

## 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	16/07/2018 12:57
Date Of Accident	14/07/2018 15:55
Exact Location Of Accident	WOODLANDS AVE 2 JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG5212E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YONG KUEI (LIN YINGGUI)
NRIC No	S7248957H
Email Address	TONGKUEI@HITMAIL.COM
Mobile Phone No	(LOCAL) +65-96707435
Alternative Phone No	OTHERS-96707435

### Vehicle Particulars

Manufacturer	AUDI
Model	TTS 2.0T FSI S TRONIC QU ABS D/AB HID 2D
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	VA1/GA179040
Cover Note Number	

### Driver

Name of Driver	LIM YONG KUEI (LIN YINGGUI)
NRIC No	S7248957H
Date Of Birth	13/12/1972
Occupation	INDOOR
Date Of Driving Pass	29/04/1993
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96707435
Fax Number	
Contact Number	OTHERS-96707435
Email Address	TONGKUEI@HITMAIL.COM

Address	52A LORONG AH SOO
Postcode	534171
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	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)	2
Passenger 1	NAME: : WIFE 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

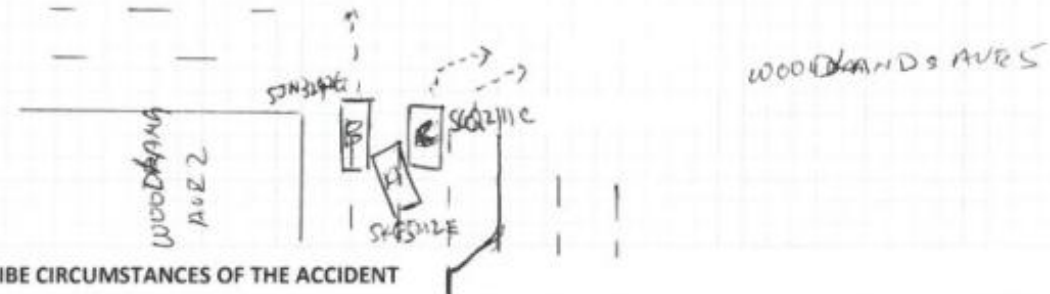
Vehicle Registration Number	SJN3242G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGQ2111C
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

(A) SICK 5212 E  
(B) SJH 3242 G  
(C) GLO 2111 C



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Accident occurred along woodland Ave 2 junction near Lanning Point  
at about 1555 hrs (14/7/2018)

I was initially ~~stopped~~ <sup>stopped</sup> stationary behind a black <sup>mitsubishi</sup> carer (SGQ2111C)  
at a ~~turning right~~ junction which was waiting to turn right.  
However I wanted to travel straight so I decided to  
filter left to another lane to move straight along the  
road towards woodland Ave 9.

Unfortunately I hit the ~~left~~ <sup>right</sup> side of a SUV (Ssangyong Actyon  
(SJN 3242G) <sup>which was moving in the same direction</sup> and damaged the front left corner of my car  
as well as the ~~left~~ <sup>right</sup> side of the SUV.

The rickdoet <sup>of the impact</sup> caused my car to  
scrap the left rear bumper of the black mitsubishi carer  
(SGQ2111C) and also scuffed the right side of my car.

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

Date & Time:

Signature \_\_\_\_\_  
15/7/2018  
1005413

Date &amp; Time:

NRIC/FIN No.:

# Individual Statement

☒ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident: 14-07-2018 Time: 15:55pm Location of Accident: WOODLANDS AVE 2 JUNCTION

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SKG 5212E  
Name of Policyholder: LA LIM YONG KUEI  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S72489571  
Address: 52A LORONG AH SUD (B 534171)  
Contact Number: Tel: Hp 967796707435  
Occupation: INDOOR

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: AUDI A1  
Type of Vehicle: MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: COUPE  
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 Remarks: REPORTING  
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AIA  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: VAI/GA179040

### DRIVER

Name of Driver: =  
NRIC/ FIN/ Passport: =  
Date of Birth: 13-12-1972  
Occupation: INDOOR  
Driving Pass Date: 29-04-1993  
Gender: ☒ Male ☐ Female  
Contact Number: Tel: Hp 96707435  
Address: =  
Email Address: =  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured: OWNER  
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): INSURED HIT TP  
Weather Conditions: ☒ Clear ☐ Raining ☐ Others  
Road Surface: ☐ Wet ☒ Dry ☐ Others  
Damage Area: OO WIFE

### 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?

yong kuei Chotmail.com

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SKG521ZE

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SSN 2242G

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

#### Other Vehicle or Property 2

Vehicle Registration Number

SGQ 211C

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)

15/7/2018

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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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.
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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:

15/7/2018

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

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



## Individual Statement

 confirming

Date: 15/07/2008

To: Owner of Vehicle Number SGT5212Z

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 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 claims 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

  
Name and signature of policyholder/authorised driver

  
Name and signature of workshop personnel including company stamp



# IDENTITY CARD & DRIVING LICENCE

327633



NRIC No: S7248957H



52A LORONG AH SDO  
SINGAPORE 534171  
NRIC No: S7248957H

Sex: M  
Date of Birth: 16-12-2002  
Date: 27/11/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

29 Apr 1993

NP 428A



Licence No: S7248957H

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7248957H



Name  
LIM YONG KUEI  
(LIN YINGGUI)

Race  
CHINESE

Date of Birth  
13-12-1972

Country of Birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7248957H

Name:  
LIM YONG KUEI  
(LIN YINGGUI)

