

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	04/06/2018 15:49
Date Of Accident	04/06/2018 13:20
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7251Y
Insured/Policyholder	
Name Of Registered Owner	LEE LAI LAI AMY
NRIC No	S1604059B
Email Address	LAILAIAMYBALMAS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90609357
Alternative Phone No	OFFICE-90609357

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200-1.8 KOMPRESSOR (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	GA127406/1
Cover Note Number	

Driver

Name of Driver	LEE LAI LAI AMY
NRIC No	S1604059B
Date Of Birth	05/10/1963
Occupation	INDOOR
Date Of Driving Pass	25/06/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90609357
Fax Number	
Contact Number	OFFICE-90609357
Email Address	LAILAIAMYBALMAS@GMAIL.COM

Address	4B PARK VALE #03-10
Postcode	288564
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	CHAIN COLLISION
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?	YES
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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

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	GBD5969C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE LAI LAI AMY
------	-----------------

Approximate Age	
Injuries Sustain	SLIGHT INJURIES
Injured person in which vehicle?	SKM7251Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:



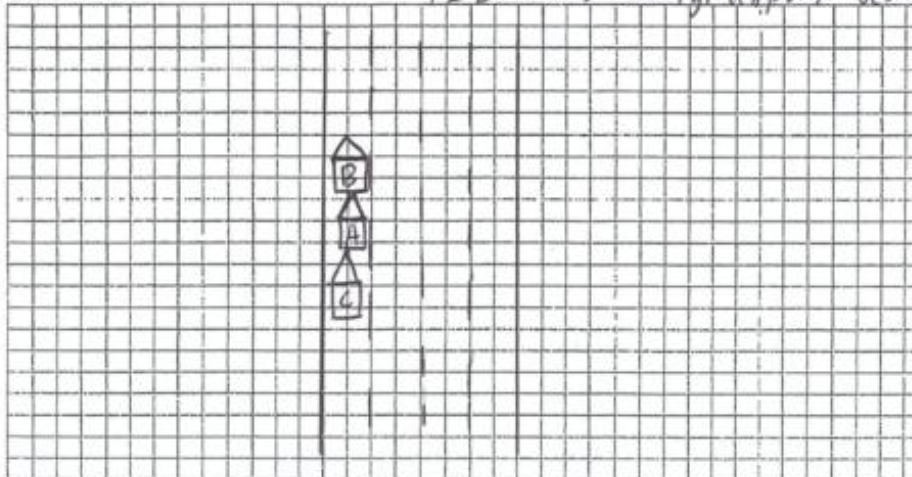
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2


SKETCH PLAN

PIE toward changi airport before euros exit

Vehicle No
A - SKM7351R
B - G33692M
C - G3D5969C




Legend



A

Vehicle



A

Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along PIE toward Changi airport before euros exit. The Traffic was heavy, the car in front of me slow down and stop, so I follow to slow down and stop without any contact with the front vehicle. Suddenly I felt a huge impact from the rear of my vehicle, resulting my vehicle to move forward and hit onto the car in front of me (G33692M).

I get down and ~~regreted~~ ^{realised} that I was involved in a chain collision involving 3 vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident <u>4/6/18</u> Time <u>1:22pm</u>		2 Exact location of accident <u>PIE towards changi airport before eurus exit</u>		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> *	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> *		To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/> *		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SKM7251Y

6 Insured / policyholder (see insurance cert.)
 Name Lee Lai Lai, Amy
 (capital letters)
 Address 4B Parkvale #03-10
S(288564)
 NRIC / Passport no. S1604059B
 Tel no. (from 9am till 5pm) 94501047
 HP 90609357 (Owner)

7 Vehicle
 Make, type Mercedes C200

8 Insurance company
AAA ☐ C ☐ TPFT ☒ TPO
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☒
 Policy No. GA127406/1

9 Driver ☒ Same as Owner
 Name _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence _____
 HP _____
 Gender Male ☐ Female ☒

A
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22**12 CIRCUMSTANCES**
Put a cross (X) in each of the relevant boxes applicable to your vehicle

- Chain Collision
 Collided into Bicyclist
 Collided into Motorcyclist
 Collided into Parked Vehicle
 Collided into Pedestrian
 Collided into Property
 Collision - Change/Cross Lane
 Collision - Cross Junction
 Collision - Head on Collision
 Collision - Head to Rear
 Collision - Major/Minor Rd
 Collision - Opening Door of Vehicle
 Collision - Roundabout
 Collision - U-Turn
 Drink Driving / Drug Influence
 Fire, Explosion or Lightning
 Flood
 Hit and Run / Vandalism / Damaged whilst Parked
 Hit by Fallen Tree / Other Objects
 No Collision
 Side Swipe
 Theft

← State TOTAL number of boxes marked with a cross →

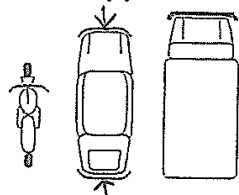
Registration No. (VEHICLE B) G8D5969C

6 Insured / policyholder (see insurance cert.)
 Name _____
 (capital letters)
 Address _____
 NRIC / Passport no. _____
 Tel no. (from 9am till 5pm) _____
 HP _____

