### 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 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. 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	03/11/2018 09:02
Date Of Accident	16/09/2018 22:15
Exact Location Of Accident	AT JB CUSTOM TOWARDS WOODLANDS CUSTOM SINGAPORE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT6090C
Insured/Policyholder	
Name Of Registered Owner	LAU LEONG YOU
NRIC No	S8280422F
Email Address	LEONG_YOU@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81331165
Alternative Phone No	OTHERS-81331165
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2023249
Cover Note Number	

### **Driver**

Name of Driver LAU LEONG YOU NRIC No S8280422F Date Of Birth 03/03/1982 Occupation **INDOOR Date Of Driving Pass** 23/03/2008 **Driving Experience** 10 YEARS AND 5 MONTHS Gender MALE Mobile Number (LOCAL) +65-81331165

Fax Number

Contact Number OTHERS-81331165

**EMail Address** LEONG\_YOU@HOTMAIL.COM Address BLK 424D YISHUN AVE 11 #10-326

Postcode 764424

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 SIDE SWIPE
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

4

Number of Passengers (Including Driver)

Passenger 1

NAME: : ONG LAY ENG

GENDER: : FEMALE

Passenger 2

NAME: : LAU BOON BING

GENDER: : MALE

Passenger 3

NAME: : LAU BOON KAI

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**

KINDLY REFER TO SKETCH PLAN.

#### 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 SGG8659C

Vehicle Make/Model/Colour NISSAN LATIO (WHITE)

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TAN YI YI, JACKSON

NRIC/Passport Number S8424369H Contact Number 83028288 Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

#### **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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - 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:
  - 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

3/11/2018

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SIPPLIC Separateurs and 19

SKETCH PLAN			
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	,		
A Incident happen @ JB Custom Toward Parte 16/9/2018, location is 5 lones me	s Sing	apore at r	right 10:15 pm
Pate 16/9/2018, location is 5 lones me	rge to	3 lana	my Cor come
Tran Jolan Singapore Suttan Jekandar (19)	B lank	- I cm	akma afternate
Theus To enter lone 4 of TB custom. 30	a mortu	rome from	n Etter land 1
was behind my Car Hos car come go	» Kear	the back w	neel of my Con
as shown in the video I try to avoid wheel to the left, but could not evo	Callisia	in by Shift	my cor front
to the left, but could not evo	a as	he is me	ing and stick
to my back wheel.	1 4		<u> </u>
repair cost 50-50 of both car. Due to	<u> </u>	Private Sett	2 by spirt the
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to repair my own car and writing for 3 cost However he igner the agreement	and E	1 o prog	The MIS TX PAGE
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July 1st			
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Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reportin	
		- Claim OD	)
		- Claim TP	
		- Claim OD,	TP at other workshop
DECLARATION /			
I/WE declare the foregoing particulars are true in every respect.			
1.43			D

Driver's Signature

Date & Time

(if driver not the policyholder)

Policyholder's signature

Date & Time
3/11/2018
7:25am

Page 5 of 33

Reporting Centre Personnel's Signature

Name:

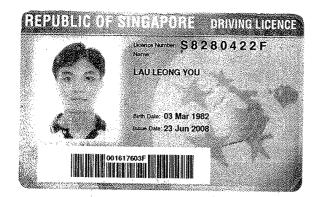
Nric/Fin No.

# Sketch Plan Pg. 3

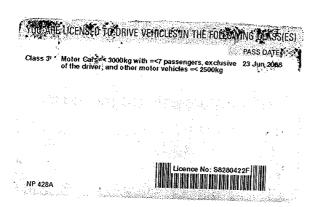


Date:				
To: Owner of Vehicle Number: SLT6090C				
The following has been advised to you via your workshop, ETHOZ PROTECT PTE LTD through their staff, JACKSON TEO				
Please tick the applicable box if you had been advice on the content as seen below:				
You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.				
You had been advised by the workshop on the liability and merits of the case accordingly.				
You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.				
) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.				
There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.				
The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.				
( ) You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.				
) For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.				
For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.				
You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repairs on workmanship related to the accident.				
For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.				
( ) Others				
Signed and acknowledge by:  LAU LEONG YOU AND WITH				
Name and signature of policyholder/authorised driver				
Name and signature of workshop personnel including company stamp				

## Sketch Plan Pg. 4









**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 and Compensation) Rules. Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.

: VPA/P2023249

Coverage

Account No.: 08260

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: LAU LEONG YOU

Vehicle Registration No. : SLT6090C

Period of Insurance

: From 03/11/2017 To 02/11/2018 (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 trial, specturesting, 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)

An Additional Excess is applicable as follows: \$\$500.00 for Unnamed Authorized Driver \$\$2,500.00 for Undeclared Young and Inexperienced Driver. (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).

N.B:

Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOVGBP

on 15/11/2017

TMDODTANT .

IMPORIANT:
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.

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.



Auto Consultants Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

02 October, 2018

LAU LEONG YOU BLK 424D YISHUN AVENUE 11, #10-326, Singapore 764424

Dear Sir,

OUR REF

: CC4/ASM18016990/Ahb3

YOUR REF

: SLT 6090C

ACCIDENT INVOLVING SLT 6090C & SGG 8659C ON 16/09/2018 ALONG/AT JB CUSTOM

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <a href="https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting">https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting</a>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- · Coloured photographs of accident scene (if any)





