

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	09/07/2018 17:04
Date Of Accident	07/07/2018 14:40
Exact Location Of Accident	T JTN OF BALESTIER ROAD AND JALAN DATOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP4613C
Insured/Policyholder	
Name Of Registered Owner	LIM JIT HIANG DAMIEN
NRIC No	S7636701I
Email Address	DAMIEN1817@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94598681
Alternative Phone No	OFFICE-94598681

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.7 (A)
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	GA250866/1
Cover Note Number	

Driver

Name of Driver	LIM JIT HIANG DAMIEN
NRIC No	S7636701I
Date Of Birth	05/11/1976
Occupation	INDOOR
Date Of Driving Pass	26/02/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94598681
Fax Number	
Contact Number	OFFICE-94598681
Email Address	DAMIEN1817@GMAIL.COM

Address	BLK 605 ANG MO KIO AVE 5 #05-2735
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	COLLISION - MAJOR/MINOR RD
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)	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 REPORT ATTACHED

Attachment(s)

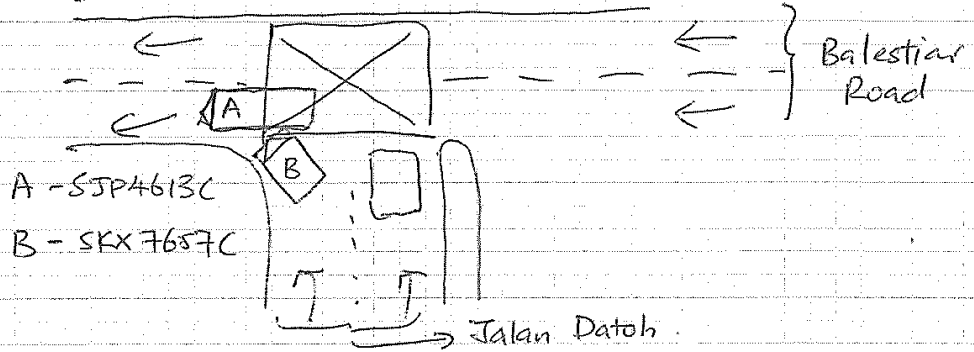
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX7657C
Vehicle Make/Model/Colour	VOLKSWAGEN BEETLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA TIONG LOCK
NRIC/Passport Number	S7218266I
Contact Number	98426289
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

the left lane.

I was driving straight along Balestiar Road on 7 July 2018 at 2.40pm, on my vehicle no. SJP4613C.

Upon passing the T-Junction of Balestiar Road and Jalan Datoh, I felt a bang on the left side of my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time: 10.55 am
090718

Driver's Signature

(If driver is not the policyholder)

Date & Time:

9/7/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

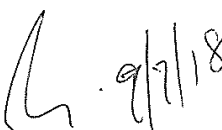
Date & Time: 1055 am

090718

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 3

Date: 09 July 2018


To: Owner of Vehicle Number: STP 4613C

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

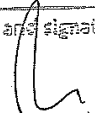
Please tick the applicable box if you had been advised on the content as seen below:

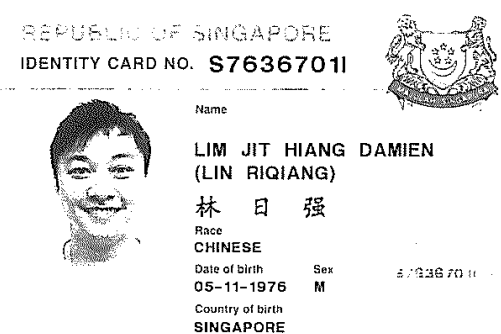
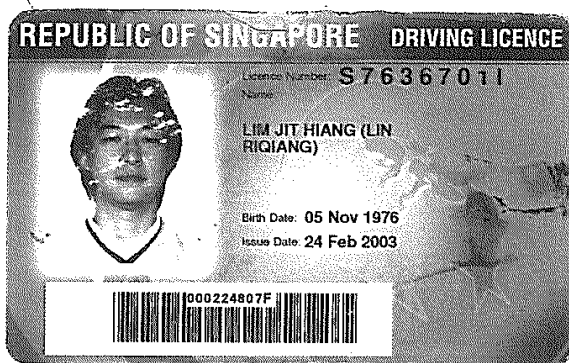
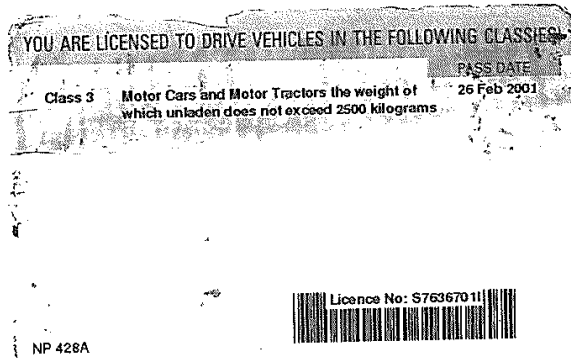
- ☐ () You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ () You had been advised by the workshop on the liability and 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 _____
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 manufacturer (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: _____

Signed and acknowledge by:

Damian Lim Jit Hing 

Name and signature of policyholder/ authorised driver


Name and signature of workshop personnel including company stamp





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
 04247

-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	LIM JIT HIANG DAMIEN	Certificate number	GA250866 / 1
Cover	Comprehensive	Chassis number	RN61072302
Plan name	Essential	Engine number	R1SA1779825
NCD applicable	50%		
Vehicle registration number	SIP4613C		
Period of Insurance	from 04/08/2017 to 03/08/2018 (both dates inclusive)		
Finance loan company	Nil		

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
 Windscreen Excess

S\$D 300.00
 S\$D 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$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

Insure Link Pte Ltd
 2 Kallang Avenue #08-10
 CT Hub S1039407
 Off : 6444 4644
 Fax: 6444 0040

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 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 telling which there would be no liability under the policy, renewal certificate, endorsement etc.



Accident Photo



Accident Photo



Accident Photo

