

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 13:44
Date Of Accident	30/06/2018 21:40
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV8720G
Insured/Policyholder	
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Co Reg No	201212455W
Email Address	LILI.LOI@OW.SG
Mobile Phone No	(LOCAL) +65-97470771
Alternative Phone No	OFFICE-64721313

Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN-3.0 (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?	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	P1749542
Cover Note Number	06/10/2017 - 05/10/2018

Driver

Name of Driver	TAY KIAT HWEE DOUGLAS
NRIC No	S7935761H
Date Of Birth	11/11/1979
Occupation	INDOOR
Date Of Driving Pass	01/10/2002
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97470771
Fax Number	
Contact Number	OFFICE-64721313
Email Address	DOUGLAS.TAY@ICLOUD.COM

Address	BLK 717 BEDOK RESERVOIR ROAD #06-4536
Postcode	470717
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP48L
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ3719Z
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)	

SKETCH PLAN

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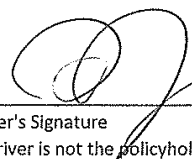
8. Consent under the Personal Data Protection Act (PDPA)


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:

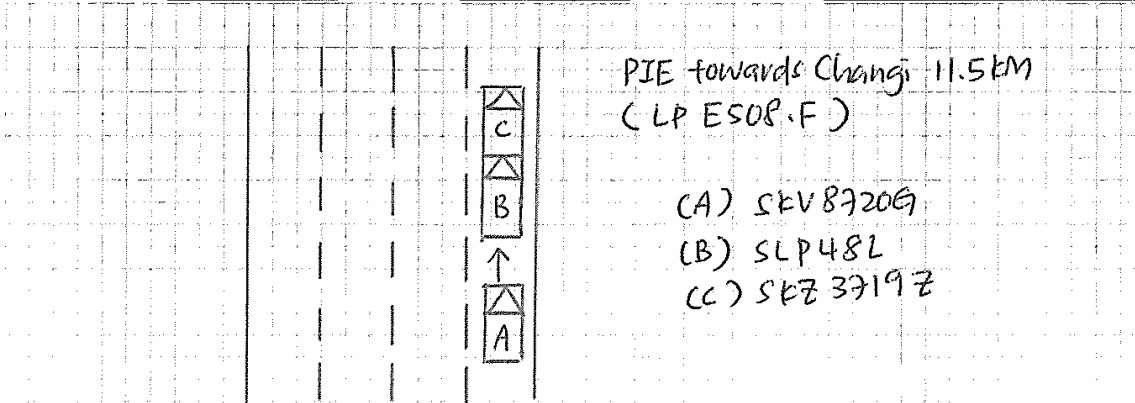

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

CLPE508.F)

Date of Accident: 30/6/18 Time: 21:40 hrs Location: PIE towards Changi 11.5km
 My Vehicle A: SEV 8720G Vehicle B: SLP 48L Vehicle C/Others: SEZ 3719Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/6/18 at about 21:40 hrs, I was travelling along PIE towards Changi (11.5km). The vehicle (B) SLP48L in front of me applied E-brake and hit onto vehicle (C) SEZ3719Z first. I was also applied E-brake. Unfortunately, I can't stop in time and hit onto vehicle (B) SLP48L rear portion. Total 3 vehicles involved in this incident. No one was injured.

() Claim OD/TP at Ah Lim Motor (✓) Claim OD/TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to:

My workshop : Optima Werkz Pte Ltd

email address : illy.toi@ow.sg

& myself :

email address :

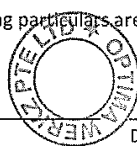
Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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.:

AXA INSURANCE PTE LTD
 10 Robinson Road, #24-01
 AXA Tower, Singapore 068911
 Telephone Number: 6543 1111
 Telex: 331111AXA SINGAPORE
 Fax: 6543 1111
 Singapore Branch Office
 10 Robinson Road, #24-01
 Singapore 068911



CERTIFICATE OF INSURANCE

• Motor Vehicles (Third Party, Fire and Comprehensive) Act, Chapter 183 • Motor Vehicles (Third Party) • Road Transport Act, 1961 (Malaysia) • Motor Vehicles (Third Party) Act, 1961 (Malaysia) • Road Transport Act, 1961 (Malaysia) • Motor Vehicles (Third Party) Act, 1961 (Malaysia)

CERTIFICATE NO. VCR/E1749542 **Account No.** 01949
Coverage Comprehensive
Insured Market Value At The Time Of Loss
Name Of Policy Holder OPTIMA WORKS PTE. LTD.
Vehicle Registration No. SKV8128Q
Period of Insurance From 06/10/2017 to 05/10/2018 (both dates inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*
 Named Driver(s) as stated in the policy
 * Any other person driving the vehicle without the named driver's consent
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the 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*
 (a) Not for the carriage of passengers or goods in connection with the policyholder's business
 (b) Not for social, domestic and pleasure purposes
 (c) Not for racing, speed testing, reliability trial or speed testing
 (d) Not whilst towing a trailer except the towing vehicle than for forward of any one wheeled mechanically propelled vehicle

EXCESS
 Sect 1 - Used in Singapore Only SGD 1,000.00
 Sect 1 - Used Outside Singapore SGD 8,000.00
 Fire/Theft - Outside Singapore SGD 8,000.00
 Windscreen Excess SGD 500.00
 (For Covered Driver Excess, please refer to your policy)

Your Broker...

