

## 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	17/09/2018 17:01
Date Of Accident	17/09/2018 10:05
Exact Location Of Accident	BACK 12/15 HOLLAND AVE Q82 CP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP563R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SIANG JOO
NRIC No	S6811426H
Email Address	SIANGJLIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96792936
Alternative Phone No	OFFICE-96792936

### Vehicle Particulars

Manufacturer	LEXUS
Model	NX200T-2.0 (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?	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	P1936127
Cover Note Number	

### Driver

Name of Driver	LIM SIANG JOO
NRIC No	S6811426H
Date Of Birth	24/03/1968
Occupation	INDOOR
Date Of Driving Pass	19/12/1989
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96792936
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	33 CORONATION DR
Postcode	269587
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?	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: : LIM WEE MING
	GENDER: : MALE

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	S6821CD
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMITA
NRIC/Passport Number	
Contact Number	90610661
Address	
Postcode	
Insurance Company Name	FWD SINGAPORE PTE. LTD.
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

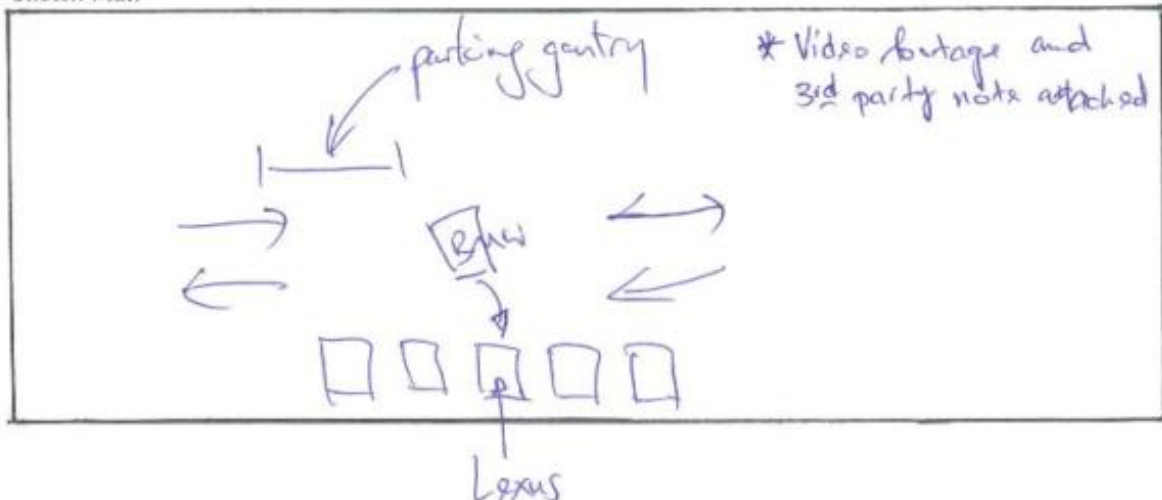
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Signature* 17/9/18  
Policyholder's Signature / Date & Time  
14/2/18

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

Witnessed by Reporting Centre Personnel

#### **Sketch Plan**



## Accident Sketch Plan

### Describe Circumstances of the Accident

We were away from my parked vehicle SCPS63R when the incident occurred.

The car was parked @ Car Park Bldg 12/15 Holland Avenue Q82, and a note was left on the vehicle windscreen stating our vehicle was bumped along with a contact number.

Upon reviewing the vehicle's in-dash camera, we confirmed an incident had occurred on 17 Sep 2018 1024 AM by a BMW X3 plate number S6831 CD.

\* 3rd party note and video footage attached.

### Declaration

We declare the foregoing particulars are true in every respect.

 17/9/2018  
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:(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/P1936127 Account No. : 14886  
Coverage : Comprehensive (SmartDrive Lexus Prestige)  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : LIM SIANG JOO  
Vehicle Registration No. : SLP563R  
Period of Insurance : From 25/05/2017 To 24/05/2019 (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 700.00

An Additional Excess is applicable as follows:

S\$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 PTE LTD

Issued by - SGOAGPH on 29/05/2017

IMPORTANT :

Authorized Signature

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.



IC



Common Statement

						
Mo	Tu	We	Th	Fr	Sa	Su

Memo No. \_\_\_\_\_  
Date     /     /

Hi,

I am sorry I  
bumped your car  
this morning. Please  
call me at  
90610661.

Thanks,  
Amrita

56821 CD  
PMJ X3

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

