

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	18/09/2018 08:47
Date Of Accident	13/09/2018 08:10
Exact Location Of Accident	RITZ CARLTON CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EC777S
Insured/Policyholder	
Name Of Registered Owner	LEE PHUI NYEN
NRIC No	S0021314D
Email Address	PNSTEVE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98378118
Alternative Phone No	OFFICE-92777057

Vehicle Particulars

Manufacturer	FERRARI
Model	488 GTB
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT
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	P1988449
Cover Note Number	

Driver

Name of Driver	LEE PHUI NYEN
NRIC No	S0021314D
Date Of Birth	11/06/1951
Occupation	INDOOR
Date Of Driving Pass	05/02/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98378118
Fax Number	
Contact Number	OFFICE-92777057
EEmail Address	PNSTEVE@YAHOO.COM

Address	33 FABER WALK
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	COLLISION - MAJOR/MINOR RD
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)	1

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

WHILE PARKING RITS CARLTON BASEMENT CARPARK WHILE REVERSING INTO THE LOT, I ADJUSTED MY CAR AND MOVE FORWARD I SAW A TAXI ON MY RIGHT SIDE AND STOPPED MY VEHLCE. HE CROSSED IN FRONT OF MY CAR AND HIS TYRES HIT MY FRONT SPOILER. MY WITNESS IS NICK SYN

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 Witness 1

Name	NICK SYN
Phone Number	96335361
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8472M
Vehicle Make/Model/Colour	TAXI
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)

Sketch Plan Pg. 1

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION	
Date of Report	Time:
Date of Accident: 13 Sept '18	Time: 8.10 PM
Exact Location of Accident: RITZ CARLTON CAR PARK	
DETAILS OF OWN VEHICLE	
Vehicles Registration Number: EC 7775	Name of Registered Owner: LEE PHUI NYEN
NRIC / Passport No. / FIN: S0021314 D	Co. Reg. No.(for Co. Vehicle Only):
Vehicle Particulars	
Manufacturer: FERRARI	Model: 488 GTB
Exact purpose for which vehicle was being used at time of accident.	Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):
Are you claiming your own insurance policy for repair to your veh.?	Yes <input checked="" type="checkbox"/> No, Reporting Only <input type="checkbox"/> No, Third Party <input type="checkbox"/>
Vehicle Category: Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Others <input type="checkbox"/>	
Insurance Company	
Name of Insurance Company:	
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>	
Fleet Policy: Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:
Driver	
Name of Driver: LEE PHUI NYEN	NRIC / Passport No. / FIN:
Date of Birth: 11 th JUNE '57	Occupation: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No: 98378118	Fax No.: Alternative Phone No.:
Address: 33 FABER WALK. ((Post Code: 128967)
Email Address:	
Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the insured:	
Vehicle Registration Number of Driver's Own Vehicle (if applicable): EC 7775	
Insurance Company of Driver's Own Vehicle (if applicable):	
Other Information of the Accident	
Type of Accident:	
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):
Was any body injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Was any other material or property damaged?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Are accident photos available for attachment	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?
Was notice of intended Prosecution given?	No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?
DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)	
Vehicles Registration No.: SHB 8472 M	Vehicle Make / Model / Colour: KIA SILVER
Details of Property Damaged in Accident: NIL	
Name of Driver: KANNAN S/O MARIMUTHU	NRIC/Passport Number: S7529462Z
Contact Number: NIL	(Post Code:)
Address: NIL	
Insurance Company Name: NIL	
Nature of Damage: NIL	No. of Passengers (Including Driver): ABOVE
Details of Witness - Name: NICK SIN	
Details of Witness - Contact Number: 96335361	
Details of Witness - Email Address:	
DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)	
Name:	Approximate Age:
Address:	(Post Code:)
Injuries Sustained:	Injured person in which vehicle:
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>

