

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	21/05/2018 21:19
Date Of Accident	21/05/2018 18:00
Exact Location Of Accident	ON 281-281B ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9636K
Insured/Policyholder	
Name Of Registered Owner	MEI YONG SENG
NRIC No	S1489541H
Email Address	MEIALFRED@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92720760
Alternative Phone No	OFFICE-92720760

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN 2.0T TSI
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	P1316274
Cover Note Number	

Driver

Name of Driver	MEI YONG SENG
NRIC No	S1489541H
Date Of Birth	21/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1982
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92720760
Fax Number	
Contact Number	OFFICE-92720760
EEmail Address	MEIALFRED@GMAIL.COM

Address	BLK 277D COMPASSVALE LINK #14-308
Postcode	544277
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : WIFE 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

PLEASE REFER TO STATEMENT

Attachment(s)

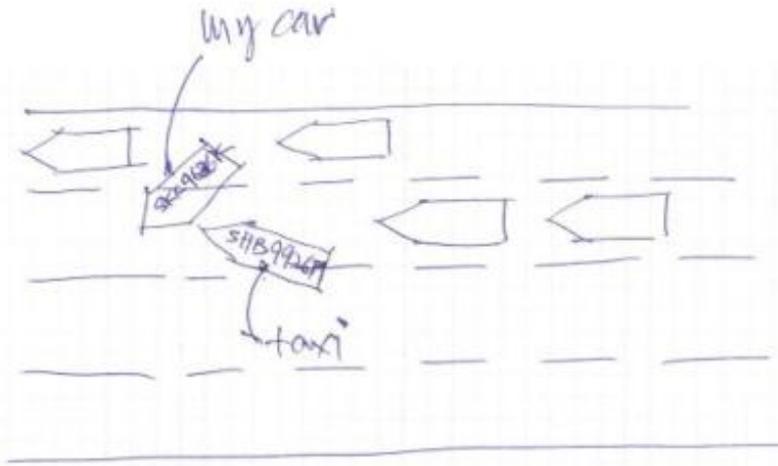
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9926P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21st May 2018, I was travelling on 201-201B Alexandra Rd, Bukit Merah at 18.00pm. As I ~~was~~ filtered out and already 3/4 out of my lane, the taxi SHB9926P cut in from the 3rd lane and hit the left front side of my car (his signal is still on) refer to ^{the} attached. My left side front was dented. Please refer to pic for reference. Thanks.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time: 21/5/2018
 21.00pm

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

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

Individual Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident: 21/05/2018 Time: 18:00pm Location of Accident: On 281 - 281B Alexandra Road

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SKC 9636K
 Name of Policyholder: Mei Yong Seng
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1489541H
 Address: Blk 277D Compassvale Link #14-308 S(544277)
 Contact Number: Tel: 9272 0760
 Occupation: outdoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Volkswagen Tiguan 2.0 TSi
 Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others SUV
 Exact Purpose for which vehicle was being used at the time of accident: private use
 Are you claiming under your own insurance policy? Yes No Remarks: 3rd party
 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: P1316274

DRIVER

Name of Driver: ' '
 NRIC/ FIN/ Passport: ' '
 Date of Birth: 21-04-1961
 Occupation: ' '
 Driving Pass Date: 15-07-1963
 Gender: Male Female
 Contact Number: Tel: ' '
 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.): 2 Pax (F) Side Swipe
 Weather Conditions: Clear Raining Others
 Road Surface: Wet Dry Others
 Damage Area: Front LH Side

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? |

meialfred@gmail.com

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SKC9636K

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number
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

SHB9926P
Taxi

Other Vehicle or Property 2

Vehicle Registration Number
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?
Was Injured conveyed to hospital by ambulance?

Yes No
 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?
Was Injured conveyed to Hospital by Ambulance?

Yes No
 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: 21/5/18 21:00pm

Signature of Driver / Date & Time
(if Driver is not the Policy Holder)

Date & Time:

Individual Statement

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.

Policyholder's Signature

Date & Time: 21/5/18
2.00 pm

Driver's Signature

(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Individual Statement



Date: 21/05/2018

To: Owner of Vehicle Number SKC9636K

The following has been advised to you via your workshop, BH Auto through their staff, Wen Zheng

Please tick the applicable box if you had been advised on the content as seen below:

- 1) 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.
2) You had been advised by the workshop on the liability and merits of the case accordingly.
3) 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.
4) 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.
5) 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.
6) The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.
7) You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
8) 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.
9) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
10) 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 3rd party

Signed and acknowledge by MEI YONG SEEN

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

IDENTITY CARD & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1489541H

Name: MEI YONG SENG

Birth Date: 21 Apr 1961

Issue Date: 22 Jul 2003

CCC674530F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1489541H

Name: MEI YONG SENG

梅 榮 成

Race: CHINESE

Date of Birth: 21-04-1961

Sex: M

Country of Birth: SINGAPORE

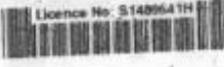


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Jul 1982

NP 428A

Licence No. S1489541H



AR238408

Barcode

NRIC No: S1489541H

Word Stamp: Class of issue: 17-10-2002

APT BLK 277D COMPASSVALE LINK #14-308
SINGAPORE 544277

NRIC No: S1489541H Date: 28/11/2016



CERTIFICATE OF INSURANCE

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M



Original

Agent Code: 13820
Policy No. (if any): P1316274 Renewal
SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN853232

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will hereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	MEI YONG SENG
MAKE AND DESCRIPTION OF VEHICLE	VOLKSWAGEN TIGUAN 2.0
VEHICLE REGISTRATION NO.	SKC9636K
YEAR OF MANUFACTURE	2011
ENGINE NO.	CCZ183532
CHASSIS NO.	WVGZZZ5NZCW012334
ENGINE CAPACITY/TONNAGE	1984
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	DBS BANK LTD
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 19/10/2017 TO: 18/10/2018
EXCESS (S\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	YES

WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

AXA INSURANCE PTE LTD

Issued by **KAREN E NAVARRO** on **09/10/2017 5:17pm**

Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

• Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.

• An administrative fee of S\$26.75 (inclusive of GST) will be charged:

- Cover note issued and cancelled before inception.
- Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTRC:NOTE/0103

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

