

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	25/09/2018 14:21
Date Of Accident	18/09/2018 18:10
Exact Location Of Accident	SIMS AVE ENTRANCE TO KPE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY907J
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Insured/Policyholder

Name Of Registered Owner	JASPAT INTERNATIONAL (S) PTE LTD
Co Reg No	201711882D
Email Address	IRENEOW68@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83606038
Alternative Phone No	OFFICE-83606038

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 (A)
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	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	P2076805
Cover Note Number	12/02/2018 - 12/02/2019

Driver

Name of Driver	LOY BOON KEE
NRIC No	S1563141D
Date Of Birth	31/10/1962
Occupation	INDOOR
Date Of Driving Pass	08/01/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81211457
Fax Number	
Contact Number	
Email Address	IRENEOW68@GMAIL.COM

Address	BLK 273 YISHUN STREET 22 #10-96
Postcode	760273
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

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	4
Passenger 1	NAME: : OW BOON KAEN GENDER: : FEMALE
Passenger 2	NAME: : LIEW YUEN LYE GENDER: : FEMALE
Passenger 3	NAME: : LIM CHIA HUI GENDER: : FEMALE

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

REFER TO ATTACHED STATEMENT BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NEED TO RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC7457A
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)

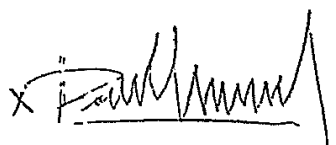

SKETCH PLAN

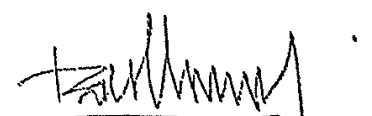
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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:
 - (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.
- (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.

X 
Policyholder's Signature
Date & Time: 


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

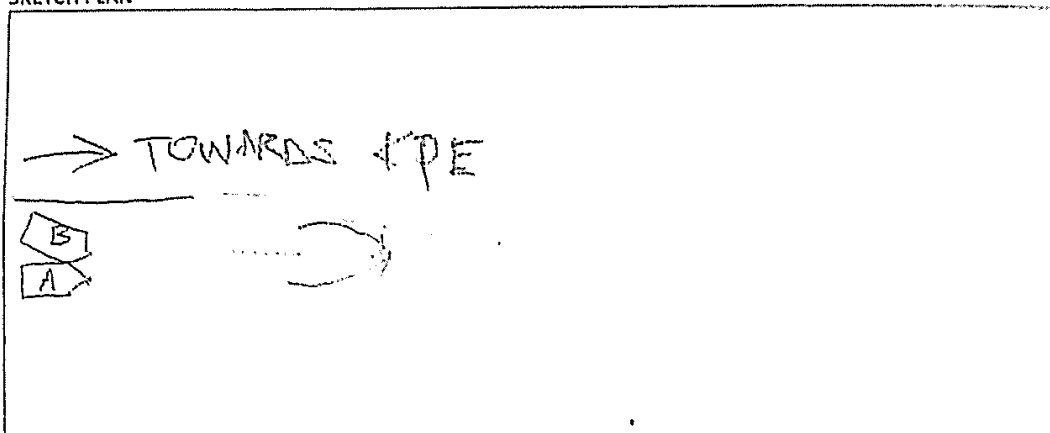

Reporting Center Personnel's Signature
Name:
NRIC/FIN No.:

AH LIM MOTOR COMPANY
No. 10 Ang Mo Kio Industrial Park 2A
Singapore 660044
Tel: 6742 1111 Fax: 6742 1170

Sketch Plan Pg. 2

Date of accident: 18/09/18 Time: 6:10pm Location: Sims Ave entrance to KPE Tunnel
 My Vehicle A: SJY907J Vehicle B: SMC 7457A Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were both driving toward KPE tunnel from Sims Ave. We were travelling on our lane, so is before reaching merging lane. But Vehicle B was squeezing into my lane, then banging into the left side of my vehicle causing damages to my left side mirror and left side front wheel area. We both stopped our car, wind down the windows and in told him to make police report and I drove off as this is not how and we are blocking the entrance to KPE.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :
 Email address : irenew68@gmail.com
 & myself :
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time



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

AH LIM MOTOR COMPANY
 No. 10 Ang Mo Kio Industrial Park 2A
 #01-09 AMK Autopoint Singapore 680022
 Tel: 6453 1244

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

AH LIM MOTOR COMPANY

Sketch Plan Pg. 3

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

<p>■ 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)</p>		
CERTIFICATE NO.	: VPA/P2076805	Account No. : 03936
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: JASPAT INTERNATIONAL (S) PTE LTD	
Vehicle Registration No.	: SJY907J	
Period of Insurance	: From 12/02/2018 To 12/02/2019 (Both Dates Inclusive)	
<p>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*</p> <p>(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.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his permission</p> <p>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.</p> <p>LIMITATIONS AS TO USE*</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business</p> <p>The Policy does not cover use for hire or reward, racing (other than for the purposes of driving tuition or test), racing, pace-making, reliability trial, speed-testing or use for any purpose in connection with the Motor Trade.</p> <p style="text-align: right;">(01)</p>		
Basic Own Damage Excess	: SGD 800.00	
Windscreen Excess	: SGD 100.00	
<p>An Additional Excess is applicable as follows: S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver. S\$5,000.00 for Undeclared Young and Inexperienced Driver. (Please refer to your policy on the terms & conditions)</p> <p>* 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.</p>		

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).

