

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 | 11/06/2018 17:47 |
| Date Of Accident | 11/06/2018 11:30 |
| Exact Location Of Accident | BT BATOK WEST AVE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKE5176L |
| Insured/Policyholder | |
| Name Of Registered Owner | YIP SOW CHIN |
| NRIC No | S7250228J |
| Email Address | DIORYIP@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98719674 |
| Alternative Phone No | OTHERS-68970819 |

Vehicle Particulars

| | |
|--|-----------------------------|
| Manufacturer | FORD |
| Model | S-MAX 2.0 TITANIUM ECOBOOST |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | GA163653/1 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YIP SOW CHIN |
| NRIC No | S7250228J |
| Date Of Birth | 19/12/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/01/2002 |
| Driving Experience | 16 YEARS AND 4 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98719674 |
| Fax Number | |
| Contact Number | OTHERS-68970819 |
| Email Address | DIORYIP@GMAIL.COM |

| | |
|---|-----------------------------|
| Address | 52 BUKIT BATOK ST 31 #22-10 |
| Postcode | 659443 |
| 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 - CHANGE/CROSS LANE |
| 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? | 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) | 4 |
| Passenger 1 | NAME: : TEH YI-EN IAIN GENDER: : MALE |
| Passenger 2 | NAME: : TEH QI EN KIRSTEN GENDER: : FEMALE |
| Passenger 3 | NAME: : TEH ZHI-EN MARK GENDER: : MALE |

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 ATTACHED .

Attachment(s)

| | |
|---|---------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | FILE TOO BIG TO ATTACHED. |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------|
| Vehicle Registration Number | SHB3532G |
| Vehicle Make/Model/Colour | HYUNDAI / I40 |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | ZHOU WEI XIONG |
| NRIC/Passport Number | S1705488J |

| | |
|-------------------------------------|----------|
| Contact Number | 97658489 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

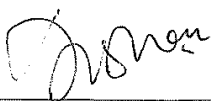
SKETCH PLAN

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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)

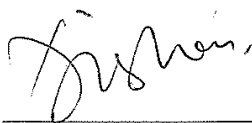
I understand, acknowledge, agree and consent that:

- (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: 17/06/18



Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/06/18

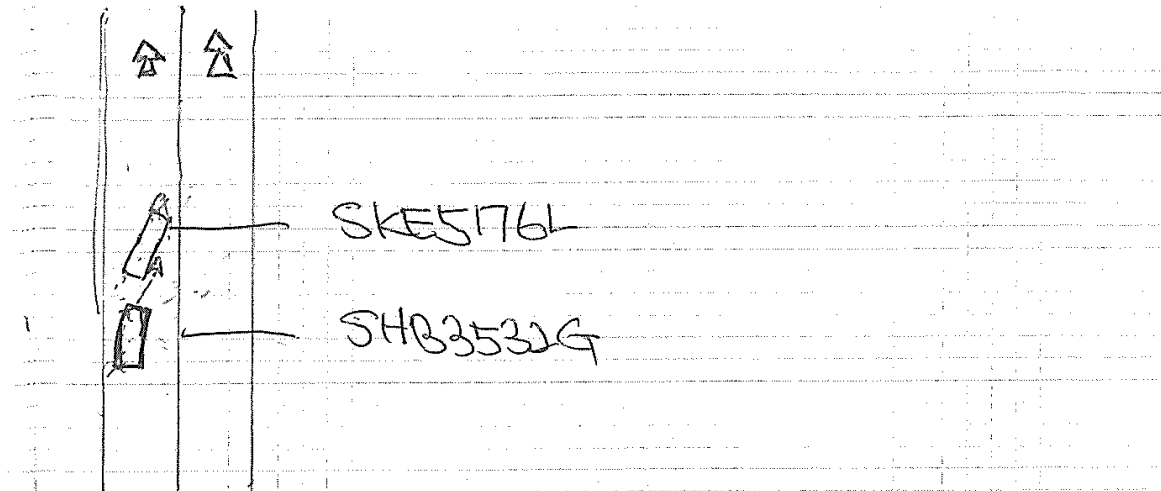


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 11:25, I was driving along Bt Batik Mect Ave 2 towards PIE. I was on the left lane and wanted to switch to the right lane. I checked my blind spot on my right and there was no oncoming vehicle. I then proceeded to filter out and then the taxi that was BEHIND me, ~~was at~~ suddenly filtered to the right and hit me.

DECLARATION

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

Policyholder's Signature _____
Date & Time: 11/06/18

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 11/06/18


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



redefining / insurance

AXA Insurance 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
12139

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 | YIP SOW CHIN | Certificate number | GA163653 / 1 |
| Cover | Comprehensive | Chassis number | WF0SXXGBWSBM15486 |
| Plan name | Essential | Engine number | BM15486 |
| NCD applicable | 30% | | |
| Vehicle registration number | SKE5176L | | |
| Period of Insurance | from 09/03/2018 to 08/03/2019 (both dates inclusive) | | |
| Finance loan company | TOKYO CENTURY LEASING (S) PTE 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 500.00 |
| | Windscreen Excess | SGD 100.00 |

An Additional Excess is applicable as follows

- \$500 for unnamed *Authorised Driver*
- \$500 for declared *Young and Inexperienced Driver*
- \$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$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 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 Vehicles (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.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7250228J



Name

YIP SOW CHIN
(YE XIUZHEN)

葉秀貞

Race

CHINESE

Date of birth

19-12-1972

Sex

F

Country of birth

SINGAPORE

S7250228J



4806189



NRIC No. S7250228J

Date of issue

29-12-2011

52 BUKIT BATOK STREET 31 #22-10
SINGAPORE 659443

S7250228J

15/10/2013

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

14 Jan 2002



NP 428A

Sketch Plan Pg. 5

Date: 11/06/18

To: Owner of Vehicle Number: SKE5176L

The following has been advised to you via your workshop, CDG through their staff, Brenda

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

☒ You had been advised by the workshop that in the event 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.

☒ You had been advised by the workshop on the liability and merits of the case accordingly.

☒ 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.

☒ 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.

☒ The Estimation waiting time for the spare parts to arrive is 1-2 month.
The estimated arrival time does not include the repair period.

☒ You will be driving the vehicle out despite being advised by the workshop mechanical personnel that the vehicle may not be road worthy.

☒ For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out or using any combination of genuine, original parts and/or original equipment manufacture (OEM) parts.

☒ You had been advised by the workshop of the Twelve (12) months warranty for Own / repairs on workmanship related to the accident.

☒ For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.

☒ Others: EXCESS Applicable Subject to Insurance Verification

Signed and acknowledge by:

[Signature]
Name and signature of policyholder/ authorised driver

[Signature]
Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

