

## 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	14/07/2018 22:23
Date Of Accident	14/07/2018 15:20
Exact Location Of Accident	NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9147J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH ZI QIAN
NRIC No	S8923288J
Email Address	TOHJOYCEME@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97892761
Alternative Phone No	OFFICE-97892761

### Vehicle Particulars

Manufacturer	HONDA
Model	PCX150
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3164738
Cover Note Number	

### Driver

Name of Driver	TOH ZI QIAN
NRIC No	S8923288J
Date Of Birth	11/07/1989
Occupation	INDOOR
Date Of Driving Pass	09/04/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97892761
Fax Number	
Contact Number	OFFICE-97892761
Email Address	TOHJOYCEME@GMAIL.COM

Address	APT BLK 53 SIMS PLACE #03-168
Postcode	
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	COLLIDED INTO PARKED VEHICLE
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)	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

REFER TO REPORT

#### 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	SLT2346S
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)	

## Accident Sketch Plan

### SKETCH PLAN

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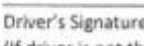
#### **8. Consent under the Personal Data Protection Act (PDPA)**


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:

14/07/2018  
19:30 HRS

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

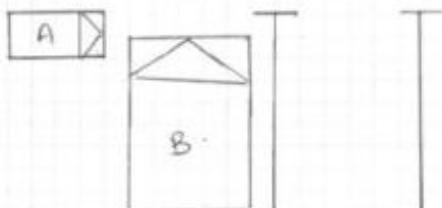
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

100% 100%

NORTH BRIDGE ROAD

B = 54723469

ZOLMER ROAD



Lost control of motorcycle and bumped into car (SLT 2346S) in carport ~~along~~<sup>around</sup> North Bridge Road. Driver was not around.

<sup>Left</sup>  
~~Gave~~ my contact details (shown to camera).

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

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

# Common Statement

☒ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

14/07/2018 3-20pm

Carpark Behind Raffles Hospital.

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBM 9147J

Name of Policyholder

TOH Zi QIAN

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

S8923288J

Address

ATT BLK 53 SIMS PLAZA #03-168

Contact Number

Tel Hp 9789 2761

Occupation

INDOOR

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

HONDA PCX 150

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus ☒ Motorcycle Others

Exact Purpose for which vehicle was being used at the time of accident.

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

AXA

Type of Policy

☐ Comprehensive

☒ TP Fire & Theft ☐ Third party

Fleet Policy

☐ Yes

☐ No

Policy Number

AN 3164738

### DRIVER

Name of Driver

AS ABOVE

NRIC/ FIN/ Passport

11/07/1989

Date of Birth

Occupation

Driving Pass Date

09/04/2014

Gender

☐ Male

☒ Female

Contact Number

Tel

Hp

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)

1 PAX

Weather Conditions

☒ STATIONARY

VEHICLE

Road Surface

☒ Clear

☐ Raining

☐ Others

Damage Area

☐ Wet

☒ Dry

☐ Others

### 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?

tohjoyrene@gmail.com

## Common Statement

OWN VEHICLE REGISTRATION NUMBER

FBM 91473

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

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

Vehicle Registration Number

SLTJ3468

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

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

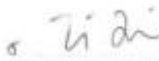
Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect

  
Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

14/07/2018

1950HRS

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

Date & Time

# AXA FORM

 Redefining... ...the way you drive

Date: 14/07/2018

To: Owner of Vehicle Number: FBM 9147J

The following has been advised to you via your workshop, BA AUTO through their staff, Anthony.

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 READING ONLY

Signed and acknowledge by:

x Zi Zi

Name and signature of policyholder/authorised driver

Am

Name and signature of workshop personnel including company stamp

# INSURANCE

of Cover Notes System

Page 1 of 1

**AXA INSURANCE PTE LTD**  
 11, #24-01 AXA Tower  
 118811  
 11 Service Centre #B1-01  
 11338 7288 Fax: 6338 2522  
 ebsoc: www.axa.com.sg  
 GST Registration Number: 199903512M



**Original**

A/c No <b>03375</b>
Policy No (if any)
<b>New Business</b>
SmartDrive Quote Ref:

## MOTOR COVER NOTE

No. **AN3164738 ()**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) – Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

## SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	TOH ZI QIAN
MAKE AND DESCRIPTION OF VEHICLE	HONDA WW150
VEHICLE REGISTRATION NO.	FBM9147J
YEAR OF MANUFACTURE	2017
ENGINE NO.	KF18E051268
CHASSIS NO.	RLHKF18A8JY210097
ENGINE CAPACITY/TONNAGE	153
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	WING FUAT PTE LTD
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 9-May-2018 TO: 8-May-2019
EXCESS (\$)	300
AXA PREMIUM WORKSHOP?	Yes

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

AXA INSURANCE PTE LTD

Issued by ANDA INSURANCE AGENCIES PL on 9-May-2018 1:33:18 PM

Authorised Signature

- Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.
- Premium for time on risk will be charged subject to minimum S\$53.50 (inclusive of GST) if the policy is cancelled after the inception date.
  - An administrative fee of \$26.75 (inclusive of GST) will be charged:
    - Cover note issued and cancelled before inception.
    - Retaining the old registration number for a new vehicle insuring with AXA.

<b>PREMIUM WARRANTY</b>
For Individual Customers: Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
For Non-Individual Customers: Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

<https://www.anda.com.sg/motor/AXA.asp>

9/5/2018



## Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

