MSME18122117 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 20/09/2018 14:48 SUBMITTED BY: Ang Guo Bao

# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 20/09/2018 16:01

# 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.

aforesaid.	J , , , , , , , , , , , , , , , , , , ,
	ACCIDENT STATEMENT
Date Of Report	20/09/2018 14:48
Date Of Accident	29/08/2018 09:20
Exact Location Of Accident	CLEMENTI AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKM2615P
Insured/Policyholder	
Name Of Registered Owner	ONG SIEW LAN
NRIC No	S1686472B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90463975
Alternative Phone No	OFFICE-90463975
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC60
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	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	GA248810/1
Cover Note Number	
Driver	

#### Driver

Name of Driver LIEW ZI XIANG, BENJAMIN

NRIC No S8720878H
Date Of Birth 13/07/1987
Occupation INDOOR
Date Of Driving Pass 23/08/2008

Driving Experience 10 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90403975

Fax Number

Contact Number

EMail Address NOEMAIL

Address 354 CHOA CHU KANG CENTRAL

#06-319

Postcode S680354

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

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? NC

Number of vehicles involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

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**

I WAS DRIVING STRAIGHT ALONG CLEMENTI AVE 6 AT 2ND LANE OF 4 LANES. VEHICLE IN FRONT OF ME STOPPED, I FOLLOWED SUITE. SUDDENLY I FELT AN IMPACT. VEHICLE B COLLIDED ONTO FRONT LH PORTION OF MY VEHICLE AND CAUSED DAMAGES. I WISH LODGE THE REPORT CLAIM AGAINST VEHICLE B.

# Attachment(s)

Are accident photos available for attachment?

YES

1

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

PC5401M

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)

# Sketch Plan Pg. 1

SKETCH PLAN A: SKM2615P B. PC5401M Clementi XVP 6 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Clementi ond. anes VIN front puite Suddenly Normag onto tont an IMPact villide 64 MY (AUSI d amages. agams the NP6VA high Jum reh DECLARATION I/We declare the foregoing particulars are true in every respect.

Date & Time:

(If driver is not the policyholder)

Oriver's Signature

Policyholder's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2 Pq. 1

#### SKETCH PLAN

# **IMPORTANT NOTICE**

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- 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.
- 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:

20/9/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AlbBoty Setchthafort: 73

# CI Pg. 1





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 00871

## **Policy details**

Policyholder name Cover Plan name

ONG SIEW LAN Comprehensive Elexi

Certificate number Chassis number Engine number

GA248810 / 1 A 10247#6E2527.58 84204173166837

NCD applicable Vehicle registration number Period of Insurance

SKM2615P

from 13/08/2018 to 12/08/2019, both dates inclusive.

Finance loan company HULHUA CREDIT PTE LTC

#### Persons or classes of persons entitled to drive\*

ia: The Policyholder

(b) Any Named Driver as stated in the Policy:

1. LIEW KWALFOO

2. LIEW 21 XIANG BENJAMIN

(c. 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.

t Emitations rendered incherative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation (Act. Chapter 289) 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. \$\$500 for declared Young and Inexperienced Driver
- 3. S\$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

Pelicyholders 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 the obligation is an offence under the Motor vehicle should Faily Ricks and Compensation Actificap. 1891.

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no Lability under the boticy, renewal confidence. endorsement etc.

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

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