18 May 2010

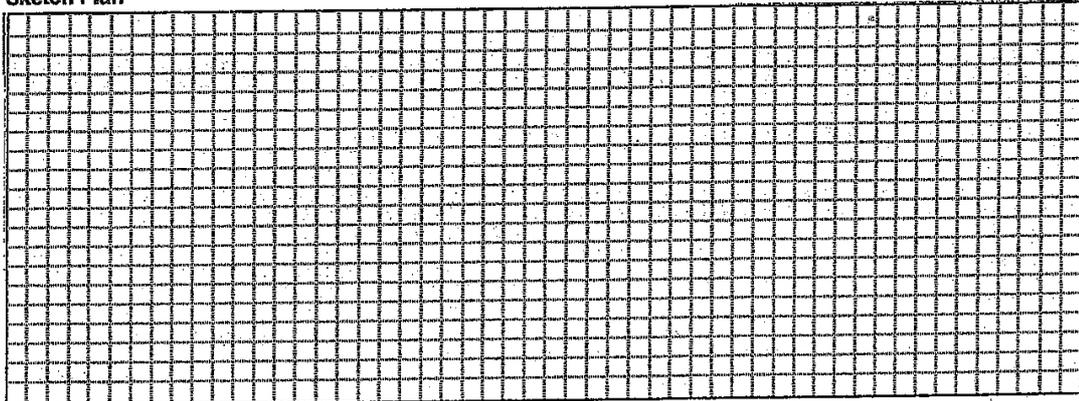
Sketch Plan Pg. 2

SKETCH PLAN

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Sketch Plan

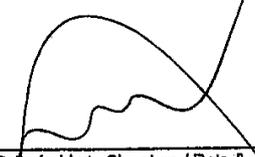


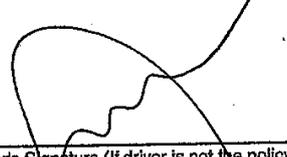
Describe Circumstances of the Accident

while parking Ritz Carlton basement car-park, while reversing into lot, I adjusted car & drive forward, I saw a taxi on my right side and stop vehicle. He crossed in front of me & his tyres graze my front spoiler.
My witness is Nick Sun

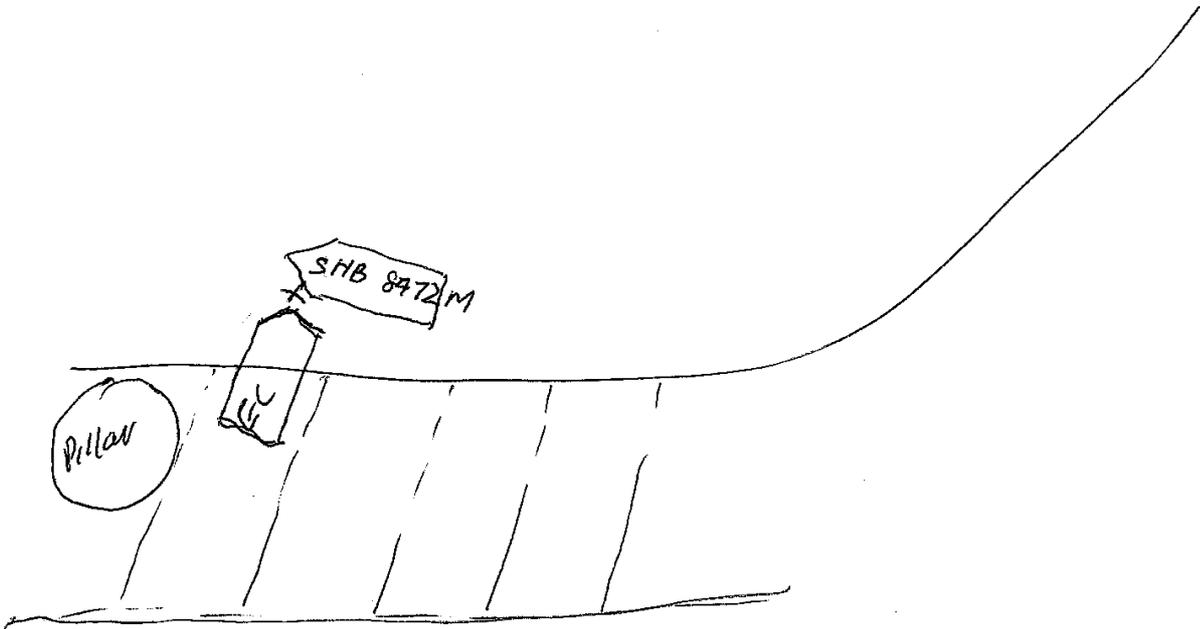
Declaration

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


Witnessed by Reporting Centre Personnel



AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M



Original

Agent Code: **14882**
 Policy No.(if any): **P1988449**
Renewal
 SmartDrive Quote Ref:

No. **CN011080**

MOTOR COVER NOTE

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	LEE PHUI NYEN
MAKE AND DESCRIPTION OF VEHICLE	FERRARI 488 GTB
VEHICLE REGISTRATION NO.	EC777S
YEAR OF MANUFACTURE	2017
ENGINE NO.	376435
CHASSIS NO.	ZFF79AMC000228932
ENGINE CAPACITY/TONNAGE	3902
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MAYBANK
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 02/09/2018 TO: 01/09/2019
EXCESS (S\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by Maria Florentina PETEROS on 28/08/2018 10:32 am

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged :
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:
 Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
 For Non-Individual Customers:
 Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

THIRD PARTY



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0021314D**

Name: **LEE PHUI NYEN**

Birth Date: **11 Jun 1951**

Issue Date: **08 Apr 2003**

000366081K



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7529462Z**

Name: **KANNAN S/O MARIMUTHU**

Birth Date: **01 Oct 1975**

Issue Date: **05 Jan 2004**

001073781F



THIRD PARTY



THIRD PARTY



THIRD PARTY

