## 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 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

By the loagement of this report to the insurers, you nereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/06/2018 17:43
Date Of Accident	04/06/2018 12:30
Exact Location Of Accident	CLEMENTI MALL CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG3335J
Insured/Policyholder	
Name Of Registered Owner	TANG CHEE MENG
NRIC No	S0171030C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96284627
Alternative Phone No	OFFICE-96284627
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI (DSG)RECAT
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

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

**Insurance Company** 

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number VPA/P 1567593

Cover Note Number

**Driver** 

TANG JIAN HONG NICO Name of Driver

NRIC No S9244706E Date Of Birth 02/12/1992 Occupation INDOOR Date Of Driving Pass 18/12/2012

**Driving Experience** 5 YEARS AND 5 MONTHS

Gender MALE

Mobile Number +65-98800214

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address 8 KIM TIAN PLACE, #15-53

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHONG WENG LOK ABEL

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH PLAN

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 SKU356H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver TAN BENG WEE

NRIC/Passport Number S2593856I Contact Number 9231 6909

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 11

## Sketch Plan Pg. 1

#### **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:

- 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)
  - (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
- 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.
- 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: 04/06/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Vehicle C was parking and I (AME to Stop.  Subsequently, Vehicle B failed to stop in time, colliding into the new of wehicle A.  Describe a member of website and the polepholder of the new of	SKETCH PLAN			
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Vehicle C mas parking and I (ame to Stop).  Subsequently, vehicle B failed to Stop in time, collicity into the near of rehicle A.  DECLARATION  I/We declare the foregoing particulars are true in eyery respect.  Pollcyholder's Signature  Date & Time: Office is not the pollcyholder).  Name:  Name:  NRIC/FIN No.:				
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Vehicle C mas parking and I (ame to Stop).  Subsequently, vehicle B failed to Stop in time, collicity into the near of rehicle A.  DECLARATION  I/We declare the foregoing particulars are true in eyery respect.  Pollcyholder's Signature  Date & Time: Office is not the pollcyholder).  Name:  Name:  NRIC/FIN No.:				
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Vehicle C mas parking and I (ame to Stop).  Subsequently, vehicle B failed to Stop in time, collicity into the near of rehicle A.  DECLARATION  I/We declare the foregoing particulars are true in eyery respect.  Pollcyholder's Signature  Date & Time: Office is not the pollcyholder).  Name:  Name:  NRIC/FIN No.:				
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Vehicle C mas parking and I (ame to Stop).  Subsequently, vehicle B failed to Stop in time, collicity into the near of rehicle A.  DECLARATION  I/We declare the foregoing particulars are true in eyery respect.  Pollcyholder's Signature  Date & Time: Office is not the pollcyholder).  Name:  Name:  NRIC/FIN No.:				
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Vehicle C mas parking and I (ame to Stop).  Subsequently, vehicle B failed to Stop in time, collicity into the near of rehicle A.  DECLARATION  I/We declare the foregoing particulars are true in eyery respect.  Pollcyholder's Signature  Date & Time: Office is not the pollcyholder).  Name:  Name:  NRIC/FIN No.:				
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Vehicle C mas parking and I (ame to Stop).  Subsequently, vehicle B failed to Stop in time, collicity into the near of rehicle A.  DECLARATION  I/We declare the foregoing particulars are true in eyery respect.  Pollcyholder's Signature  Date & Time: Office is not the pollcyholder).  Name:  Name:  NRIC/FIN No.:				
DECLARATION  I/We declare the foregoing particulars are true in every respect.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Distance & Time:  Date &				
DECLARATION  I/We declare the foregoing particulars are true in every respect.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Distance & Time:  Date &	·			+
DECLARATION  I/We declare the foregoing particulars are true in every respect.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Distance & Time:  Date &				
DECLARATION  I/We declare the foregoing particulars are true in every respect.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Distance & Time:  Date &				
DECLARATION  I/We declare the foregoing particulars are true in every respect.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Distance & Time:  Date &	A- \$16 33355			+++++++++++++++++++++++++++++++++++++++
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Vehicle C was parking and I came to stop.  Subsequently, vehicle B failed to stop in time, colliding into the rear of rehicle A.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature  Date & Time:  Date & Time:  Date & Time:  Output Date & Time:  Date & Time:  Output Date & Time:  NRIC/FIN No.:				
Vehicle C was parking and I came to Stop.  Subsequently, vehicle B failed to Stop in time, colliding into the year of wehicle &.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time:    (If driver is not the policyholder)   Name:   Date & Time: 04/06/2018   NRIC/FIN No.:	3 31 90 0 9 9 1			<del></del>
Vehicle C was parking and I came to Stop.  Subsequently, vehicle B failed to Stop in time, colliding into the year of wehicle &.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time:    (If driver is not the policyholder)   Name:   Date & Time: 04/06/2018   NRIC/FIN No.:	DESCRIPT CIRCUMSTANCES OF 3	THE ACCIDENT	it ka wiki dina salinda k	
Subsequently, Vehicle B failed to stop in time, colliding into the near of vehicle A.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature  Date & Time: Off Obj 2018  Date & Time: Off Obj 2018  NRIC/FIN No.:				
DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time:    If driver is not the policyholder   Name:   Date & Time: 04   06   2018   NRIC/FIN No.:				
DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time:    If driver is not the policyholder   Name:   Date & Time: 04   06   2018   NRIC/FIN No.:	Subsequently, veh	icle B failed to	stop in time, collid	ing into
DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time:  If driver is not the policyholder) Date & Time:  Out   06   90   \$ NRIC/FIN No.:		hicle A.		<del></del>
Policyholder's Signature Date & Time:  Date	100 0000			
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date		<u> </u>		<u> </u>
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date		<del></del>	•	
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				-
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date			· · ·	
Policyholder's Signature Date & Time:  Date		<del></del>		
Policyholder's Signature Date & Time:  Date	_			
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date		· · · · · · · · · · · · · · · · · · ·		· · ·
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date				
Policyholder's Signature Date & Time:  Date	i/we declare the foregoing particulars	are true in every respect.	,11/	
Date & Time: (If driver is not the policyholder) Name:  Date & Time: OU (06) 901 8 NRIC/FIN No.:		-HI	nw	
Date & Time: (If driver is not the policyholder) Name:  Date & Time: OU (06) 901 8 NRIC/FIN No.:		117		
Date & Time: 04 (06) 2018 NRIC/FIN No.:				s Signature
Statistical skets delignation (1.5)	Date of Time:			
	\$1580वि क्रेक्ट वेरा (क्रांक्रा प्रकृत	1800	-	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



