

## 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             | 26/07/2018 15:54                             |
| Date Of Accident           | 25/07/2018 18:45                             |
| Exact Location Of Accident | ALEXANDRA ROAD TWDS GANGE AVE ( NEARBY ARC ) |
| Country/State of Loss      | SINGAPORE                                    |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLZ1463L             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LAM FEI FAH FIONA    |
| NRIC No                     | S7038973H            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96191649 |
| Alternative Phone No        | OFFICE-60000000      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | VOLVO          |
| Model  | S60-1.5 T2 (A) |
| 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                                       | THIRD PARTY    |
| Vehicle Category   | PRIVATE CAR    |

### Insurance Company

|                           |                       |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE         |
| Fleet Policy              | NO                    |
| Policy Number             | GA368141/1            |
| Cover Note Number         |                       |

### Driver

|                      |                              |
|----------------------|------------------------------|
| Name of Driver       | LEE ENG TECK                 |
| NRIC No              | S7108838C                    |
| Date Of Birth        | 12/03/1971                   |
| Occupation           | INDOOR                       |
| Date Of Driving Pass | 25/03/1992                   |
| Driving Experience   | 26 YEARS AND 4 MONTHS        |
| Gender               | MALE                         |
| Mobile Number        | (LOCAL) +65-83323382         |
| Fax Number           |                              |
| Contact Number       |                              |
| Email Address        | DESMONDI@LIEWBROTHERS.COM.SG |

|   |  |
|---|--|
| Address   | BLK 768 CHOA CHU KANG STREET 54 #05-39 |
| Postcode  | 682768                                 |
| 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   | CHAIN COLLISION |
| 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?   | YES                                  |
| 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)   | 5                                    |
| Passenger 1   | NAME: : JANET<br>GENDER: : FEMALE    |
| Passenger 2   | NAME: : DESMOND<br>GENDER: : MALE    |
| Passenger 3   | NAME: : VINA<br>GENDER: : FEMALE     |
| Passenger 4   | NAME: : JENNIFER<br>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

Report please refer to sketch plan

#### Attachment(s)

|   |                   |
|---|-------------------|
| Are accident photos available for attachment? | YES               |
| Was there any video captured by Car Camera?   | YES               |
| Remarks/ Reasons:                             | GET FROM WORKSHOP |
| Was there any audio recorded?                 | NO                |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLX6638C    |
| 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 SLK1156C  
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 INJURED PERSON 1

Name LEE ENG TECK  
Approximate Age 47  
Injuries Sustain BACK NECK PAIN  
Injured person in which vehicle? SLZ1463L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name JANET  
Approximate Age  
Injuries Sustain UNKNOWN  
Injured person in which vehicle? SLZ1463L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name DESMOND  
Approximate Age  
Injuries Sustain UNKNOWN  
Injured person in which vehicle? SLZ1463L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address

Postcode

#### DETAILS OF INJURED PERSON 4

|   |          |
|---|----------|
| Name  | VINA     |
| Approximate Age                                     |          |
| Injuries Sustain                                    | UNKNOWN  |
| Injured person in which vehicle?                    | SLZ1463L |
| Were seat belts worn?                               | YES      |
| Was this injured conveyed to hospital by ambulance? | NO       |
| Address   |          |
| Postcode  |          |

#### DETAILS OF INJURED PERSON 5

|   |          |
|---|----------|
| Name  | JENNIFER |
| Approximate Age                                     |          |
| Injuries Sustain                                    | UNKNOWN  |
| Injured person in which vehicle?                    | SLZ1463L |
| Were seat belts worn?                               | YES      |
| Was this injured conveyed to hospital by ambulance? | NO       |
| Address   |          |
| Postcode  |          |