ANIK INSURANCE BROKERS
 A CONSOLIDATED PTE LTD
 Tel: 6543 1111

* Limitations referred to in Section 2 of the Motor Vehicles (Third Party, Fire and Comprehensive) Act, Chapter 183 and Section 2 of the Road Transport Act, 1961 (Malaysia) are hereby confirmed under these conditions.

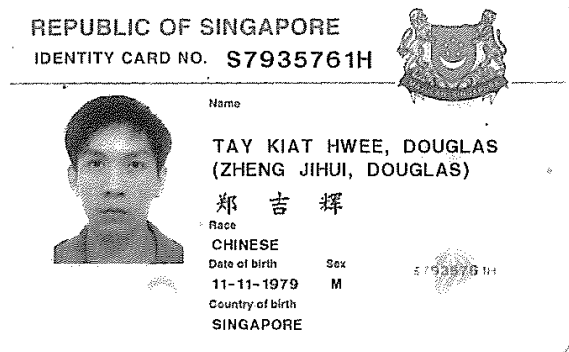
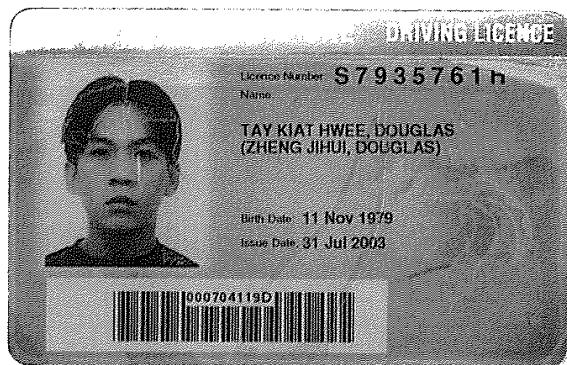
We hereby certify that the policy in which this Certificate is issued is in accordance with the provisions of the Motor Vehicles (Third Party, Fire and Comprehensive) Act, Chapter 183 and Road Transport Act, 1961 (Malaysia).

AXA INSURANCE PTE LTD

 Authorized Signatory

Issued By S00TCAS2 **on** 06/10/2017
Remarks
 The insured hereby agrees to the fact that the vehicle is not to be used for racing, speed testing, reliability trial or speed testing, towing a trailer except the towing vehicle than for forward of any one wheeled mechanically propelled vehicle, or for any other purpose not permitted by the law.
 The insured hereby agrees to the fact that the vehicle is not to be used for racing, speed testing, reliability trial or speed testing, towing a trailer except the towing vehicle than for forward of any one wheeled mechanically propelled vehicle, or for any other purpose not permitted by the law.

Sketch Plan Pg. 4



owner: Optima Wetkz Pte Ltd
office: 6472 1313.

~~Person in~~
Passenger in car = only 1 driver.

Driver hp: 97470771

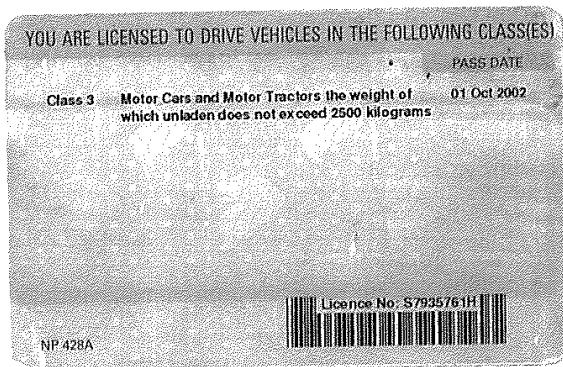
Driver Email: douglas.tay@icloud.com

Occupation: Indoor / Male

Camera - workshop.

N/C

NO injury.




To Whom It May Concern,

Accident involving my vehicle no. SKV8720G on 30/6/18 (date) with
SLP48L (other vehicle no) along PIE towards Changi (11.5km)

I, Optima Workz Pte Ltd Nric No. 201212455W

Owner of vehicle no. SKV8720G am aware of the accident of my vehicle on
30/6/2018 (Date) while car was driven by Tay Kiat Hwee, Douglas


Nric No. S793 57614. I hereby, authorise him / her to make the report.


Name Optima Workz Pte Ltd
Date: 2/7/18



To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.


Name Optima Workz Pte Ltd
Date: 2/7/18



Sketch Plan Pg. 6



redefining / insurance

Date: 02/01/18

To: Owner of Vehicle Number: SKV 97206

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 Claim Third Party @ own workshop

Signed and acknowledge by:

x

Name and signature of policyholder/authorised driver

Wila



Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAUM18084893 Vehicle Registration No: SKV9720G

Name (as shown in NRIC) : TAY KIAT HWEI RUKLAH NRIC/FIN/Passport No : S7935961H

(*Vehicle Driver) Vehicle Owner (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : 09470791 Mobile No. : _____

Email Address : _____

Date of Accident : 30/06/18 Time of Accident : 21:40

Place of Accident : PIE towards Changi


Insurance Company: AXA Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Typo error. It should be own damage claim.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 05/07/18