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 aforesaid.	hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/06/2018 17:41
Date Of Accident	05/06/2018 15:40
Exact Location Of Accident	DUNEARN RD U TURNING TWD BT TIMAH TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGH1815J
Insured/Policyholder	
Name Of Registered Owner	LIN BIN
NRIC No	S6964085J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96335965
Alternative Phone No	HOME-96335965

Vehicle Particulars

TOYOTA Manufacturer

Model **VELLFIRE 2.5Z GEDITION CVT 2WD 5DR**

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?

REPORTING ONLY 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 GA104146

Cover Note Number

Driver

Name of Driver LIN BIN NRIC No S6964085J Date Of Birth 28/12/1969 Occupation **INDOOR Date Of Driving Pass** 13/06/2006

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96335965

Fax Number

HOME-96335965 Contact Number

EMail Address NOEMAIL Address 2 FIFTH AVE #03-09 SINGAPORE 268800

Postcode

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 CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

NO 2

Was any other material or property damaged?

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : LIN PINYI

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

REFER TO SKETCH PLAN

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 SHB5779Z

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)

Page 2 of 22



redefining / insurance



1800 880 4888 (Within Singapor (65) 6880 4888 (International)

(65) 6880 4740

🖾 customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number 03288

Motor Vehicles (1977 Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960-Road Transport Act. 19 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name Cover

Plan name NCD applicable Vehicle registration number

Comprehensive Flexi 50% SGH1815J

Finance loan company

MAYBANK

LIN BIN

Engine number

Certificate number

Chassis number

GA104146/1 AGH300034840 2ARH613890

from 11/05/2018 to 10/05/2019 (both dates inclusive) Period of Insurance

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1 LIN RONG

(c) Any person who is driving on the Policyholder's order 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 be 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 V

Limitation 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, speed testing, the carriage of goods other than samples in 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 a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such simila

Elimitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transp. (Malaysia), are not to be included under these headings.

FXCESS

Basic Own Damage Excess Windscreen Excess

SGD 400.00 SGD 100.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. \$\$500 for declared Young and Inexperienced Driver
- 3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premis Workshops.

Additional clauses & endorsements to your policy

Nil

TAKE hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Par Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

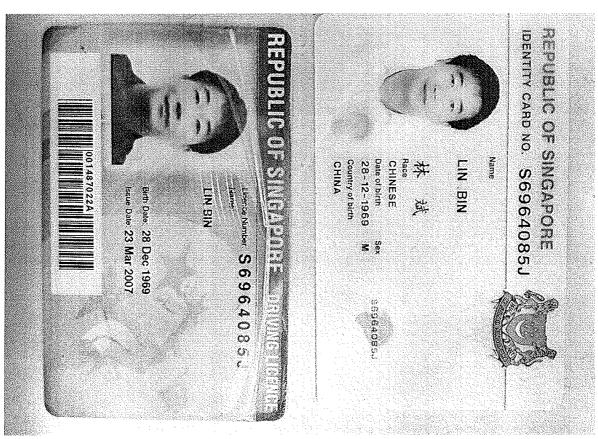
articulars, we warned this an trait take at a regree congruenting mad additional the Countying at this county stole the

Sketch Plan Pg. 2

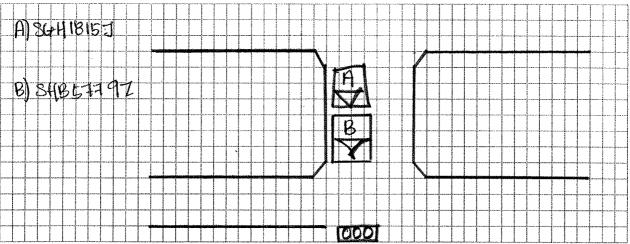
/244	redefining / insurance	
Date: _	05/06/2018	
	mer of Vehicle Number: 874 1815 J	
	lowing has been advised to you via your workshop, FTHOZ	PROTECT through their
Please	tick the applicable box if you had been advice on the content as	seen below:
-+1	You had been advised by the workshop that in the case that you there is a Fourteen (14) days clause whereby the claim must be from the day of occurrence.	ou wish to claim against your own policy, se made within the stipulated timeframe
	You had been advised by the workshop on the liability and me	erits of the case accordingly.
4	You had been advised by the workshop on the claims proceds making due to this accident.	ure for the type of claim that you will be
11	There will be delay to your vehicle repair due to the unavailab other option except to indent it from overseas.	ility of spare parts locally and there is no
/()	There will be no cancellation/withdrawal of the Own Damage have been placed. If you wish to cancel/withdraw the claim, related charges incurred directly &/or indirectly to the procure	you shall bear all costs, expenses &/or
1	The estimated waiting time for the spare parts to arrive is _ estimated arrival time does not include the repair period.	The
11	You will be driving the vehicle out despite being advised by the vehicle may not be road worthy.	workshop mechanic/personnel that the
N	For vehicles below Three (3) years old, your Insurance Comparepair your vehicle.	ny will use only genuine original parts to
	For vehicles above Three (3) years old, your Insurance Comparts and/or original equipme	ny will be carrying out repairs using <i>any</i> nt manufacturer (OEM) parts.
17!	You had been advised by the workshop of the Twelv ? (12) mo on workmanship related to the accident.	nths warranty for <u>Own Damage</u> repairs
1	For vehicles that are under warranty with a local distributor, y to check with your local distributor on any effect to your warr claim.	ou have been advised by the workshop anty prior to making this Own Damage
M	Others	
Signed a	nd acknowledge by:	
Name ar	nd signature of policyholder/authorised driver	
\	Hasbullah	
A HAMBLE	d signature of workshop personnel including company stamp	

