## 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 <u>truthful and accurate</u> 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.	
	ACCIDENT STATEMENT
Date Of Report	17/09/2018 17:45
Date Of Accident	17/09/2018 08:15
Exact Location Of Accident	CANTONMENT ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW5954M
Insured/Policyholder	
Name Of Registered Owner	SCAN -SHIPPING PTE LTD
Co Reg No	199506415E
Email Address	AJOHANSEN@SCAN-SHIPPING.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91286725
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8 TSI HIGHLINE
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number VA1/ GA275963

Cover Note Number

**Driver** 

Name of Driver ANDERS JOHANSEN

NRIC No S6967768A

Date Of Birth 10/08/1969

Occupation INDOOR

Date Of Driving Pass 05/01/2002

Driving Experience 16 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91286725

Fax Number

Contact Number

EMail Address AJOHANSEN@SCAN-SHIPPING.COM

6 ALEXANDRA VIEW Address

#10-03

Postcode 158746

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## **General Information of the Accident**

**COLLISION - HEAD TO REAR** Type Of Accident

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

NO

1

YES Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

## **Circumstances of Accident**

# REFER TO SKETCH PLAN

# Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLR6778M Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver **DORIS YEO** NRIC/Passport Number S7343257Z

**Contact Number** 

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.
- 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 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. 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:

- 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)
  - (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
- (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
- 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.
- 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

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

KETCH PLAN	skw <b>g</b>	9544/	
		13rd pourd	<u> </u>
	T P	<b>1</b>	
,			
	ه النفو المستقدية والمواودونية للسويد النبو الأستون والواقية . الما الاستقدام المواودونية المواود الم		and the second s
DESCRIBE CIRCUMSTANCE		COO AND V	a relance
CALL IN	FRONT STOPPED	STAR FAST	Alaugh AND
1100	IS AD TAK FO	A C T	
DAMAGE	TO THE LOW.	ER PAGT (	of Spailer
OR DUM	DER ON THE	SEO PARTY	CAR.
	-		
DECLARATION	1		
I/We declare the foregoing pa	articulars are true in every respect.		5
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholde		Centre Personnel's Signature

## Sketch Plan #3 Pg. 1





SCAN-SHIPPING PTE LTD 10 RAEBURN PARK #04-01 SINGAPORE 088702

**Policy Schedule** 

Your SmartDrive Comprehensive Flexi

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

**New business** 

09/10/2017

your servicing distributor ALL INS SOLUTIONS PTE LTD (SPC PROMOTION) / 14278

your servicing distributor contact 64513437

## Yournalevenansho:

Policyholder name

**SCAN-SHIPPING PTE LTD** Comprehensive

Policy number FIN / NRIC

VA1 / GA275963 19956415E

from 04/11/2017 to 03/11/2018 (both dates inclusive) **Period of Insurance** 

Gross Premium after 20% NCD Total Discounts

SGD 1,634.51 - SGD 331.17 SGD 91.23 SGD 1,394.57

## Your benefits highlights .

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess

7% GST

Final Premium

- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

- Personal accident benefit of up to \$50,000.00 for you and your named drivers
- Courtesy car Standard in Singapore up to ten (10) days

# Velicedetalls

Make & Model of Vehicle Vehicle registration number Body type Seating capacity (excl driver)

**VOLKSWAGEN PASSAT 1.8 TSI** SKW5954M SALOON

Year of manufacture Type of Use Engine capacity (c.c.) Engine number

2015 Private use 1798 CJS111723

Off-Peak car No Chassis number

WVWZZZ3CZGE005570

Insured's Estimated Market Value Finance Loan Company

Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance HONG LEONG FINANCE LIMITED

Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess SGD 600.00
Windscreen Excess SGD 100.00

4

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

1 of 2





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

GA275963/1

-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 devells

Policyholder name SCAN-SHIPPING PTE LTD Certificate number

 Cover
 Comprehensive
 Chassis number
 WWZZZ3CZGE005570

 Plan name
 Flexi
 Engine number
 CJS111723

NCD applicable 20% Vehicle registration number SKW5954M

Period of Insurance from 04/11/2017 to 03/11/2018 (both dates inclusive)

Finance lean company HONG LEONG FINANCE LIMITED

## Research desses of pasons entitle droutives

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

1. ANDERS JOHANSEN 2. LISBETH MOTH JOHANSEN

(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 Basic Own Damage Excess Strong Basic Own Damage Basic Own Damage

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
  - 2. S\$500 for declared Young and Inexperienced Driver
- S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

# Additoral danses & endos sinents to voltabley

Nil

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 failing 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

## Sketch Plan #5

















