

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 18:14 |
| Date Of Accident | 15/07/2018 11:00 |
| Exact Location Of Accident | TAMPINES AVE 5 NEAR BLK 730 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLV8058Z |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM TIN CHEW |
| NRIC No | S7513540H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96927003 |
| Alternative Phone No | OFFICE-96927003 |

Vehicle Particulars

| | |
|--------------|-------|
| Manufacturer | HONDA |
| Model | CIVIC |

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? 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 | GA322465 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM TIN CHEW |
| NRIC No | S7513540H |
| Date Of Birth | 17/04/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/01/2000 |
| Driving Experience | 18 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96927003 |
| Fax Number | |
| Contact Number | OFFICE-96927003 |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|--------------------------------|
| Address | BLK 54 CASSIA CRESCENT #07-125 |
| Postcode | 390054 |
| 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? | 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

VEHICLE B STOP. I CANNOT STOP IN TIME AND HIT VEHICLE B REAR PORTION.

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 | SBA3232Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE B |
| 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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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.

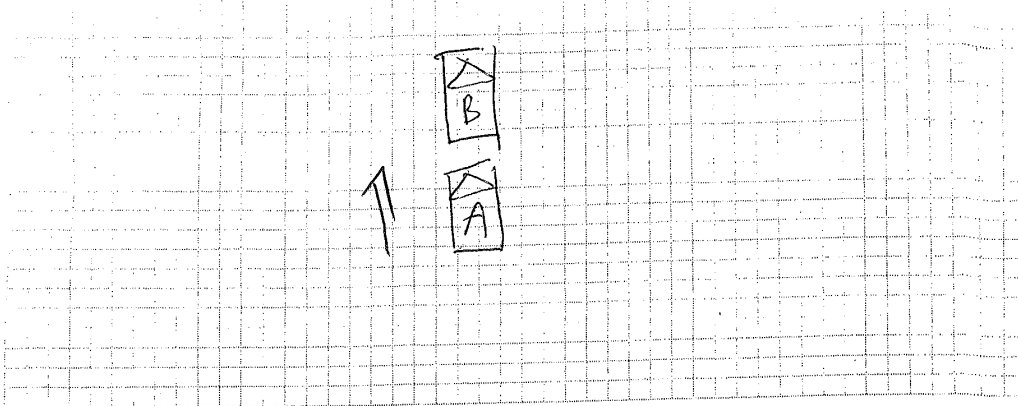

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

veh B stop, & cannot stop entirely & hit
veh B rear portion - *light*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

16/7/18 4 pm
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CHIEF OF POLICE (KUALA LUMPUR)



redefining insurance

Date: 15/07/2018

To: Owner of Vehicle Number: SLV 80587

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

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 _____

Signed and acknowledge by:

[Signature]
Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7513540H




Name
LIM TIN CHEW
(LIN ZHENZHOU)
林 鎮 洲
Race
CHINESE
Date of birth
17-04-1975 Sex
M
Country of birth
SINGAPORE

S7513540H

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7513540H



LIM TIN CHEW
(LIN ZHENZHOU)
Date of Birth: 17 Apr 1975
Issue Date: 18 Oct 2004

00129 3255A

3562883



NR000: S7513540H



DATE OF BIRTH
08-04-2008

6221865
APT BLK 54 CASSIA CRESCENT
#07-125
SINGAPORE 380054

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS DATE
10 Jan 2008

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2000 kg

SP4204

License No: S7513540H

INSURANCE



redefining / insurance

AXA Insurance Pte Ltd
 1800 800 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 08028

Certificate of Insurance

Motor Vehicles (Third Party Risks and Compensation) Act, 1937 (Singapore); Motor Vehicles (Third Party Risks and Compensation) Rules, 1937 (Singapore); Motor Vehicles (Third Party Risks and Compensation) Rules, 1937 (Malaysia)

Policy details

| | | | |
|-----------------------------|-----------------------------------------------------|--------------------|-------------------|
| Policyholder name | UM UN CHOW (UN ZHENZHOU) | Certificate number | 0532465 / 1 |
| Cover | Comprehensive | Chassis number | JHMT1150798201485 |
| Plan name | Essential | Engine number | TC 8A24068755 |
| NCD applicable | 50% | | |
| Vehicle registration number | SLW8582 | | |
| Period of insurance | from 13/02/2018 to 17/02/2019 (both dates included) | | |
| Finance loan company | DICKSON CAPITAL PT - LTD | | |

Persons or classes of persons entitled to drive*

- (1) The Policyholder
- (2) 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 means 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.
 This policy does not cover use for hire or reward, racing, speed trials, 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 racing, or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, or on, a public course or any other roads or whatever name called that are regularly used for racing, speed testing or such similar purposes.

* Limitation imposed pursuant to Section 2 of the Motor Vehicles (Third Party Risks and Compensation) Act, 1937 (Singapore) and Section 96 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS Basic Own Damage Excess
 Windscreen Excess

\$800.0000
 \$800.0000

An Additional Excess is applicable as follows:

1. \$1200 for named Authorized Driver
2. \$600 for named young and inexperienced Drivers
3. \$15,000 for unlicensed driving and disqualified drivers. This additional excess is reduced to \$82,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

VI

I/We hereby declare 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, 1937 (Singapore), and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorized signatory

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Motor Vehicle Insurance Company. If the Certificate of Insurance has been sold or otherwise transferred to the third party, it is an offence under the Motor Vehicle (Third Party Risks and Compensation) Act, 1937 (Singapore) and the Road Transport Act, 1987 (Malaysia) to use the vehicle within a specified period following which there shall be no liability under the policy renewal conditions, endorsement etc.

AXA Insurance Pte Ltd (198905512M)
 8 Raffles Quay, #24-01, AXA Tower,
 Singapore 068411
 Customer Centre, #37-01

1 of 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

