

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	02/07/2018 14:21
Date Of Accident	30/06/2018 04:45
Exact Location Of Accident	JALAN KAYU TOWARDS JALAN TARI LILIN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SR66R
Insured/Policyholder	
Name Of Registered Owner	EUROAUTOMOBILE PTE LTD
Co Reg No	200201004E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94232881
Alternative Phone No	OFFICE-68820857

Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	ALFA GIULIA QV 2.9

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

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2096668
Cover Note Number	

Driver

Name of Driver	GOH YI SHUN JOSHUA
NRIC No	S9024929J
Date Of Birth	30/06/1990
Occupation	INDOOR
Date Of Driving Pass	19/03/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94232881
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	24 LENG KEE ROAD
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	
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?	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?	NO
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

I WAS HEADING HOME WHEN I SAW VEHICLE B LEAVING A PUBLIC CAR PARK. I SLOWED DOWN, WHEN VEHICLE B STOPPED AT THE STOP LINE, I RESUMED SPEED. VEHICLE B EXIT THE CAR PARK ABRUPTLY. I TRIED TO STEER AND AVOID VEHICLE B WHILE BREAKING AT THE SAME TIME. AFTER THE ACCIDENT, EXCHANGE PARTICULARS, BUT HE HAS NOT BEEN CONTACTABLE SINCE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan Pg. 1

SKETCH PLAN

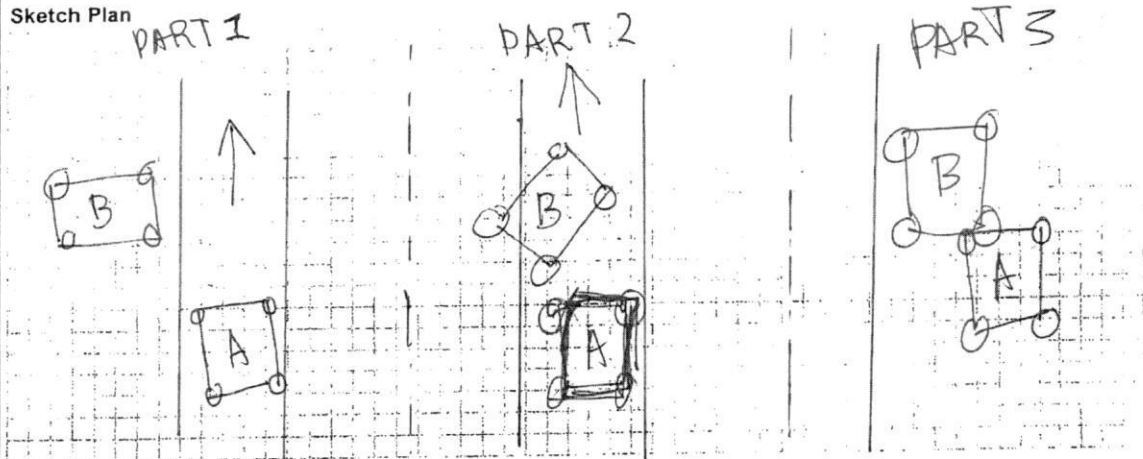


Pre-Generated Ref No: VAC090600210/1

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Sketch Plan




Describe Circumstance of the Accident.


I was heading towards home, when I saw vehicle B leaving a public car park. I slowed down. When vehicle B stopped at the stop line, I resumed speed. Vehicle B exit the car park abruptly, I tried to steer and avoid vehicle B while breaking at the same time. After the accident, we exchanged particulars, but he has not been contactable since.

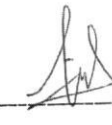
Declaration

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

If space above is insufficient continue on Page 2


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Individual Statement Pg. 1

ACCIDENT STATEMENT (Part I)

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 Time 0445		2 Exact location of accident JALAN KAYU, TOWARDS JALAN TARI LIDIN, Public Next, to public carpark of THOHIRAH		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		To objects other than vehicles No <input checked="" 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) <u>NIL</u>	

Registration No. (VEHICLE A)

6 Insured / policyholder (see insurance cert.)
 Name EUROAUTOMOBILE PTG
 (capital letters) UTP

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP _____

7 Vehicle
 Make, type ALFA ROMEO GULIA QV

8 Insurance company
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☒

Policy No. (if available) VPA/P2096668

9 Driver (See driving licence)
 (if different from insured A above)
 Name GPH YE SUN, JOSHUA
 (capital letters)
 NRIC / Passport no. S9049205
 Class of licence 3

