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.	
	ACCIDENT STATEMENT
Date Of Report	27/07/2018 14:35
Date Of Accident	17/07/2018 19:00
Exact Location Of Accident	KEPPEL ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC2385E
Insured/Policyholder	
Name Of Registered Owner	TEY ZHI YUAN
NRIC No	S9170465Z
Email Address	DEXTEY17@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83330752
Alternative Phone No	OTHERS-90085284
Vehicle Particulars	
Manufacturer	BMW
Model	325I CONVERTIBLE
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?	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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA243511/1
Cover Note Number	
Driver	

Name of Driver LEE JIAWEN AMANDA

 NRIC No
 \$9335857J

 Date Of Birth
 22/09/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 27/03/2017

Driving Experience 1 YEAR AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90085284

Fax Number

Contact Number

EMail Address AMANDA_LJW@HOTMAIL.COM

Address 187 TANJONG RHU #13-03

Postcode 436925

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO 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 SH9836D

Vehicle Make/Model/Colour HYUNDAI / I40

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SMETCH PLAN			
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/HAZUED Poold	4		
Hight Side			
AYE			
CAR			
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT			
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT			
I was driving on the far left lane towards AYE F	XIT.		

Thousand on the fair tell the towards 1170 PXII.
There was a hazand light our infront of me so istopped believed
It a signalled right and waited.
when there was no move caus and a tax in a far distance
I proceeded to switch lakes. *
My car had passed the hazard light car as shown above
when suckdanly I felt a bump on my right corner.
The tax I had tried to cal intront of me and garaged
wrongly and scraddled on to my car. I got a shout.
I signalled for him to get out of the car which he refused
I wanted to get his licence but he refused and even gave me
a FAKE number. He kept saying just claim insurque =
couldn't want to leave the scene. There was an anglino
passenger in his car. He did not ask for my details too.
how the scretch on My CAR. He only took photo of my
boot + number plate.

DECLARATION

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

Policyholder's Signature Date & Time:

190 4 1 4 5 4 6

Driver's Signature
(If driver is not the policyholder)

Date & Time: - 27 07 18

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9335857J





LEE JIAWEN, AMANDA

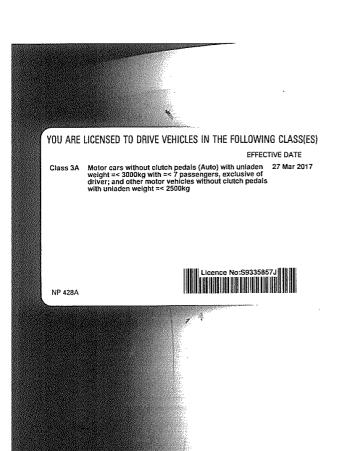
李 佳 雯

Country/Place of birth SINGAPORE

Race
CHINESE
Date of birth Si
22-09-1993 F

S9335857J

DIVLY



5204565



25-07-2013

ADT BLK 273B PUNGGOL PLACE #02-868 SINGAPORE 822273



Certificate of Insurance

account number

GA243511/1 WBAWL12080PD75310

74624064N52B25AF

05163

-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 number

Chassis number

Engine number

Policy details

Policyholder name

Cover Plan name

NCD applicable Vehicle registration number

Period of Insurance Finance loan company TEY ZHI YUAN Third Party, Fire & Theft

Third Party, Fire & Theft 0% SKC2385F

HONG LEONG FINANCE LIMITED

from 31/07/2018 to 30/07/2019 (both dates inclusive)

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.

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2, \$\$500 for declared Young and Inexperienced Driver
- 3, SS5,000 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

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,

1 of 3

7/30/2018

Authorisation Letter

Authorisation Letter

\$ Reply all | ∨

Dex Tey <dextey17@gmail.com> DT Yesterday, 1:23 PM

Reply all | ∨

×

CDGE Braddell Private Cars Crash Repair Counter 💝

Delete Junk Y

Inbox

To personnel in charge

I, Tey Zhi Yuan S9170465Z, hereby authorise my friend Lee Jia Wen Amanda to provide the accident report statement for the accident involving SKC2385E & SH9836D on 17/7/18 on my behalf as I'm overseas.

Regards

Tey Zhi Yuan



