

## 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	10/07/2018 21:18
Date Of Accident	10/07/2018 07:40
Exact Location Of Accident	ALONG AYE TOWARDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW546C
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#### Insured/Policyholder

Name Of Registered Owner	GLENN KUAN YONG SHENG
NRIC No	S9449497D
Email Address	GLENNSEET@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87165518
Alternative Phone No	OTHERS-87165518

#### Vehicle Particulars

Manufacturer	FIAT
Model	BRAVO 1.4L 5M DYNAMIC ABS AIRBAG 2WD
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA325458/1
Cover Note Number	

#### Driver

Name of Driver	GLENN KUAN YONG SHENG
NRIC No	S9449497D
Date Of Birth	26/12/1994
Occupation	INDOOR
Date Of Driving Pass	27/02/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87165518
Fax Number	
Contact Number	OTHERS-87165518
E Mail Address	GLENNSEET@HOTMAIL.COM

Address	BLK 41 TEBAN GARDENS ROAD #06-351
Postcode	600041
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 TO REAR
Weather Conditions	CLEAR
Road Surface	WET

### 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)	2
Passenger 1	NAME: : PASSENGER
	GENDER: : FEMALE

### 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 TO STATEMENT

### Attachment(s)

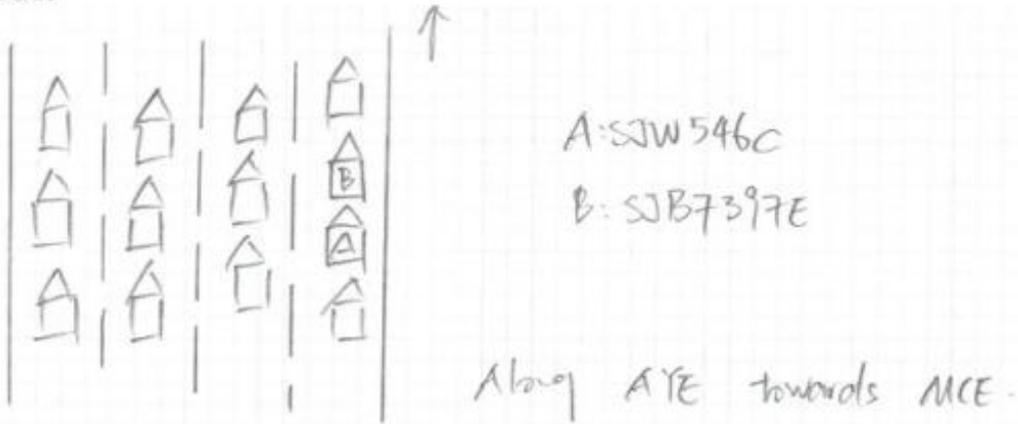
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB7397E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	9683 2613
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In 10/07/2018 @ 0740hrs, I was driving my car (Fiat Bravo) bearing registration number  
 Saw 346C along AYE towards MCE. While I reached near exit Clement Ave E, there was  
 a red Toyota was bearing reg<sup>n</sup> registration number SSB 7397E suddenly stop as if  
 there was an accident. I cannot brake on time, therefore I hit the car. The  
 driver was a man about early 50s and he talk and decide to settle the matter  
 privately. After I then checked his damage and most of the workshop inform it to be about \$1000.  
 On 10/07/2018 @ 1720hrs, a man called me claimed to be his workshop and  
 quote me about \$1000.

DECLARATION

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

Policyholder's Signature  
 Date & Time: 10/7/18 @ 21:54 hrs

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

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

Individual Statement

Owner  
 Driver

ACCIDENT STATEMENT

Date of Accident: 10/07/2018  
 Time: 7:40am  
 Location of Accident: Along AYE towards MCE

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SJW546C  
 Name of Policyholder: Glenn Kuan Yong Sheng  
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S9449497D  
 Address: Blk 41 Teban Gardens Road #06-351  
 Contact Number: Hp 8716 5518 Sr600041  
 Occupation: indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Fiat Bravo 1.4L 5M DYNAMIC ABS Airbag  
 Type of Vehicle:  Sedan  MPV  CRV  Van  Lorry  Bus  M/cycle  Others  
 Exact Purpose for which vehicle was being used at the time of accident: Private use  
 Are you claiming under your own insurance policy?  Yes  No  
 Vehicle category:  Private  Commercial  Motorcycle  
 Remarks: Reporting

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA  
 Type of Policy:  Comprehensive  TP Fire & Theft  Third party  
 Fleet Policy:  Yes  No  
 Policy Number: GA329458/1

DRIVER

Name of Driver: //  
 NRIC/ FIN/ Passport: //  
 Date of Birth: 26-12-1974  
 Occupation: //  
 Driving Pass Date: 27-02-2014  
 Gender:  Male  Female  
 Contact Number: //  
 Address: //  
 Email Address: //  
 Was driver an employee of the Insured's Company?  Yes  No  
 If No, relationship of Driver with the Insured: //  
 Vehicle Number of Driver's Own Vehicle (if applicable): //  
 Insurance of Driver's Own Vehicle (if applicable): //

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): 2 Pax (1F) Insured hit TP (front to Rear)  
 Weather Conditions:  Clear  Raining  Others  
 Road Surface:  Wet  Dry  Others  
 Damage Area: //

OTHER INFORMATION

Was there any foreign vehicle(s) involved?  No  Yes  
 Was anybody injured in the accident? (Including Witness):  No  Yes  
 Was any other vehicle(s) or property damaged?  No  Yes  
 Was there any camera video footage (in car)?  No  Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?  No  Yes  
 If Yes, please state which police station & Report No: //  
 Was notice of intended Prosecution given?  No  Yes  
 If Yes, against whom? //

Glennsect@hotmail.com.

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SJW 546C

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SJB7397E  
TOYOTA VICs

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

9683 2613

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes

No

Was Injured conveyed to hospital by ambulance?

Yes

No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes

No

Was Injured conveyed to Hospital by Ambulance?

Yes

No

Declaration

(We declare that the above particulars & information provided above are true in every aspect)

  
Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

## Individual Statement

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 10/7/18 @ 2.51.15

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

IDENTITY CARD & DRIVING LICENCE

recifining

Date 10/07/2018

To: Owner of Vehicle Number SJW 546C

The following has been advised to you via your workshop, BH Auto through their staff, [Signature]

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 Reporting Only

Signed and acknowledge by

Glenn Kuan [Signature] Name and signature of policyholder/authorised driver

[Stamp] Name and signature of workshop personnel including company stamp

# CERTIFICATE OF 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

account number  
**03887**

## 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)

### Policy details

Policyholder name	SEET YONG SHENG GLENN	Certificate number	GA325458 / 1
Cover	Comprehensive	Chassis number	ZFA19800004260759
Plan name	Peace	Engine number	192B20001487948
NCD applicable	10%		
Vehicle registration number	SJWS46C		
Period of insurance	from 26/02/2018 to 25/02/2019 (both dates inclusive)		
Finance loan company	KENSO LEASING PTE 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 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	SGD 1,300.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorized 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

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

AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

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Accident Photo



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Accident Photo



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