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|----|---|
| 1 | parked / stopped (at the roadside) |
| 2 | leaving a parking space / opening the door (at the roadside) |
| 3 | entering a parking space (at the roadside) |
| 4 | emerging from a car park, from private grounds, from a minor road |
| 5 | entering a car park, private grounds, a minor road |
| 6 | entering a roundabout or similar traffic system |
| 7 | circulating in a roundabout or similar traffic system |
| 8 | striking the rear of the other vehicle while going in the same direction and in the same lane |
| 9 | going in the same direction but different lane |
| 10 | changing lanes |
| 11 | overtaking |
| 12 | turning to the right, making a U-turn (official U-turn) |
| 13 | turning to the left |
| 14 | reversing |
| 15 | encroaching in the opposite traffic lane |
| 16 | coming from the right (at road junctions) |
| 17 | not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.) |

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B)

6 Insured / policyholder (see insurance cert.)
 Name _____
 (capital letters)

Address _____

NRIC / Passport no. S711020F

Tel no. (from 9am till 5pm) _____

HP 9386 6847

7 Vehicle
 Make, type HONDA SHUTLE

8 Insurance company
 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 SUPHAN BIN ABBAS
 (capital letters)
 NRIC / Passport no. S711020F
 Class of licence 3

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

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

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

14 My remarks
 I was travelling towards home, when I saw vehicle B leaving a public carpark. I slowed down. When he stopped at the carpark stopline, I resumed speed. Vehicle B came out abruptly, I tried to steer and avoid while braking. We exchanged

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf particulars, but he has not been contactable since.

15 Signatures of drivers

A

14 My remarks

B

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

Individual Statement Pg. 2

INDIVIDUAL STATEMENT (Part II)

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>AST MANAGER - OPS</u> Email: <u>Joshua.abb@cmpl.com</u>							
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	2 Vehicle registration no. <u>SR66R</u> C.C. <u>2,900</u>	If commercial vehicle, state permissible carrying capacity						
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, 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"/> Others - please specify							
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present <u>24 LENG KEE ROAD</u> Tel no. _____							
6 Are you claiming under your own insurance policy for repair to your vehicle? If no, state action to be taken _____								
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>30/06/90</u>	Occupation (if more than one, state all) <u>AST MANAGER - OPS</u>						
	Years of driving experience <u>9</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 <u>NIL</u>							
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><u>NIL</u></td> <td><u>NIL</u></td> <td><u>NIL</u></td> </tr> </tbody> </table>			Date	Offence	Penalty	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
Date	Offence	Penalty						
<u>NIL</u>	<u>NIL</u>	<u>NIL</u>						
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained						
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						
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____							
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input 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>40</u> km/hr B <u> </u> km/hr						
	17 What warnings were given by driver or other party? <u>NIL</u>							
	18 Were street lights illuminated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
	19 What lights were displayed on your vehicle/the other vehicle(s)? <u>NIL</u>							
	20 If your vehicle is commercial, state weight of load carried at time of accident <u>NIL</u>							
	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary) <u>I was heading home when I saw vehicle B leaving a public car park. I slowed down when vehicle B stopped at the stop line. I resumed speed. Vehicle B exited the car park abruptly. I tried to steer and avoid vehicle B while breaking at the same time. After the accident, we exchanged contact details but he has not been contactable since.</u>							
Declaration	I/We declare the foregoing particulars are true in every respect							
	Policyholder's signature _____ Date _____	Driver's signature (if driver is not the policyholder) _____ Date _____						

CERTIFICATE OF INSURANCE Pg. 1

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ 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)

CERTIFICATE NO.	: VPA/P2096668	Account No. : 03241
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: EUROAUTOMOBILE PTE LTD	
Vehicle Registration No.	: SR66R	
Period of Insurance	: From 22/03/2018 To 21/03/2019 (Both Dates Inclusive)	

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
- (b) Any Named Driver as stated in the Policy
- (c) 1. MELVIN GOH KIM SAN
2. GOH KIM HUP

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.

LIMITATIONS 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, speedtesting, 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.

(01)

Sect I - Used In S'pore Only	: SGD 2,800.00
Sect I - Used Outside S'pore	: SGD 5,600.00
Fire&Theft - Outside Singapore	: SGD 5,600.00
Windscreen Excess	: SGD 500.00

An Additional Excess is applicable as follows:
S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.
S\$5,000.00 for Undeclared Young and Inexperienced Driver.
(Please refer to your policy on the terms & conditions)

* 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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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


 Authorized Signature

Issued by - MVUELSIE on 06/04/2018

IMPORTANT :
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, covernote and endorsement etc.

