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 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.

ACCIDENT STATEMENT

Date Of Report	29/07/2018 14:36
Date Of Accident	28/07/2018 21:10
Exact Location Of Accident	SCOTT RD TOWARDS NEWTON @NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6918R
Insured/Policyholder	
Name Of Registered Owner	HAND GREGORY LEWIS
NRIC No	F5599076W
Email Address	GREGHAND@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-93866075
Alternative Phone No	OFFICE-93866075
Vehicle Particulars	
Manufacturer	MAZDA
Model	RX-8-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	GA289048/1
Cover Note Number	
Driver	
Name of Driver	HAND GREGORY LEWIS
NRIC No	F5599076W
Date Of Birth	11/08/1957
Occupation	INDOOR
Date Of Driving Pass	13/08/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93866075
Fax Number	
Contact Number	OFFICE-93866075
EMail Address	GREGHAND@SINGNET.COM.SG

Address	79 JALAN KASAU
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : WIFE 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

SIDE SWIPE

Attachment(s)

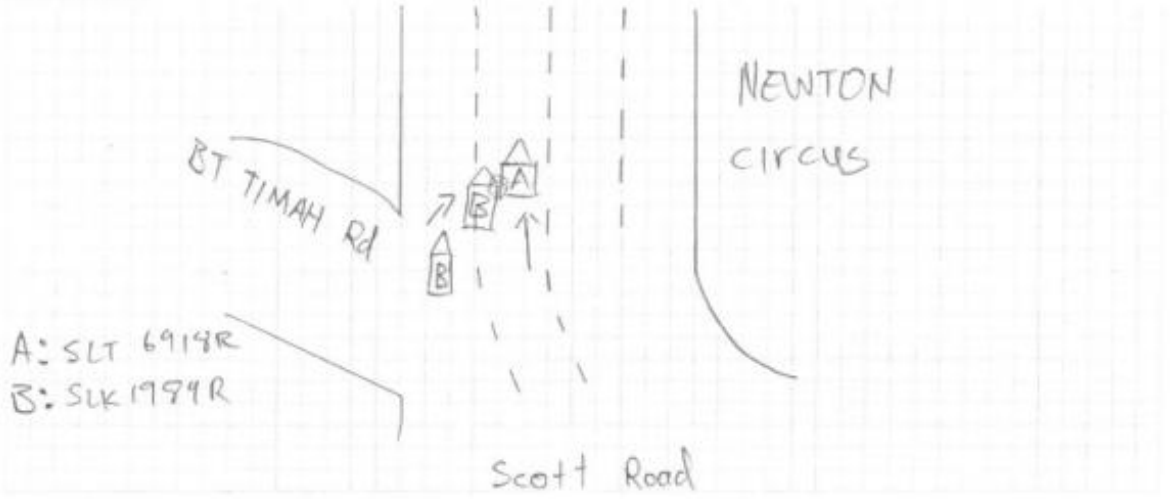
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK1989R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	MONHOGARAN S/O RENGASAMI
NRIC/Passport Number	S1676593G
Contact Number	96155452
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Night Time Approximate Time 21:10 at Scotts Road Round about headed east on to Newton Rd. The Accident occured just under the Newton Fly over

DECLARATION

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

Policyholder's Signature
Date & Time: 29/7/2018

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

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

○ Owner
○ Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
28/7/2018	21:10	Scotts Roundabout Just under Newton Fly over. Headed East on to Newton Road

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SLT 6918 R
Name of Policyholder: Hand Gregory Lewis
NRIC/ FIN/ Passport/ ROC (if Policyholder is Company): F5559076W
Address: 79 Jalan Kasah
Contact Number: 93866073 Tel: 63647811 Hp: 93866075
Occupation: Petrochemicals

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: MAZda RX 8
Type of Vehicle: Sports — Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: Sports
Exact Purpose for which vehicle was being used at the time of accident: Driving Home
Are you claiming under your own insurance policy? ○ Yes ⊘ No Remarks: Third party claim.
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: GA28904821