7 Vehicle
 Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle B?
 No ☐ Yes ☐
 Policy No. (if available) _____

9 Driver (See driving licence) (if different from Insured B above)
 Name _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence _____
 HP _____
 Gender Male ☐ Female ☐

B
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22**10** Indicate the point of initial impact with an arrow (→)**11** Visible damage to vehicle A**14** My remarks**13** Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively please make reference to one of the sketches on page 4: _____

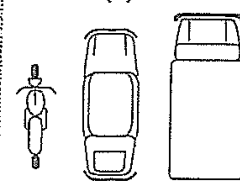
15 Signatures of drivers **15**

A

B

14 My remarks

Vehicle C: GZ3692M

10 Indicate the point of initial impact with an arrow (→)**11** Visible damage to vehicle B**14** My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (If any) 6747 7752																										
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)																												
Insured	1 Occupation (if more than one, state all) <u>Housewife</u> Email: <u>lailaiamy@yahoo.com</u> 2 Vehicle registration no. <u>SKM7251Y</u> CC <u>2.0</u> If commercial vehicle, state permissible carrying capacity 3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner: _____ state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____ 4 Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____ 5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____ 6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)																											
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A <input type="checkbox"/> B																											
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>05 Oct 1963</u> Occupation <u>Indoor</u> Date of license pass <u>25 June 1982</u> Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____ 9 Full details of all driving convictions including pending prosecutions in the last 36 months <table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Date	Offence	Penalty																						
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Injured persons	<table border="1"> <thead> <tr> <th>10 Name(s), address(es) and approximate age(s)</th> <th>Injuries sustained</th> <th>If vehicle occupants, state in which vehicle</th> <th>Were seat belts being worn?</th> <th>Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td><u>LEE Lai Lai, Amy</u></td> <td><u>Back & neck</u></td> <td><u>SKM7251Y</u></td> <td>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr> </tbody> </table>			10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?	<u>LEE Lai Lai, Amy</u>	<u>Back & neck</u>	<u>SKM7251Y</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s) _____ Vehicle registration no. or details of property _____ Nature of damage _____ Insurer's name and address (if known) _____ _____ _____																											
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____ 13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____																											
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> 15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> 16 Speed of vehicles A <u>10-20</u> km/hr B _____ km/hr 17 What warnings were given by driver or other party? _____ 18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 19 What lights were displayed on your vehicle/the other vehicle(s)? _____ 20 If your vehicle is commercial, state weight of load carried at time of accident _____ 21 State how accident happened, width of roads, speed limits, etc (Refer to attached) _____ 22 State number of Passengers (including Driver) <u>1</u>																											
Declaration	I/We declare the foregoing particulars are true in every respect Policyholder's signature <u>Axl</u> Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____																											



redefining / insurance

AXA Insurance Singapore Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

Certificate of Insurance

account number
00914

-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) Rules, 1959 (Malaysia)

Policy details

Policyholder name	LEE LAI LAI AMY MRS. AMY BALMAS	Certificate number	GA127406 / 1
Cover	Comprehensive	Chassis number	WDD2040412A317803
Plan name	Private	Engine number	27195031257333
NCD applicable	10%		
Vehicle registration number	SKM7251Y		
Period of insurance	from 06/11/2016 to 16/09/2017 (both dates inclusive)		
Finance loan company	DBS BANK LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) 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 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.

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 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.

* 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.

EXCESS	Basic Own Damage Excess	SGD 600.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$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 Premium Workshops.

Additional clauses & endorsements to your policy

Nil

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

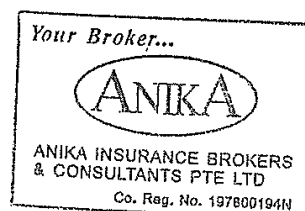
AXA Insurance Singapore Pte Ltd

Authorised signature

Important note

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, endorsement etc.

AXA Insurance Singapore Pte Ltd (M2-0009922-2)
 8 Shenton Way, #27-01, AXA Tower,
 Singapore 068811
 Customer Care Department, #B1-01



1 of 3

DRIVER IC/DL Pg. 1

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Jun 1982

NP 428A

Licence No: S1604059B

0 1 7 9 2 9

NRIC No: S1604059B

Blood Group: B+ Date of Issue: 10-12-1991

4B PARK VALE #03-10
SINGAPORE 288504

NRIC No: S1604059B Date: 08/01/2012 No: 6911132

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1604059B

Name: LEE LAI LAI, AMY

Birth Date: 05 Oct 1963

Issue Date: 27 Dec 2003

1001061144J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1604059B

Name: LEE LAI LAI, AMY
MRS. AMY BALMAS
李麗麗

Race: CHINESE

Date of Birth: 05-10-1963 Sex: F

Country of Birth: SINGAPORE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