## 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. 1987 (Malaysia) ■Motor Vehicles (Third-Party Risks and Compensation) Rules. Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.

: VPA/P1567593

Account No. : 13820

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: TANG CHEE MENG

Vehicle Registration No. : SJG3335J

Period of Insurance

: From 25/11/2017 To 24/11/2018 (Both Dates Inclusive)

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

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner

(b) Any other person who is driving on the Policyholder's order or with his 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\*

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, speedtesting, 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.

(01)

#### Basic Own Damage Excess

An Additional Excess is applicable as follows: \$\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver. \$\$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 (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are 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, 1987 (Malaysia).

N.B : (Private Car Only)

You have signed an Undertaking to use exclusively AXA Premium Workshops for all your accident repairs insured by AXA.

Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:

. 50% NCD - Nil Excess . 0% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

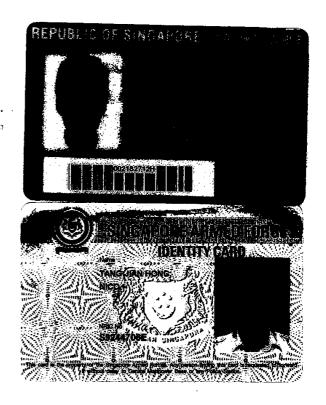
Issued by - SGOMOHA

on 07/11/2017

IMPORTANT:
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 Risks and Compensation Act (Cap. 189)

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

# Sketch Plan #4 Pg. 1





## **Accident Sketch Plan**





# **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: S66SS0020G / GST Reg. No.: M400017735

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

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MGS 1 MA762 Vehicle Registration No: SOG 33350 Name(as shownin NRIC): Tany Jian Hory Kow NRIC/FIN/Passport No: S92447068 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate I gim Tim Place #15-53 **Address** ) Contact (Tel) Mobile No.: **Email Address** \_Time of Accident : \_ 12 + 30\_\_\_\_\_ Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Velvele amba: 40 VOLKEWAGEM GROUP Singapore Reporting Centre Personnel's Name: (21030011 Policyholder / Driver's Signature onnel's Signature Date:

NRIC/FIN No.: Date:

 $G(\alpha_0 \otimes \alpha_0') + g(\alpha_0) + g(\alpha_0 \otimes \alpha_0) + 3$