DRIVER

Name of Driver: –
NRIC/ FIN/ Passport: –
Date of Birth: 11 Aug 1957
Occupation: –
Driving Pass Date: 13 Aug 1998
Gender: ⊘ Male ○ Female
Contact Number: Tel – Hp –
Address: –
Email Address: greghand@singnet.com.sg
Was driver an employee of the Insured's Company? ○ Yes ⊘ No
If No, relationship of Driver with the Insured: Owner.
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): Side swipe.
Weather Conditions: ⊘ Clear ○ Raining ○ Others
Road Surface: ○ Wet ⊘ Dry ○ Others
Damage Area: Left portion.

2 pax.

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?		

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number: SLK 1989 R.
Vehicle Make/ Model/ Colour:
Details of Properties (If Other Party is not a Vehicle):
Damage Area:
Name of Driver: MANHOGARAN S/O RENGASAMI
NRIC/ FIN/ Passport: S1676593G
Contact Number / Email Address: 9615 5452
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: 29/7/2018

Signature of Driver / Date & Time (If Driver is not the Policy Holder) — Date & Time:

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: 29/7/2018	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Individual Statement

redefining

Date: _____

To: Owner of Vehicle Number: _____

The following has been advised to you via your workshop, _____ 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 Third party claim

Signed and acknowledge by:

George Hard

Name and signature of policyholder/authorised driver

_____

Name and signature of workshop personnel including company stamp

NRIC AND LICENSE

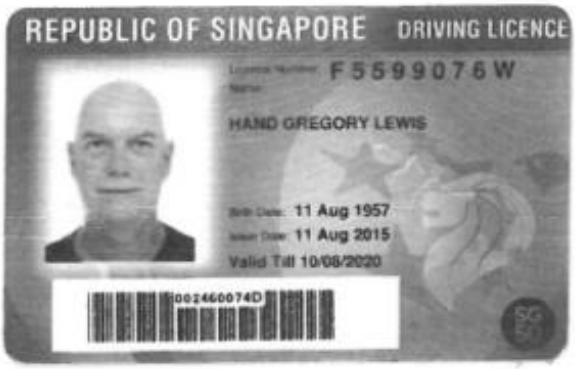
EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
SWIFT TECHNICAL (SINGAPORE) PTE. LTD.

Name
HAND GREGORY LEWIS

FIN
F5599076W

K0594632



REPUBLIC OF SINGAPORE DRIVING LICENCE

F5599076W

HAND GREGORY LEWIS

Birth Date: 11 Aug 1957
Issue Date: 11 Aug 2015
Valid Till 10/08/2020

002460074D

VISIT PASS
Immigration Regulations

Name
HAND GREGORY LEWIS

FIN
F5599076W

Date of Birth
11-08-1957

Sex
M

Nationality
AMERICAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	13 Aug 1998
Class 2A	Motorcycles between 201 cc and 400 cc	13 Aug 1998
Class 2	Motorcycles > 400 cc	13 Aug 1998
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	13 Aug 1998

Licence No:F5599076W

NP 428A

INSURANCE CERTFICATE

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
05397

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)

Policy details

Policyholder name	**HAND GREGORY LEWIS**	**Certificate number**	**GA289048 / 1**
Cover	**Comprehensive**	Chassis number	13B544608
Plan name	**Essential**	Engine number	5E3P301657
NCD applicable	**50%**		
Vehicle registration number	**SLT6918R**		
Period of insurance	from **10/11/2017** to **11/12/2018** (both dates inclusive)		
Finance loan company	Nil		

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 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS Windscreen Excess — Not Applicable

An Additional Excess is applicable as follows:
1. S$500 for unnamed *Authorised Driver*
2. S$500 for declared *Young and Inexperienced Driver*
3. S$5,000 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

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.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

CHASSIS NUMBER