Sketch Plan Pg. 3





SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
While waiting for the traffic-light (Green) on a turning right (U-Turn) I	I accidentally released my foot-pedal brake and
My vehicle notched forward and touches the front vehicle (SHB57792	Z).
I stopped my vehicle and assess the incident.	
My vehicle (SGH1815J) damage only to the front bumper and vehicle	(SHB5779Z) damage to the rear bumper.
I and my passenger and the other vehicle driver and passenger suffer	r no injury.
We exchange particulars and left the scene.	
,	
mportant:	- Reporting Only
ou have been advised by the workshop that in the event that you wish to	- Claim OD
claim against your own policy (OD CLAIM), There is a FOURTEEN (14)	- Claim TP
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.	- Claim OD/ TP at other worksh
Total the day of the occurrence.	- Claim Ob/ IP at other worksh

DECLARATION

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

Policyholder's signature

Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

SKETCH PLAN

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- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the G&A Records Management Centre established by the General Insurance
 Association of Singapore (G&A) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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 .
 - 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
 - (iii) 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:

epart Centre Personner's Signature

NIBIC/FIN NO

Transfer Fee Enquiry

Page 1 of 1

> Back to OneMotoring

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P11 - Passenger Station Wagon/Jeep/Land Rover		
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You may print this page for reference.

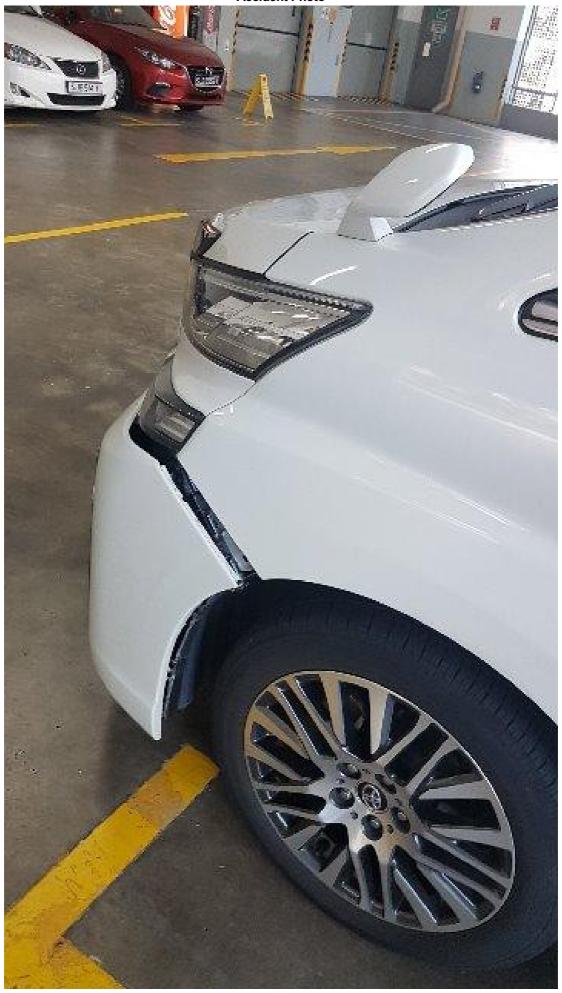
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REPORTING MILEAGE









