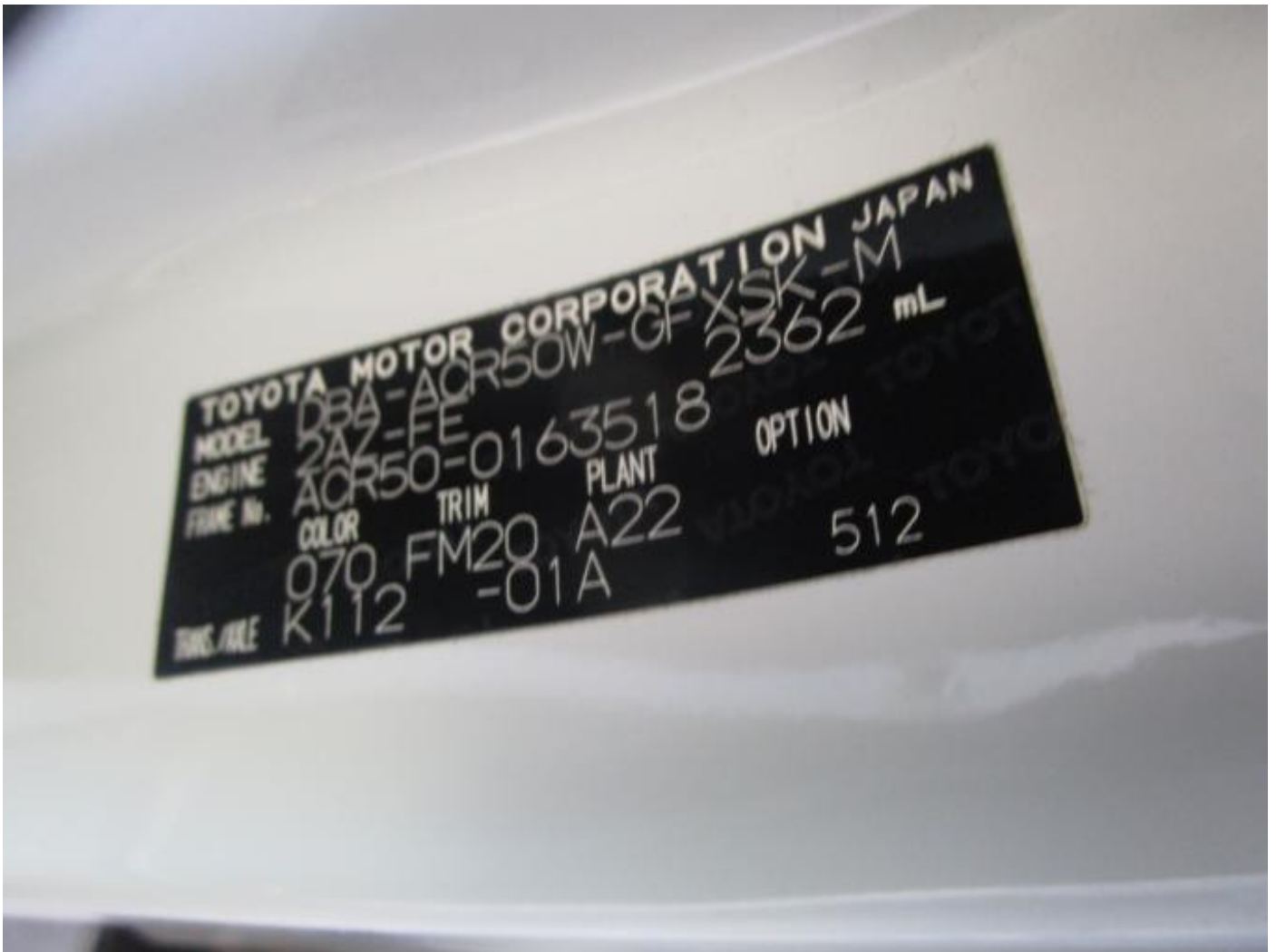
We hereby certify that the policy to which this Certification relates is iss
 ovisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (C
 Road Transport Act, 1987 (Malaysia).

Authorized Workshop

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSM618059300 Vehicle Registration No: SPF 5089 Z
Name (as shown in NRIC) : LEE CHER FEE NRIC/FIN/Passport No : S90305212
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 509 PASIR RIS ST 52 #04-163 Singapore 150509
Contact (Tel) : _____ Mobile No. : 91058257
Email Address : _____
Date of Accident : 05/05/2018 Time of Accident : 13:30
Place of Accident : PIC (CHAMBER) AFTER STEVEN RD
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

— INPUT FOREIGN VEHICLE DETAILS.

Policyholder / Driver's Signature
Date:

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