### 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	06/08/2018 17:09
Date Of Accident	04/08/2018 15:00
Exact Location Of Accident	ALONG RAFFLES BLVD (OUTSIDE SUNTEC CITY)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGH384S
Insured/Policyholder	
Name Of Registered Owner	NG JUN SIANG
NRIC No	S8521097A
Email Address	NGJUNSIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94999737
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	SUZUKI
Model	APV-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 GA999359/1

Cover Note Number

### **Driver**

**NG JUN SIANG** Name of Driver NRIC No S8521097A Date Of Birth 25/07/1985 Occupation **INDOOR Date Of Driving Pass** 05/11/2012

**Driving Experience** 5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94999737

Fax Number

OFFICE-NOPHONE Contact Number

**EMail Address** NGJUNSIANG@GMAIL.COM Address BLK 239 HOUGANG STREET 22 #12-09

Postcode 530239

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 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?

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 1

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

# **Circumstances of Accident**

### REFER TO SKETCH PLAN

## 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 YP4256Y
Vehicle Make/Model/Colour LORRY

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number G8627643M Contact Number 94725025

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

### SKETCH PLAN

### IMPORTANT NOTICE

VEHICLE NO: SGH 3.845 ACCIDENT DATE: LA 8 11 A

- 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 liability.
- 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. The 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 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:

- 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)
  - (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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY HOR MORE INFORMATION. OCK 1010 #01-105

Policyholder's Signature

Date & Time: 06/08/18

Driver's Signature

Bukit Merah Lang Hakn's customcraft Singapore 1597

Tel: 6271/05 Reparting Soutre Personnel's Signature

Oriver's Signature (If driver is not the policyholder) mail: charns of the com.sg

GIARMC Szetchfrankorn, V2

# Sketch Plan #2 Pg. 1

SKETCH PLAN	4P 4456 Y	SGH3824S	5 GH 3845
toward — Marina Square	Raceles Blvd		
	Suntee City		

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A (YP 4	LISB Y), the lang driver His Blvd Contest de Sunt Ig hun Slavog C8521097A Wher driver was injured	rby Li Fei C486276	43M) had some to
astepalong Rott	ly Blid Carestde Sunt	er City). Vehicle B(S	54+3845) Smuki
APV delver by A	la New Stewar (58521097A	I falled to come to a sto	p and let Vehicle A
Em the back No	the carles as injured	and the emas is a low	and to author Democrate
Then the presenter	that alter was all and	are then wearn aum	lage to prone property.
			<u> </u>
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			***************************************
		***************************************	
OWN DAMAGE (🖊)	3RD PARTY CLAIM ( )	REPORTING ONLY ( )	OWN WORKSHOP ( )
DECLADATION:		<del></del>	

**DECLARATION** 

 $\ensuremath{\mathsf{I/We}}$  declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: 06/08/18 1310

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

Block 1010 Reporting Ceptre Personnel's Signature Bukit Merah Nane: 3 Singapore 1507 PLAN No.: Tel: 62717054/62733304

Fax: 62736676

Email: charns@singnet.com.sg

CHARN'S CUSTOMCRAFT





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 11618

-Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 -Road Transport Act. 1987 (Malaysia)

# **Policy details**

Policyholder name

NG JUN SIANG(HUANG JUNXIANG)

GA099359 / 1

Cover Plan name Comprehensive Essential

Certificate number Chassis number Engine number

MHYGDN71V00104203 G16AID113591

NCD applicable Vehicle registration number

20% SGH384S

Period of Insurance

Finance loan company

from 29/05/2018 to 28/05/2019 (both dates inclusive)

# 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 95 of the Road Transport Act, 1987

**EXCESS** 

Basic Own Damage Excess

Windscreen Excess

SGD 500.00 SGD 100,00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium

# Additional clauses & endorsements to your policy

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 I td

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-

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,

業(保險)代理私人有限公司 INSMART (INSURANCE) AGENCY PTE LTD 50. I KAST BUKEL ROAD I #02-27 ENTERPRISE ONE SINGAPORE 415934 TEL: 6342 0766 FAX: 6842 6955 / 6842 7855

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

### Sketch Plan #4 Pg. 1



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8521097A





NG JUN SIANG

NG JUN SIANG (HUANG JUNXIANG) 黄 君 翔

黄 君 Hace CHINESE Date of birth

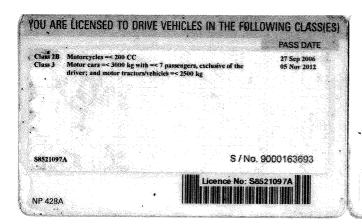
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88521097

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25-07-1985 Country/Place of birth SINGAPORE

SGH 38 KS 5/8/18.



Date of issue
11-08-2015

APT BLK 239 HOUGANG STREET 22 #12-09
SINGAPORE 530239
NRIC No: S8521097A

Date: 10/11/2017

# AXA'S LETTER Pg. 1

AKA	redefining / insurance	e					
Date:	6/8/18.	•					
	ner of Vehicle Number:	SGH	38	45.			
				CHARN'S	CUSTOMCE		
The fol	lowing has been advised to SHARON / RINA/ F	you via your wor ŒLLY ———	kshop	,		through th	eir
Please	tick the applicable box if you	had been advice	on the	e content as s	een below:		
	You had been advised by the there is a Fourteen (14) da	ys clause whereb	in the	case that you claim must be	u wish to claim a made within th	against your own poli ne stipulated timefrar	cy, me
•	from the day of occurrence					at feu.	
JT	You had been advised by th	ie workshop on t	he liab	ility and mer	its of the case a	ccordingly. (O	> Pc
( )	You had been advised by the making due to this accident		the cla	ims procedur こかりん・	e for the type o	of claim that you will	be
1	There will be delay to your other option except to inde			e unavailabili	ity of spare part	s locally and there is	no
18	There will be no cancellation have been placed. If you we related charges incurred dis	vish to cancel/wi	ithdrav	w the claim,	you shall bear a	all costs, expenses &/	
18	The estimated waiting time estimated arrival time does				781	т	he
( )	You will be driving the vehicle may not be road wo		eing ad	vised by the v	workshop mecha	anic/personnel that t	he
XT	For vehicles below Three (3 repair your vehicle.	) years old, your	Insura	nce Company	y will use only g	enuine original parts	to
	For vehicles above Three (3 combination of genuine ori						ny
XT	You had been advised by the on workmanship related to	ne workshop of the thick the accident.	he Twe	elve (12) mor	nths warranty fo	or <u>Own Damage</u> repa	irs
11	For vehicles that are under to check with your local dis claim.						
( )	Others					***************************************	_
Signed a	ind acknowledge by:					١	
/					10	e-wa/	
_11	Ng Jan Siang ; 14 p nd signature of policyholder	MV				,	
Name a	nd signature of policyholder	/authorised driv	er			uled/	
	HARN'S CUSTOMCRAFT					le-cun/ culcol/ Indel.	
Name &	idsignature of workshop pe	rsonnel includin	g com	pany stamp		•	
\ B	ukit Merah Lane 3		. '	- •			
, s	ingapore 159724						
	el: 62717054/62733304						
	ax: 62736676 imail: charns@singnet.com	n.sg					