## Sketch Plan

### 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.

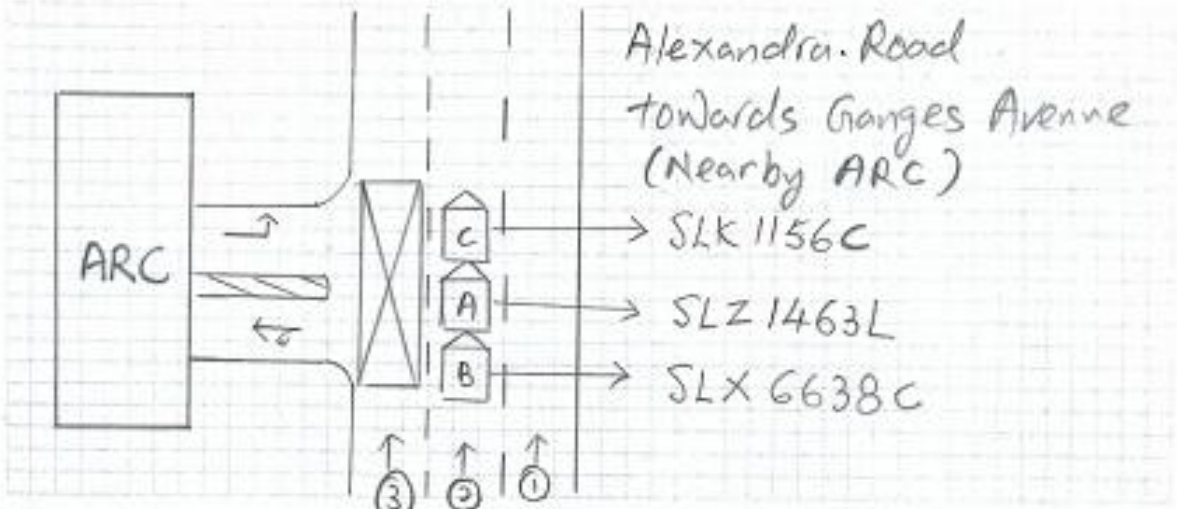
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Rumadi  
NRIC/FIN No.: 571318096

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

## DECLARATION

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:

Reporting Centre Personnel's Signature  
Name: Ramhari  
NRIC/FIN No.: 571718096

### Sketch Plan #3

On 25.07.18 at about 18:45 hours along Alexandra Road towards Ganges Avenue (Nearby ARC). I was travelling straight on lane 2, when my front vehicle (C) slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) move forward hit onto rear portion of vehicle (C). When I alighted I realised it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of total 3 vehicles involved and I have 4 passengers inside my vehicle (A).

Vehicle (A): SLZ 1463L

Vehicle (B): SLX 6638C

Vehicle (C): SLK 1156C

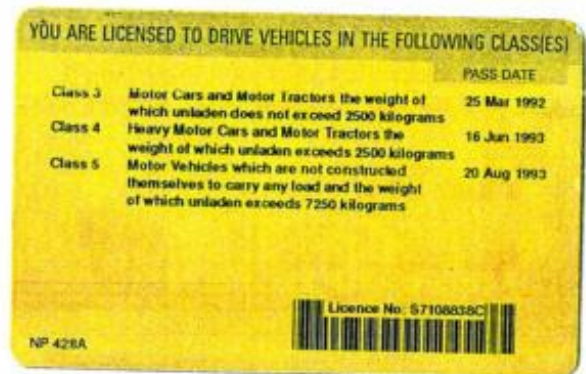


## Driving License



SLZ1463L

driver





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

## Certificate of Insurance

Account number  
00303

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987 - Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

### Policy details

|                             |  |                    |                   |
|-----------------------------|--|--------------------|-------------------|
| Policyholder name           | LIM FEI FAH FIONA                                    | Certificate number | GA368141 / 1      |
| Cover                       | Comprehensive  | Chassis number     | VV1F628C0G2411839 |
| Plan name                   | Fleet  | Engine number      | 84354751551776    |
| NCV applicable              | 0%   |                    |                   |
| Vehicle registration number | S1Z1483L   |                    |                   |
| Period of insurance         | from 23/08/2018 to 23/06/2019 (both dates inclusive) |                    |                   |
| Finance loan company        | DBS BANK LTD   |                    |                   |

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder  
 (b) Any Named Driver as stated in the Policy:  
 1. LIM TIANG KOON DESMOND  
 (c) 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 9 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.

|               |                         |             |
|---------------|-------------------------|-------------|
| <b>EXCESS</b> | Basic Own Damage Excess | \$50,800.00 |
|               | Windscreen Excess       | \$50,100.00 |

An Additional Excess is applicable as follows:

- \$8500 for unnamed Authorised Driver
- \$8500 for declared Young and Inexperienced Driver
- \$85,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$82,500 if you have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

Nil

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, endorsement etc.

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

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

