## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/07/2018 18:06
Date Of Accident	07/07/2018 13:45
Exact Location Of Accident	SLIP RD FM JLN RINDU INTO SERANGOON AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV8290T
Insured/Policyholder	
Name Of Registered Owner	WEI MINGMIN
NRIC No	S8482073C
Email Address	NOEMAII

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90700271

Alternative Phone No OFFICE-90700271

**Vehicle Particulars** 

Manufacturer LEXUS

Model NX300H-2.5 E EXECUTIVE (A)

Exact Purpose for which vehicle was being used at

time of accident

NORMAL USAGE

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 GA313408

Cover Note Number

Driver

Name of Driver WEI MINGMIN
NRIC No S8482073C
Date Of Birth 27/02/1984
Occupation INDOOR
Date Of Driving Pass 02/01/2015

Driving Experience 3 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90700271

Fax Number

Contact Number OFFICE-90700271

EMail Address NOEMAIL

43 HUME AVENUE #01-08 Address

598739 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 - HEAD ON COLLISION** 

Weather Conditions **CLEAR** DRY Road Surface

## 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 1

Number of Passengers (Including Driver)

## **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**

## PLEASE REFER AS 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 **SLB5435T** 

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

icyholder's Signature Date & ne etch Plan	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	Spranjoon DVE 1	
A- OLV 8	5435 T. Rindy	
B- BLB	5435 T. Rindy	

## **Accident Sketch Plan**

Describe Circumstances of the Accident	
I was Stationary behind vehicle B.	at the slip road from Jalan
RIndu. Front Vehicle moved and I.	bollow to move. However
vehicle B Stopped Suddenly as a	motorcycle Came towards
ils direction it was too sudden	and I could not stop in
time and allided onto the h	ear of his vehicle. Al
that moment, lalso noticed i	Comething his my bonne
and Gaused a Chip.	
	Land
	•

# Declaration

IWe 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

Witnessed by Reporting Centre Personnel





AXA Insurance Ptv Ltd 2 1806 880 4888 (Within Singapore) (65) 6880 4888 (International) £ (65) 6880 4740 ☑ customer.care@axa.com.sg

www.axa.com.sg

Agent code 14886

Sales ID BSLL017

# **Motor Cover Note**

Cover note number **GA313408** 

0A313408

2018

8ARW710822

JUBAREZ402160387

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- . The Road Transport Act. 1967 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers. Burgau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;

· And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will be charged for the time the Company has been on risk.

### **Cover Note Details**

Policyholder name

Cover

Plan Name NCO Applicable

Finance Loan company

WEI MINGHIN Comprehensive

Lexus Prestige

Kindly submit your Vehicle Registration number Off Peak Car

1935

Perlod of Insurance

Vehicle Registration number

as soon as you have it

from 11/01/2018 to 10/01/2020 (both dates inclusive)

Premium (inclusive 7% GST): SGD 4,261.06

**FXCERS** 

Basic Own Damage Excess Windscreen Excess

560 800.00

Cover Note Number

Year of Registration

Chassis number

Engine number

Not Applicable

Young/Inexperienced driver excess

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the insured MotorCar is being driven by any driver aged below 23 years old and /or has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and/ or Inexperienced driver shall mean any person who :

- Is less than 23 years old , and/or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

## Note

FLIVME HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IN OF THE ROAD TRANSPORT ACT 1987 (MALAYSIAL

This Cover Note is only valid for 60 days from the date of issue unless replaced by the Cortificate of insurance issued by the Company.

- Premium for time on risk will be sharged subject to minimum of \$853.50 (Indiusive of GST), if the policy is cancelled after the inception date.
- · An administrative fee of S\$26.75 (inclusive of GST) will be charged for :-
- Cover note issued and cancelled before inception.

Retaining the old registration number for a new vehicle insuring with AXA

## PREMIUM WARRANTY

Please note that the premium in full should be paid before inception data shown above in order for the insurance cover to be valid. For Non-Individual Customers:

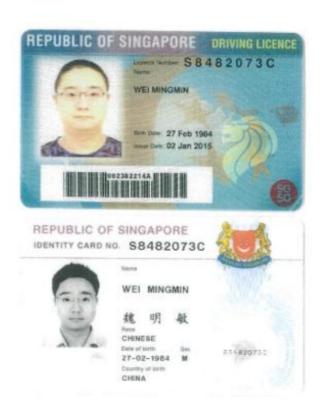
Flease note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

Issued By: Roselinda Hassan

Date: 11/01/2018

AXA insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01

1 of 2





















**Accident Scene Photo** 