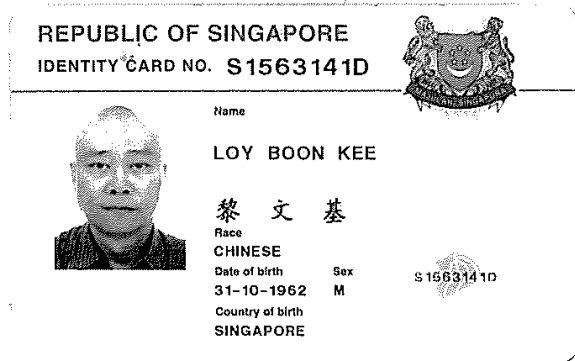
AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOGIRR2 on 27/02/2018

IMPORTANT :

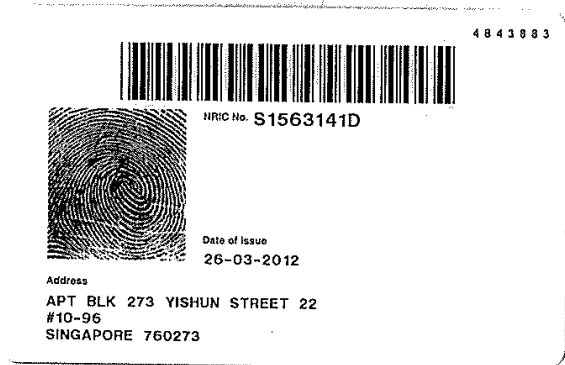
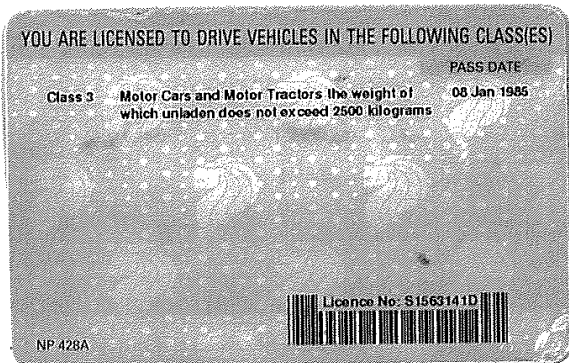
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation 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.



Upax - Ow Boon Kaen (F)
Liew Xuen Lye (F)
Lim Chia Hui (F)

Video - yes.
no injury -
clear & dry.

81211487 (director/driver) / 83606038 (manager)



To Whom It May Concern,

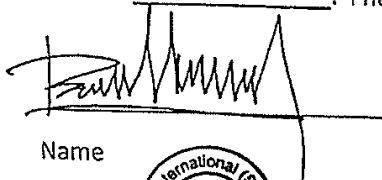
Accident involving my vehicle no. SJY907J on 18/09/18 (date) with
SMC7457A (other vehicle no) along Sms Ave entrance to KPE tunnel

I, Jospaf International (s) Pte Ltd Rdc No. 201711882D
Nric No.

Owner of vehicle no. SJY907J am aware of the accident of my vehicle on
18/09/18 (Date) while car was driven by Ioy Boon Kee

Nric No. S1563141D. I hereby, authorise him / her to make the report.

X



Name

Date:



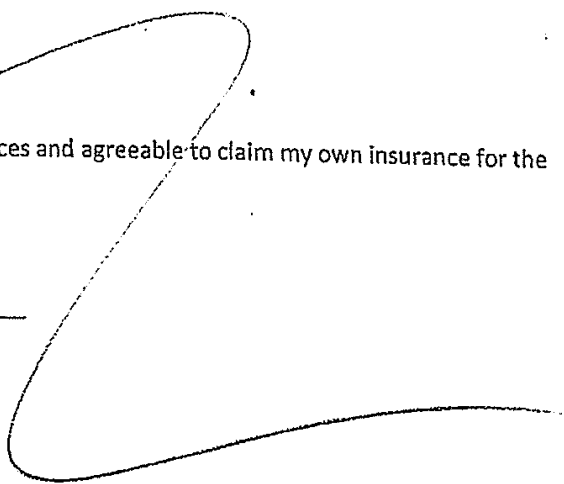
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

X

Name

Date:



Sketch Plan Pg. 6



redefining / insurance

Date: 25/09/2017

To: Owner of Vehicle Number: SJT 907J

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 **any combination** 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 Own Damage 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 claim TP at Ah Lim Motor / 30 days to revert to OD claim if TP claim is not successful.

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Industrial Park 2A

#01-09 AMK Autopoint Singapore 568047

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

