# 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.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	31/08/2018 10:39		
Date Of Accident	31/08/2018 09:05		
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER 6 TOA PAYOH		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLD932Y		
Insured/Policyholder			
Name Of Registered Owner	CHUA CHUAN HENG		
NRIC No	S0211773H		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-94564945		
Alternative Phone No	OFFICE-94564945		

**Vehicle Particulars** 

Manufacturer TOYOTA
Model ALTIS

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 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 VPA/P2120798

Cover Note Number

**Driver** 

Name of Driver CHUA CHUAN HENG

NRIC No S0211773H

Date Of Birth 20/02/1954

Occupation INDOOR

Date Of Driving Pass 21/04/1977

Driving Experience 41 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94564945

Fax Number

Contact Number OFFICE-94564945

EMail Address NOEMAIL

**BLK813 JURONG WEST STREET 81** Address

#04-176

Postcode S640183

Was driver an employee of the Insured's Company

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** 

**CHAIN COLLISION** Type Of Accident

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

NO

1

YES Was any other material or property damaged?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI DIRECTION, I WAS ON THE EXTREME RIGHT LANE. WHILE TRAVELLING STRAIGHT AHEAD DUE TO THE HEAVY TRAFFIC, THE VEHICLE INFRONT BRAKE TO COMPLETE STOP AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. AFTER A FEW SECONDS SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE AND THE IMPACT WAS SO GREAT THAT PUSHED ME FORWARD AND HIT ONTO THE VEHICLE INFRONT. ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE (SLB62T) THAT COLLIDED TO THE REAR PORTION OF MY VEHICLE AND CAUSED A GREAT IMPACT THAT PUSHED ME TO HIT ONTO THE VEHICLE INFRONT.

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 SLB62T

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 SJL5330H

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 CHUA CHUAN HENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

### **SKETCH PLAN**

### **IMPORTANT NOTICE**

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  Interested parties.
- 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.

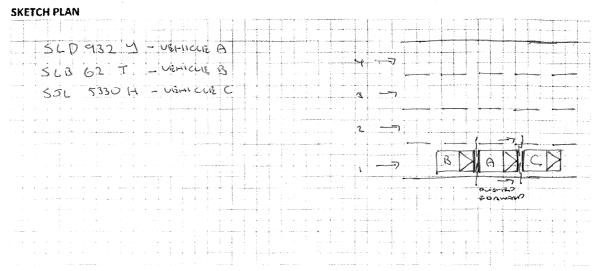
Policyholder's Signature Date & Time:

Autoritation grant

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRANSLING ALONG PIE TOWARDS CHANGE DIRECTION,
I vas on the fextrisms promit have.
WHILE TRANSMING SERFICIAN AMERO DIE TO THE HEAVY TRAFFIC
THE VIEWILL INFROM DRAWE TO COMPLETE STOP, AND SO I
TOO APPLIED BRAINE TO COMPUZZE STOP, OFTER A L'EN SECONDS,
SLODENLY I FELT A CREAT IMPOUT FROM THE REOR OF MY
VEHICUE. AND THE MARKET WAS SO CIRRAT THAT PURHED ME
FORWORD AND HIT ONTO THIS VEHICLE INFRUNT.
BUIGHTED from MY UBLUCE AND "REGIZED IT VAS A VELLICUE
WITH LICENCE PLATE (SLB (27) THAT WILLIAMS TO THER MEDE
or my virule and consis or carego (meach that pushes
ME TO MIT UNTO LANE WELLE INDEAN.
VELLICUS A- SLD 9327
WEHICLE B_ SLB 62 T
UTI-11 CLE C - SJE 53301-1

# 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:

NRIC/FIN No.:

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: 199903512M customer.service@axa.com.sg



### 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)

CERTIFICATE NO.

: VPA/P2120798

Account No.: 14888

Coverage

: Comprehensive (SmartDrive Toyota Prestige)

: Market Value At The Time Of Loss

Sum Insured

Name of Policy Holder

: CHUA CHUAN HENG

Vehicle Registration No. : SLD932Y

Period of Insurance : From 02/06/2018 To 01/06/2019 (Both Dates Inclusive)

# PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner

(b) Any other person who is driving on the Policyholder's order or with his 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.

### LIMITATIONS 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, speedtesting, 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.

(01)

### Basic Own Damage Excess

: SGD 500.00

An Additional Excess is applicable as follows: \$\$2,500.00 for Young or Inexperienced Driver.
Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

(Please refer to your policy on the terms & conditions) \* 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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PUR LUD

Authorized Signature

Issued by - SGOAGPH on 21/05/2018

IMPORTANT :

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, covernote and endorsement etc. etc.

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO211773H



CHUA CHUAN HENG



兴

CHINESE

Country of birth
SINGAPORE

Date of birth Sex 20-02-1954 M

902**1177**3H





Date of :ssue 06-01-2012

APT BLK 813 JURONG WEST STREET 81 #04-176 SINGAPORE 640813

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

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

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# LETTER OF UNDERTAKING

510 932 3	shall decide whether r shall submit such a d documents Within			Date
, the owner of vehicle no. SLO 032 3	urance Singapore Pte Ltd, I/we the Third Party and if the forme te Ltd with all relevant facts andiscovery of damage.	our preferred workshop,	r	Company Stamp
I/We, CHUR CHURN HENG	My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence of discovery of damage.	My/Our Third Party claim is handle by my/our preferred workshop, エルルこのストランストランストランストランストランストランストランストランストランストラン	Signed and Acknowledge by:	S&z11773 H M







# Accident Photo SLDS 32 Y

