

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	08/08/2018 09:58
Date Of Accident	07/08/2018 09:20
Exact Location Of Accident	SIGLAP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7756Z
Insured/Policyholder	
Name Of Registered Owner	LIM SIU WAN
NRIC No	S0282666F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98966771
Alternative Phone No	OFFICE-91709742

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA354161
Cover Note Number	

Driver

Name of Driver	LIM SIU WAN
NRIC No	S0282666F
Date Of Birth	20/06/1945
Occupation	INDOOR
Date Of Driving Pass	20/06/1968
Driving Experience	50 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98966771
Fax Number	
Contact Number	OFFICE-91709742
Email Address	NOEMAIL

Address	5 SIGLAP RD #17-35 MANDARIN GARDENS
Postcode	448908
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : GOH HUEY PING
	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

PLEASE REFER AS 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	SGG7949Y
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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

		<p>SJB 1057B.</p> <p>SGG 79494.</p> <p>SLC 77562.</p>
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Accident Sketch Plan

Describe Circumstances of the Accident

When traffic light turned green (right turn arrow)
vehicles started moving - Front car suddenly stopped,
I could not stop in time, hit rear of vehicle
SGG 7949Y

Declaration

We declare the foregoing particulars are true in every respect.

 8/8/18

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel



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

date
 16/05/2018

policy number
 VA1 / GA354161

account number
 14888

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)

Policy details

Policyholder name	LIM SHU WAN	Certificate number	GA354161 / 1
Cover	Comprehensive	Chassis number	MR053REH104549083
Plan name	Toyota Prestige	Engine number	12RX1582561
NCD applicable	50%		
Vehicle registration number	SLC7756Z		
Period of Insurance	from 25/05/2018 to 24/05/2020 (both dates inclusive)		
Finance loan company	Nil		

Authorized Drivers

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy
 (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 of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passengers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cover:

- Use for commercial hire or reward, or for racing, pace-making, reliability trial, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle

* 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.

EXCESS	Basic Own Damage Excess	\$GD 500.00
	Windscreen Excess	Not Applicable

Young/inexperienced driver excess

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the Insured MotorCar is being driven by any driver aged below 23 years old and/or has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and/or inexperienced driver shall mean any person who

- Is less than 23 years old, and/or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

Additional clauses & endorsements to your policy

Nil

(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

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

1 of 3

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Authorization Letter

To AXA,

08/08/2018

I, LIM SIU WAN, S0282666 F have already submitted my medical report to the traffic police. I did not make a personal copy for myself. I do not have a copy of the medical report to submit to insurance company, AXA.



LIM Siu Wan

S0282666 F

62414376

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

