

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 15:41
Date Of Accident	14/07/2018 20:05
Exact Location Of Accident	CHOA CHU KANG ST 52
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG22U
Insured/Policyholder	
Name Of Registered Owner	EUROAUTOMOBILE PTE LTD
Co Reg No	200201004E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65662200

Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	GIULIETTA-1.4 T MULTIAIR TCT (A)
Exact Purpose for which vehicle was being used at time of accident	OFFICIAL 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	VCX/PI1344719
Cover Note Number	

Driver

Name of Driver	EDISON TAN KENG HUI
NRIC No	S7477110F
Date Of Birth	24/01/1974
Occupation	INDOOR
Date Of Driving Pass	08/08/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91154854
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	26 CANBERRA DRIVE #05-15
Postcode	768426
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

I WAS TRAVELING STRAIGHT AND WAS ABOUT TO REACH THE NEXT JUNCTION, I WAS SUDDENLY HIT BY THE VEHICLE (B) FROM THE REAR LEFT HAND PANEL , SIDE SKIRT , REAR AXCEL AND BUMPER.

Attachment(s)

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

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 14 July 18 8:04pm		2 Exact location of accident Choa Chu Kang St 52		3 Injuries even if slight No <input type="checkbox"/> Yes <input type="checkbox"/> *	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	

Registration No. SK9 220 (VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name (capital letters)
Address
NRIC / Passport no. 57477110F
Tel no. (from 9am till 5pm) 915 4854
HP

7 Vehicle
Make, type Alfa Romeo Giuliva 1.4

8 Insurance company
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. (if available)

9 Driver (See driving licence)
(if different from Insured A above)
Name EDISON TAN KENG HUI
(capital letters)
NRIC / Passport no. S1477110F
Class of licence 3/2B

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

Registration No. SG768 20Y (VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name TANG CHONG WING
(capital letters)
Address
NRIC / Passport no. S2504949G
Tel no. (from 9am till 5pm)
HP 9679 7989

7 Vehicle
Make, type BMW 5 series

8 Insurance company
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from Insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A
Tyre, rear left
hub shaft broken
fenders & side

14 My remarks
I was traveling straight
went a vehicle hit
my rear left hand
door and fenders.
third party has in
Car Camera.

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 4: ☐

15 Signatures of drivers
A

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For Insured's Individual Statement (Part II) see overleaf →

Sketch Plan #2 Pg. 1

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all) <u>Head of EA After sales</u> Email: <u>edison.tan@euroautomobile</u>				
	2 Vehicle registration no. <u>SKG 32 J</u> C.C.		If commercial vehicle, state permissible carrying capacity <u>com. sg</u>		
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)				
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify				
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present <u>workshop</u> Tel no. <u>9693 0499</u>				
	6 Are you claiming under your own insurance policy for repair to your vehicle? If no, state action to be taken <u>own repair to revert to third party</u>				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	<u>24 Jan 1974</u>	<u>Head of After sales</u>	<u>25 years</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability <u>NIL</u>				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?
	<u>NA</u>		<u>NA</u>	<u>NA</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
	<u>NA</u>		<u>NA</u>	<u>NA</u>	<u>NA</u>
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?				
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>				
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>				
	16 Speed of vehicles A <u>20</u> km/hr B <u>?</u> km/hr				
	17 What warnings were given by driver or other party? <u>NO</u>				
	18 Were street lights illuminated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? <u>All my lights were on.</u>				
Declaration	20 If your vehicle is commercial, state weight of load carried at time of accident <u>NO</u>				
	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary) <u>I was traveling straight and the other vehicle suddenly turn right hitting my rear door, fender, axle and tires.</u>				
	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date <u>06-7-18</u> Driver's signature (if driver is not the policyholder) <u>Caution 7.</u> Date <u>16/7/18</u>				

Sketch Plan #3 Pg. 1

SKETCH PLAN

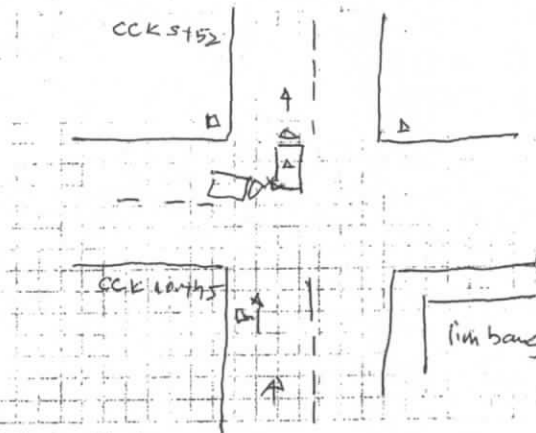


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Sketch Plan



Describe Circumstance of the Accident.

I was traveling straight and was about to reach the next junction when I was suddenly hit by the third party from the rear left hand door panel, side skirt, axle rear and bumper.

Declaration

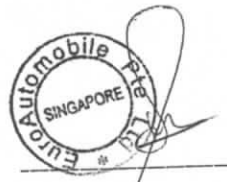
If space above is insufficient continue on Page 2

I/We 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
 16/7/18 2:00 PM

Witnessed by Reporting Centre Personnel



Sketch Plan #4 Pg. 1

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65) 63387288 Fax: (65) 63382522
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



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)

CERTIFICATE NO. : VCX/P1344719 Account No. : 03241
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : EUROSPTS AUTO PTE LTD
Vehicle Registration No. : SKG22U
Period of Insurance : From 03/05/2018 To 29/01/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Named Driver(s) as stated in the Policy
1. TAY KHENG LOCK DAVID
2. EDISON TAN KENG HUI

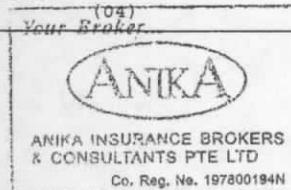
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

- (a) Use for the carriage of passengers or goods in connection with the Policyholder's business.
 - (b) Use for social, domestic and pleasure purposes.
- The Policy does not cover
- (a) Use for racing, pace making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

EXCESS :

Sect I - Used In S'pore Only : SGD 2,000.00
Sect I - Used Outside S'pore : SGD 4,000.00
W/screen Excess in Singapore : SGD 100.00
W/screen Excess (Outside S'pore) : SGD 200.00
(For Unnamed Driver Excess, please refer to your policy)



* 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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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

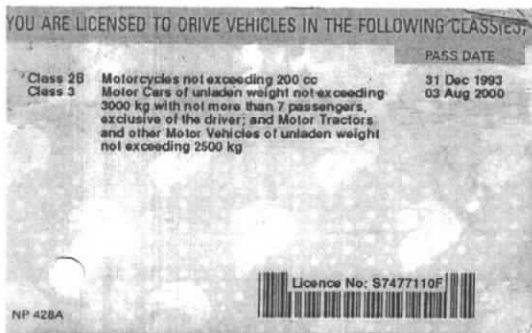
Authorized Signature

Issued by - SGOSAMY on 09/05/2018

IMPORTANT :

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, covernote and endorsement etc.



Sketch Plan #6 Pg. 1