Birth Date: 13 Dec 1972

Issue Date: 27 Feb 2004




601141379E1

# 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

LIM YONG KUEI  
52A LORONG AH SOO  
SINGAPORE 534171

## Renewal

date  
16/05/2018

your servicing distributor  
ESTEEM PERFORMANCE PTE LTD /  
05570

your servicing distributor contact  
64841221

## Policy Schedule

Your SmartDrive Comprehensive Essential

### Your policy snapshot

Policyholder name	LIM YONG KUEI	Policy number	VA1 / GA179040
Cover	Comprehensive	FIN / NRIC	S7248957H
Period of Insurance	from 01/06/2018 to 31/05/2019 (both dates inclusive)		

### Premium breakdown

Gross Premium after 50% NCD	SGD 1,214.17
Total Discounts	- SGD 64.73
7% GST	SGD 80.46
<b>Final Premium</b>	<b>SGD 1,229.90</b>

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

#### Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

### Vehicle details

Make & Model of Vehicle	AUDI TTS 2.0 TFSI COUPE	Year of manufacture	2010
Vehicle registration number	SKG5212E	Type of Use	Private use
Body type	COUPE	Engine capacity (c.c.)	1984
Seating capacity (excl driver)	4	Engine number	CDL029304
Off-Peak car	No	Chassis number	TRUZZZ8J4A1020347

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	UNITED OVERSEAS BANK LIMITED

### Excess applicable (refer to Policy Wording for other applicable Excesses)

Windscreen Excess Not Applicable

### Drivers details

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

1 of 2

Accident Photo



Accident Photo

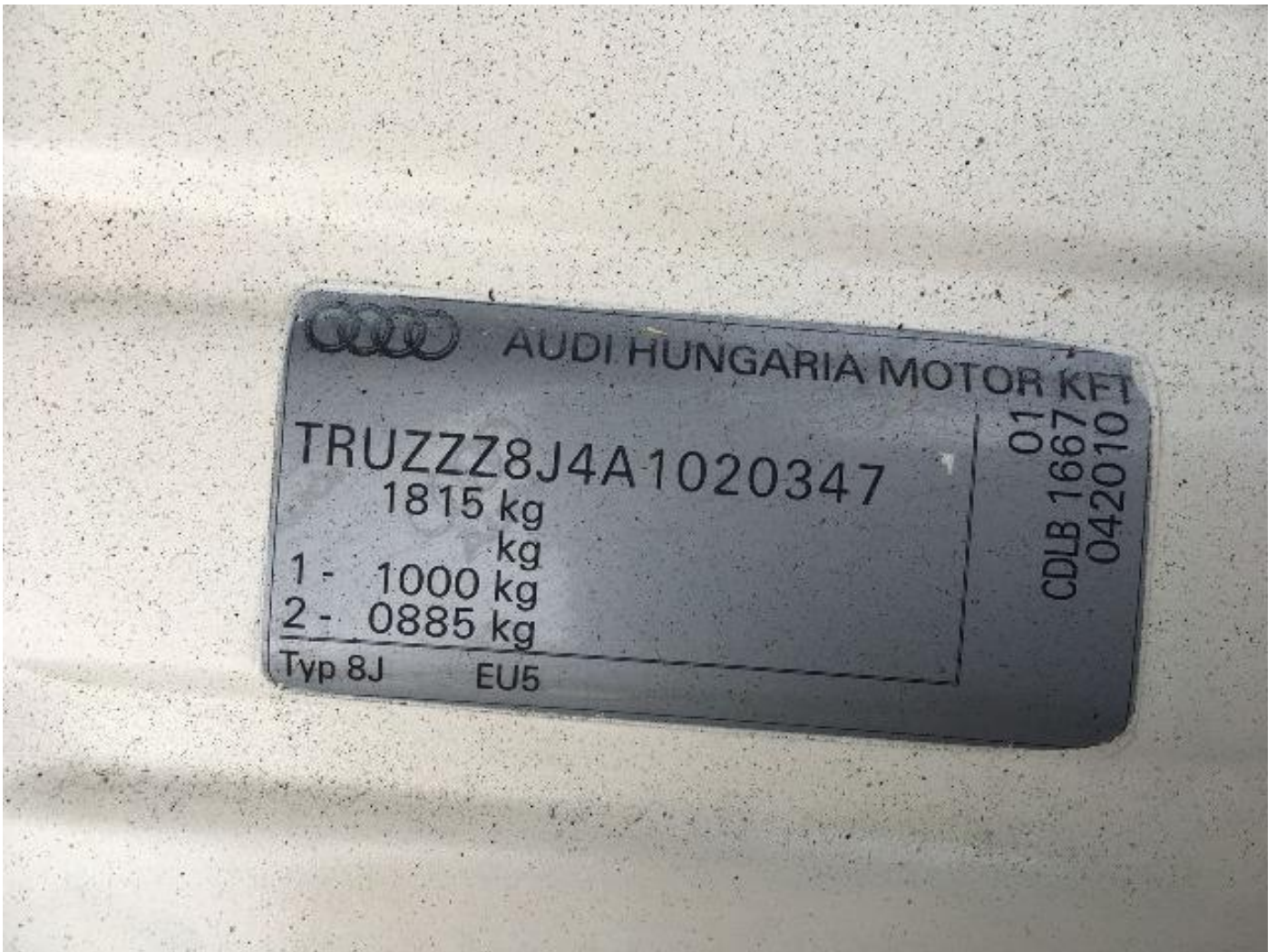


Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

