### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

**EMail Address** 

- 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

aforesaid.	ACCIDENT STATEMENT		
	ACCIDENT STATEMENT		
	04/06/2018 17:17		
	04/06/2018 09:05		
	SLIP RD OF SENGKANG EAST AVE TO SENGKANG EAST RD		
<b>y</b>	SINGAPORE		
DE	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLQ2204J		
Insured/Policyholder			
Name Of Registered Owner	LEE YEOW FONG		
NRIC No	S1761042B		
Email Address	ADRIANLEE@MAZDA.COM.SG		
Mobile Phone No	(LOCAL) +65-96860101		
Alternative Phone No	OTHERS-96860101		
Vehicle Particulars			
Manufacturer	BMW		
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP		
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	REPORTING ONLY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	AXA INSURANCE PTE LTD		
Type Of Coverage	THIRD PARTY		
Fleet Policy	NO		
Policy Number	CN837132		
Cover Note Number	01/07/2017 - 24/09/2018		
Driver			
Name of Driver	LEE YEOW FONG		
NRIC No	S1761042B		
Date Of Birth	04/06/1966		
Occupation	INDOOR		
Date Of Driving Pass	22/10/1991		
Date Of Driving Fass			
-	26 YEARS AND 7 MONTHS		
Driving Experience	26 YEARS AND 7 MONTHS MALE		

OTHERS-96860101

ADRIANLEE@MAZDA.COM.SG

BLK 571 HOUGANG STREET 51 #13-113 Address

Postcode 530571

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 **COLLISION - HEAD TO REAR** 

Weather Conditions AFTER RAIN

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

NO

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NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

### **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?

If Yes, against whom?

## **Circumstances of Accident**

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

## Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

**OVERWRITE** Remarks/ Reasons:

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

RD6220H Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category Name of Driver MR TAN

NRIC/Passport Number

**Contact Number** 92388788

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

2646Kom Date of accident: 4 June 2018 Time: 9:05 am Location: SUP RO For VEWARME AVE TO My Vehicle A: SLQ 22045 Vehicle B: RD 6220H Vehicle C: -ROND SKETCH PLAN SENGICANG ENET AVE DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ACCIDENT HAPPENS NO @ 9.05 am JENGICHNA ENCY AVE Turchinh GREEN ( AMK CAR B HAR STAPPED TOWNYELL GREEN 13: Nh 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 you 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 Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

AH LIM MOTOR COMPANY [

### Sketch Plan Pg. 2

### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

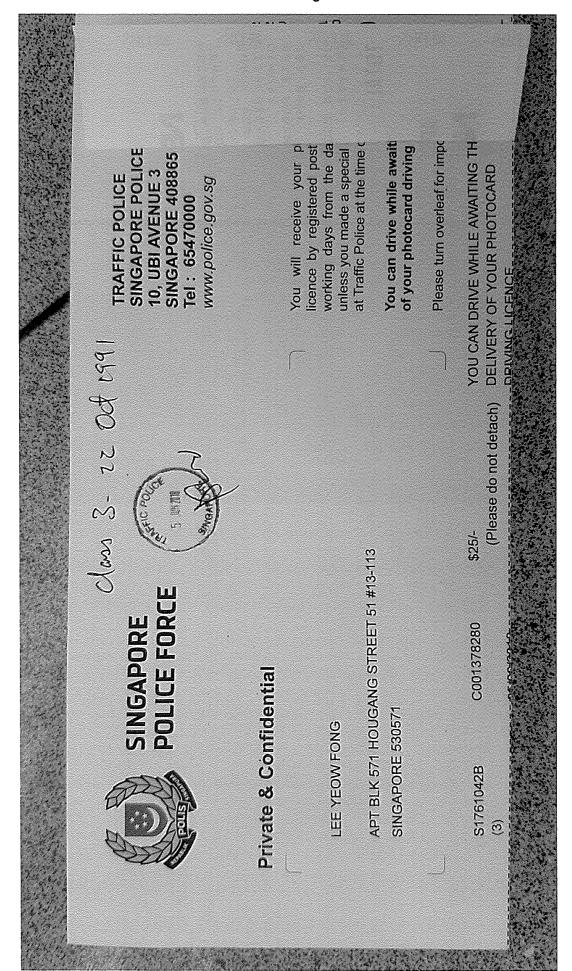
I understand, acknowledge, agree and consent that:

- (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.

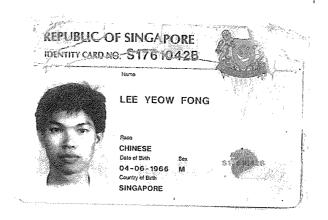
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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ANA



Sp. 9686 0107 Event.: adriantee e mazda. com. sg



After Roi het. inj: No con Conservate Todal.

#### Sketch Plan Pg. 5

#### **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



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Agent Code: 10837

Policy No.(if any):

**New Business** 

SmartDrive Quote Ref:

## **MOTOR COVER NOTE**

No. CN837132

- 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
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30
- 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 thereupon 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	LEE YEOW FONG
MAKE AND DESCRIPTION OF VEHICLE	BMW 520 I AUTO ABS AIRBAG 2WD XENON HEADLAMP
VEHICLE REGISTRATION NO.	SGY7708G SLQ JJOYJ
YEAR OF MANUFACTURE	2008
ENGINE NO.	B040I150N46B20BE
CHASSIS NO.	WBANT120X0CX29277
ENGINE CAPACITY/TONNAGE	1995
COVER TYPE	THIRD PARTY ONLY
HIRE PURCHASE	N/A
VALUE (S\$)	NA
PERIOD OF INSURANCE	FROM: <b>01/07/2017</b> TO: <b>24/09/2018</b>
EXCESS (S\$)	NA
AXA PREMIUM WORKSHOP?	NO

IWE 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

G&M PTE LTD

on

29/06/2017 9:41am

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

### PREMIUM WARRANTY

For Individual Customers:

ase 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.

MTR/C/NOTE/V01/03





