SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report <u>correctly</u> 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</u> and <u>accurate</u> 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	12/02/2019 17:06
Date Of Accident	12/09/2018 11:30
Exact Location Of Accident	BLK 653 YISHUN AVE 4 CAR PARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ3607J
Insured/Policyholder	
Name Of Registered Owner	TAY HOON SZE
NRIC No	S1396750D
Email Address	TAYHOONSZE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91156674
Alternative Phone No	OTHERS-91156674
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA138454
Cover Note Number	22/11/2017 - 21/11/2018
Driver	
Name of Driver	TAY HOON SZE
NRIC No	S1396750D
Date Of Birth	12/03/1959
Occupation	INDOOR
Date Of Driving Pass	24/11/2005
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91156674
Fax Number	
Contact Number	OTHERS-91156674

TAYHOONSZE@GMAIL.COM

Address BLK 246 YISHUN AVE 9 #11-263

Postcode 760246 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 COLLIDED INTO PROPERTY

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

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?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] YISHUN NORTH N.P.C

Was notice of intended Prosecution given?

ven? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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 SLR171C

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)

		Car para
Data of accidents 12/	9/18 - 01:30 am	ion: BIK 653 Yushan Are 4
My Volide A. CIII	D77 Valida B S/R/7	7/6 41:16
SKETCH PLAN	venicle B: 3277	venicie C:
Parking Port	Reverse Dinto Parilling	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Planin Con	1. 0. 1	3
· · · · · · · · · · · · · · · · · · ·	1 to Police report	
Claim OD/TD at Ab Li	im Motor China OD/TD-+	
Claim OD/TP at Ah Li		er workshop Reporting Only
My workshop : Email address : & myself : Email address :	a copy of my efile accident report to :	
Note: Please take note the you own policy. Kindly che	at your insurer have 14 days timeframe fo eck with your own insurer for more infor	or you to submit own damage claim under rmation.
DECLARATION		(AH I)
I/We declare the foregoing partic	culars are true in every respect.	60
No.		
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:
		AH LIM MOTOR COMPANY

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.
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- 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.
- 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:

- (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:
 - (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: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





T/20181004/2144

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 1 of 3 Report No. T/20181004/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2018 17:57		ade:	Vide Report No.:	Station Diary No.: 93			
Informar	t's Particu	lars					
Name of Informant:			Address:	Address:			
TAY HOON SZE APT BLK 246 YISHUN AV 760246			APT BLK 246 YISHUN AVEN 760246	UE 9 #11-263 SINGAPORE			
ID Type / ID No.:			Contact No.:				
NRIC NO / \$1396750D		0D	Home/Office:	Mobile: 91156674			
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	59	12/03/1959	Driver				
Race:			Language:	Institution / School Name:			
Chinese			English				
Occupation	on:		Driving Licence Information:				
SELF EMPLOYED			Class: 3A	Date of Expiry:			

aeneral iniori	nation of the Accide			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/09/2018 11:3	Type of Location: Car Park
Location: Along Road 1 YISHUN AVE BLK 653 YISH	NUE 4 IUN AVENUE 4 CARF	PARK		
The state of the s		Road Surface: Dry		Road Speed Limit:
		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Moving Vehic	ion: e Against - Parked Ve	hicle		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJJ3607J	Car	NISSAN	TEANA 2.5 CVT ABS D/AB HID	Silver	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ3607J	AXA INSURANCE SINGAPORE PTE LTD	GA138454	22/11/2017	21/11/2018





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 2 of 3 Report No. T/20181004/2144

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Us			Use of Pedestrian Crossing: NA			
Driver						
Name	TAY HOON SZE			ID No		S1396750D
Related Vehicle	SJJ3607J (Car)		Contact No.		91156674	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discl	narge	NIL	
No. of Days gran	inted Medical Leave NIL		Degree of Injury NIL			

Brief Details.

On 12 September 2018 at around 1130hrs, I drove my car to Blk 653 Yishun Avenue 4 to park my car. I reverse my car into the car parking lot. However, as I reverse into the car park lot, I felt a slight jerk and went off to park at another parking lot. I did not realized what happen or if my vehicle knocked onto another vehicle. After I left to park another car park lot, I went to KTPH to see my mother. After I went back to my vehicle after visiting my mother, I noticed a slight dent on the rear right of my vehicle.

However, on 27 September 2018, I received a letter from Traffic Police reference TP/IP/54817/2018 to lodge a police report. Hence I presume I might have knock onto another vehicle that day when I was reversing into the car park lot.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20181004/2144

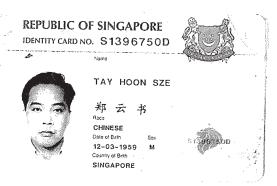
CONTINUATION OF REPORT

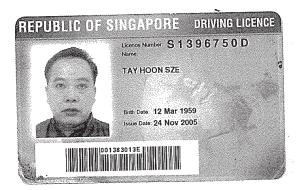
Sketch Plan

Informant is not able to provide sketch plan

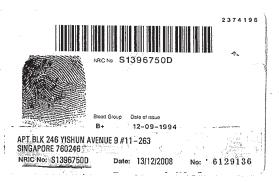
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

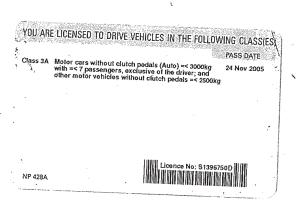
Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 OH HONG LI	
Signature Of Interpreter:	Date/Time:
Not applicable	04/10/2018 17:57
Office In Oliver Of O	
Officer In Charge Of Case:	Classification Of Case:
TP / HRT /	
SI KALESWARI PALANI	
Contact No.: 65476902	L Chil
Authentication Stamp	





slp: 911> 6674 Email: tayhoonsze@gmail.com





uf No ce No Tufat:





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 05234

-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)

Policy details

Policyholder name

TAY HOON SZE

GA138454/1

Cover Plan name

Comprehensive Essential

Chassis number Engine number

JN1BBUJ32Z0002463 VQ25499097A

NCD applicable Vehicle registration number Period of Insurance

50%

SJJ3607J

from 22/11/2017 to 21/11/2018 (both dates inclusive)

Finance loan company

KENSO LEASING PTE LTD

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.

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 (Malaysia), are not to be included under these headings.

EXCESS

Windscreen Excess

Not Applicable

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 Workshops.

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 Ltd

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-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period falling which there would be no liability under the policy, renewal certificate, endorsement etc.

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

1 of 3













