

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	03/07/2018 16:35
Date Of Accident	03/07/2018 07:15
Exact Location Of Accident	BISHAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9466Z
Insured/Policyholder	
Name Of Registered Owner	YIP KOK MUN
NRIC No	S1821473C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93690810
Alternative Phone No	OFFICE-93690810

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER

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	GA146127
Cover Note Number	

Driver

Name of Driver	YIP KOK MUN
NRIC No	S1821473C
Date Of Birth	12/09/1967
Occupation	INDOOR
Date Of Driving Pass	24/04/1991
Driving Experience	27 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93690810
Fax Number	
Contact Number	OFFICE-93690810
E-Mail Address	NOEMAIL

Address	13 ANCHORVALE CRESCENT #08-08
Postcode	544650
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)	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 TRAVELLING ALONG BISHAN ROAD ON EXTREME SECOND RIGHT LANE. I SIGNAL LEFT AND CHECK BLIND SPOT. WHEN CLEAR, I SWITCH TO THE LEFT LANE. OUT OF SUDDEN, VEHICLE B FROM EXTREME LEFT LANE CUT INTO MY LANE ABRUPTLY WITHOUT ANY SIGNAL WITH FAST SPEED. I HAD NO TIME TO REACT AND COLLIDED BY VEHICLE B. I HAVE VIDEO FOOTAGE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY4516C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	ANG CHOON KHAI
NRIC/Passport Number	S7304311E
Contact Number	96854374
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

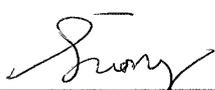
SKETCH PLAN

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 liability.**
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. The 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 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.

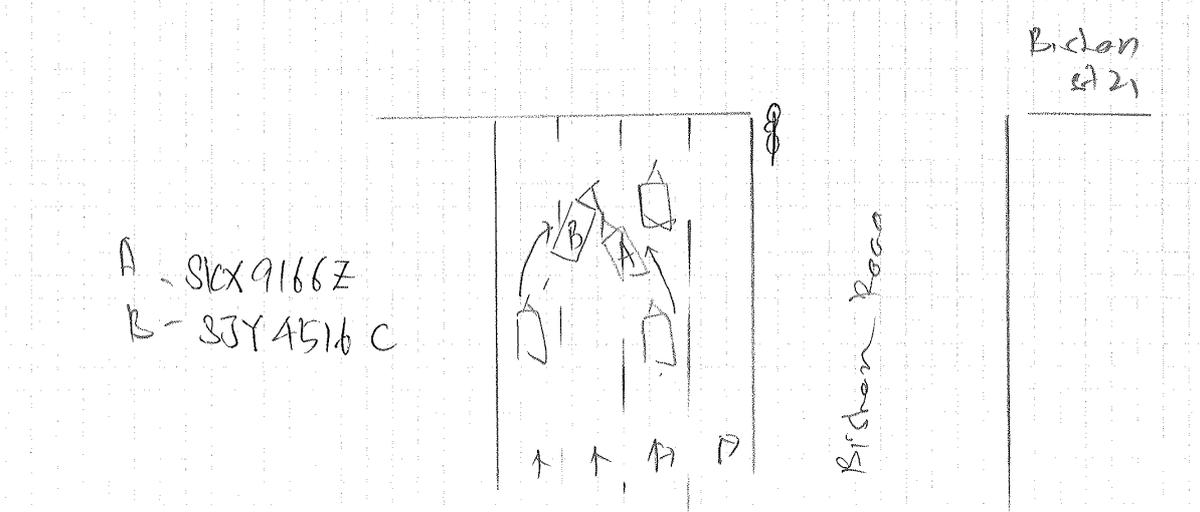


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

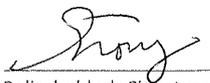


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bishop Road on extreme 2nd right lane.
I signal left and check blind spot. when clear I swerve to left lane.
Out of sudden, Veh B from extreme left lane cut into my path abruptly without signal with fast speed. I had no time to react and collided by Veh B.
I have video footage.

DECLARATION

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


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 #3 Pg. 1



redefining / Insurance

Date: 03/07/2018

To: Owner of Vehicle Number: SEX 94667

The following has been advised to you via your workshop, SME MOTOR PROCTO through their staff, _____.

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 time frame 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 _____

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Driving License

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

Class	Vehicle Class	Issue Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	24 Apr 1991

License No: S1821473C

NP 423A

023517



HRIC No: S1821473C



HRIC No: S1821473C

13 ANCHORVALE CRESCENT #09-08
SINGAPORE 544850

HRIC No: S1821473C Date: 13/10/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1821473C

Name: YIP KOK MUN

Exp. Date: 12 Sep 1987

Issue Date: 10 Apr 2004



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1821473C



Name: YIP KOK MUN

Race: CHINESE

Date of Birth: 12-05-1967

Sex: M

Country of Origin: SINGAPORE



INSURANCE



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
05228

Motor Vehicle Third Party Risk and Compensation Act, 1987 (Motor Vehicle Third Party Risk and Compensation Act, 1987) (Malaysia)
Motor Vehicle Third Party Risk Act, 1987 (Malaysia)

Policy details

Policyholder name	YIP KOK MUN	Certificate number	04140127 / 1
Cover	Comprehensive	Chassis number	JMP5R0Y1AFL006490
Plan name	Risk	Engine number	4492073656
NCD applicable	20%		
Vehicle registration number	SKX9466Z		
Period of insurance	from 04/01/2018 to 03/01/2019 (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 and has been so permitted and is not disqualified to drive or a Court of Law or Tribunal of law enactment or regulation that forbid 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, public meeting, liability trial, speed testing, the carriage of goods other than parcels in connection with any trade or business or for any purpose in connection with motor racing or when the Motor Car is whether stationary or used in otherwise in motion, a racing track, circuit, road, course or any other venue by whatever name called for use principally used for racing, speed testing or such similar purposes.
Insurance is not available for driving of Motor Vehicle on roads for street racing or other illegal motor racing or other illegal activities.
Please refer to the policy conditions for details.

EXCESS	Basic Own Damage Excess	\$50,400.00
	Windscreen Excess	\$60,100.00

- An Additional Excess is applicable as follows:
- \$25,000 for unlicensed / Probationary Driver
 - \$4,500 for licensed Young and Inexperienced Driver
 - \$25,000 for unlicensed Young and Inexperienced Drivers. This additional excess is reduced to \$2,500 if You have chosen ASA From Our Workshops.

Additional clauses & endorsements to your policy

Nil

[We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicle Third Party Risk and Compensation Act, Chapter 260 and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorized signature

Important note

Takeholders 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 insurance company is also necessary. Failure to comply with this obligation on the sale of a Motor Vehicle (Third Party Risk and Compensation Act 1987, 1987) The Financial Words and Clauses require the transfer to be done in full within a specific period during which there would be no traffic under the policy renewal certificate, otherwise it will.

AXA Insurance Pte Ltd (199003612M)
8 Shenton Way, #20-01, AXA Tower,
Singapore 068811
Customer Centre, #81-01

1 of 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