CERTIFICATE OF INSURANCE Pg. 2

CLAIMS PROCEDURE

A. At the Accident Site

1. Exchange particulars with all parties involved in the accident including name, NRIC/FIN number, telephone number, address and insurance company.
2. Take note of the third party vehicle numbers. Please also take digital photographs (e.g. MMS) of all the third party vehicles involved in the accident and a view of the accident scene. These are to be included in the accident report to be filed later.
3. If there are witnesses, note down their names, NRIC/FIN numbers, telephone numbers and addresses.

B. What to do immediately after

1. Call our Customer Helpline at 1800-8804741 or AXA's Premium Workshops listed below for further advice/assistance.
2. Report the accident to one of AXA's Premium Workshops listed below, with your vehicle (whether damaged or not) within 24 hours of the accident or by the next working day. AXA's Premium Workshops are authorised to assist our policyholders for accident report.
3. Lodge a police report for the following motor accident cases:-
 - injury case;
 - non-injury case involving a government vehicle or damage to government property;
 - non-injury case involving a foreign vehicle;
 - non-injury case involving a pedestrian or cyclist;
 - any accident outside of Singapore.
4. Avoid all unauthorised tow-truck operators or repair workshops.
5. Forward all letters and communications received from third parties concerning the accident to AXA Insurance Pte Ltd.

AXA PREMIUM WORKSHOPS

NORTH ZONE	EAST ZONE
Ah Lim Motor Company 10 Ang Mo Kio Ind. Park 2A, #01-09, AMK Auto Point, Singapore 568047 Tel: 6483 1244	Alpine Motors Pte Ltd (Chevrolet vehicles only) 7 Ubi Close, Singapore 408604 Tel: 6511 3022 (Ext: 203 or 343)
Comfort Delgro Engineering Pte Ltd (Main) 205 Braddell Road, Singapore 579701 Tel: 6383 7118 / 6553 1111	Progressive Automotive Pte Ltd Blk 3022A, Ubi Road 1 #01-45/46, Singapore 408716 Tel: 6741 5336
Hua Hong Pte Ltd 25D Sungei Kadut St 1, Singapore 729332 Tel: 6760 8815 / 6760 0539	SME Motor Pte Ltd 1 Kaki Bukit Ave 6, Blk D, #02-15/16/17/18, AutoBay @ Kaki Bukit, Singapore 417883 Tel: 6747 6106
K. Kim Hin Auto Blk 34 Sin Ming Drive, #01-114, Singapore 575708 Tel: 6452 7018	Glass-Fix Pte Ltd (Main) (Windscreen Only) 52 Ubi Avenue 3, #04-42, Frontier E Park @ Ubi, Singapore 408867 Tel: 6278 0887
S & H Motor Pte Ltd Blk 11 #01-83, Sin Ming Road, Singapore 575655, Tel: 6453 4730	WEST ZONE
Tuffi Tech Pte Ltd (Windscreen Only) Blk 34 Sin Ming Drive, #01-134, Singapore 575708 Tel: 6453 3722	Comfort Delgro Engineering Pte Ltd (Branch) 45 Pandan Road, Singapore 609286 Tel: 6867 6918/ 6262 5065
SOUTH ZONE	ETHOZ Automotive Solutions Ltd (Main) 30 Bukit Batok Crescent, Singapore 658075 Tel: 6654 7501
Charn's Customcraft Blk 1010 Bukit Merah, Lane 3 #01-105 Singapore 159724 Tel: 6271 7054	ETHOZ Automotive Solutions Ltd (Branch) 50 Gul Crescent Singapore 629543 Tel: 6654 7701
Hin Lung Workshop Blk 1008 Bukit Merah Lane 3, #01-20 Singapore 159722 Tel: 6858 3000	Sng Ah Tee Motor & Panel Service Pte Ltd Blk 3 Pioneer Road North #01-18, Singapore 628457 Tel: 6268 6183
MOVA Automotive Blk 1008 Bt. Merah Lane 3 #01-04 Singapore 629792 Tel: 6272 3892	Glass-Fix Pte Ltd (Branch) (Windscreen Only) 1 Bukit Batok Crescent, Wcga Plaza, #08-11, Singapore 658064 Tel: 6570 3906/ 6570 4751

* Commercial Vehicles Above 2 Tons in Weight

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9024929J



Name
GOH YI SHUN, JOSHUA

吴 意 顺

Race
CHINESE

Date of birth
30-06-1990

Sex
M

Country of birth
SINGAPORE



3740410



NRIC No. S9024929J



Date of Issue
12-07-2005

Address
64 LORONG TANGGAM
SINGAPORE 798753

