

## 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	25/06/2018 20:27
Date Of Accident	24/06/2018 20:50
Exact Location Of Accident	MALAYSIA CUSTOM
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7188B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEOW JOO NGEE
NRIC No	S1171390D
Email Address	ARCTICALUMINIUM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90027518
Alternative Phone No	OFFICE-90027518

### Vehicle Particulars

Manufacturer	OPEL
Model	INSIGNIA 2.0
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
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA068895/1
Cover Note Number	

### Driver

Name of Driver	LEOW JOO NGEE
NRIC No	S1171390D
Date Of Birth	11/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1976
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90027518
Fax Number	
Contact Number	OFFICE-90027518
Email Address	ARCTICALUMINIUM@HOTMAIL.COM

Address	BLK 338 UBI AVE 1 #05-857
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	SIDE SWIPE
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?	
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)	3
Passenger 1	NAME: : MISS GENDER: : FEMALE
Passenger 2	NAME: : MISS 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 REPORT

#### 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	SJF4965P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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#### **8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

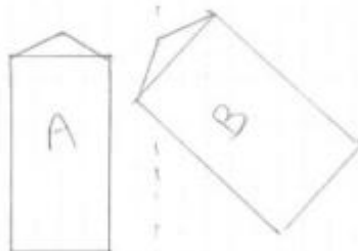
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

CUSTOMS. TWDS WOODLANDS.



B = SJF4965P

I was travelling on my lane when vehicle B cut into my lane. Hitting my right side of my vehicle. I have a video footage of this accident.

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

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

# Common Statement

☒ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident: 24/06/2018 Time: 2049 Location of Accident: MALAYSIA CUSTOMS-

INSURED/ POLICY HOLDER (VEHICLE A)  
Vehicle Registration Number: SKQ7188B  
Name of Policyholder: LEOW JOO NEE  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S171340D  
Address: BLK 338 UBI AVE 1 #05-857 S400338  
Contact Number: Tel: 90027518  
Occupation: OUTDOOR

VEHICLE PARTICULARS (VEHICLE A)  
Vehicle Make / Model: OPEL INSIGNIA - 20-A1  
Type of Vehicle: ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others  
Exact Purpose for which vehicle was being used: PRIVATE USE  
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks: THIRD PARTY  
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)  
Name of Insurance Company: AXA  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: GA06889511

DRIVER  
Name of Driver: =  
NRIC/ FIN/ Passport: 11/12/1955  
Date of Birth: 08/12/1976  
Occupation: OUTDOOR  
Driving Pass Date: ☒ Male ☐ Female  
Gender: ☐ Yes ☒ No  
Contact Number: Tel: 90027518  
Address: Arcticaluminiun @ hotmail.com  
Email Address: ☐ Yes ☒ No  
Was driver an employee of the Insured's Company? owner.  
If No, relationship of Driver with the Insured: 3 party

Vehicle Number of Driver's Own Vehicle (if applicable):  
Insurance of Driver's Own Vehicle (if applicable):  
GENERAL INFORMATION OF THE ACCIDENT  
Type of Collision (E.g. Chain Collision/ Head On, etc.): SIDE SWIPE  
Weather Conditions: ☒ Clear ☐ Rainy ☐ Others  
Road Surface: ☐ Wet ☒ Dry ☐ Others  
Damage Area: RH SIDE

OTHER INFORMATION  
Was there any foreign vehicle(s) involved? ☒ No ☐ Yes  
Was anybody injured in the accident? (including Witness) ☒ No ☐ Yes  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any camera video footage (in car)? ☐ No ☒ Yes

DETAILS OF POLICE ACTION  
Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station & Report No:  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?

# AXA FORM



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Date 25/06/2013

To: Owner of Vehicle Number SKQ 7188B

The following has been advised to you via your workshop, BU AUTO SERVICES through their staff, ANTHONY LAU

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

- ☒ You had been advised by the workshop that in the case 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.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ The estimated arrival time does not include the repair period.
- ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ Others THIRD PARTY

Signed and acknowledge by:

\*

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp:

## Common Statement

OWN VEHICLE REGISTRATION NUMBER

SKQ7188B

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SJF 4965P

Vehicle Make/Model/Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to hospital by ambulance?

☐

Yes

☐

No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to Hospital by Ambulance?

☐

Yes

☐

No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect

X

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## Driving License

### OWNER IC & DRIVING LICENCE



### YOU ARE ELIGIBLE TO DRIVE (RENT) IN THE FOLLOWING CATEGORIES:

	Category	Vehicle Type
Category A	Motorcycles with engine capacity up to 400 cc	Motorcycles
Category B	Motorcycles with engine capacity up to 400 cc	Motorcycles
Category C	Motorcycles with engine capacity up to 400 cc	Motorcycles
Category D	Motorcycles with engine capacity up to 400 cc	Motorcycles

