

## 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 14:47
Date Of Accident	25/09/2018 07:25
Exact Location Of Accident	PIE TOWARDS JURONG(FLYOVER)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9444J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN ENG YONG
NRIC No	S6906983E
Email Address	TANEY88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96893965
Alternative Phone No	OFFICE-96893965

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30-1.4 GLS 5DR DCT TURBO (A)
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	CN894993
Cover Note Number	

### Driver

Name of Driver	TAN ENG YONG
NRIC No	S6906983E
Date Of Birth	08/02/1969
Occupation	INDOOR
Date Of Driving Pass	06/07/1992
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96893965
Fax Number	
Contact Number	OFFICE-96893965
EEmail Address	TANEY88@GMAIL.COM

Address	BLK 137 SIMEI ST 1
Postcode	
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	CHAIN COLLISION
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?	
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)	1

#### 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 attach sketch plan and photo

#### 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	SJY8204B
Vehicle Make/Model/Colour	MITSUBISHI LANCER/SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOOI KA MANT
NRIC/Passport Number	S7577228I
Contact Number	81810746
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA4840T
Vehicle Make/Model/Colour	TOYOTA CORROLA ALTIS/SILVER

Details Of Properties


Vehicle Category	PRIVATE CAR
Name of Driver	TEO PENG SOON
NRIC/Passport Number	
Contact Number	83393756
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

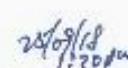
## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

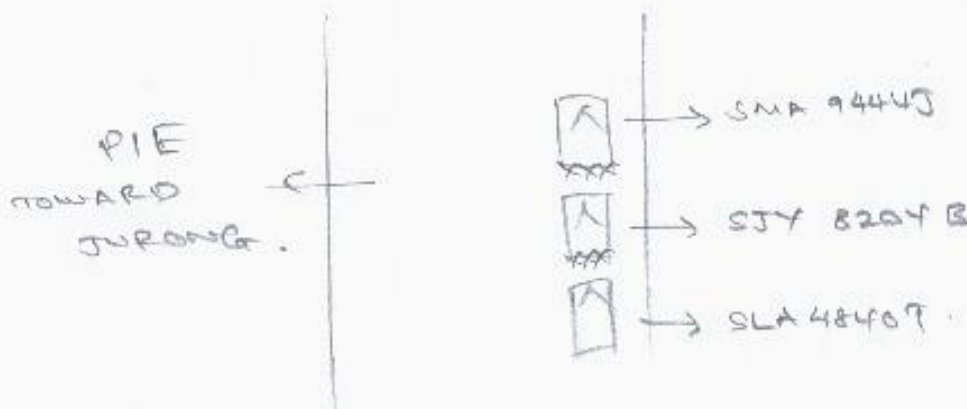
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
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 shed outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Sketch Plan #2

### Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PIE TO JURONG WHEN I SAW THE VEHICLE IN FRONT OF ME JAM BRAKE. I DID THE SAME AND AVOIDED HITTING THE VEHICLE IN FRONT OF ME BUT THE CAR BEHIND ME HIT MY REAR

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

*Landy* 25/09/18  
1:30pm


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

Witnessed by Reporting Centre's Personnel



### Sketch Plan #3

**AXA INSURANCE PTE LTD**  
 10 Robinson Road, #04-01  
 AXA Tower, Singapore 068911  
 Customer Service Centre 401-01  
 Tel: 6354 7288 Fax: 6354 2522  
 Website: www.axa.com.sg  
 GST Registration Number: T989295120



Original

Policy Number: **08280**

Policy Holder: **NEW**

New Business

SmartDrive Guide Bar

**MOTOR COVER NOTE** **No CN894993**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 188) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements.


The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE	
THE COMPANY	AXA INSURANCE PTE LTD
INSURED	TAN ENG YONG
MAKE AND DESCRIPTION OF VEHICLE	MY30041 130 LA TURBO GLS 50 DCS TURBO
VEHICLE REGISTRATION NO.	SM554442
YEAR OF MANUFACTURE	2018
ENGINE NO.	GRU000048587
CHASSIS NO.	TMAH3513VJ071178
ENGINE CAPACITY/TONNAGE	1353
COVER TYPE	COMPREHENSIVE
HTRE PURCHASE	MAYBANK
VALUE (\$S)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>25/06/2018</b> TO: <b>24/06/2019</b>
EXCESS (\$S)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

**AXA INSURANCE PTE LTD**

Issued by **HOCK MICH NELSON** on **25/06/2018 12:43pm**

TEO

  
 Authorised Signature

**Note:** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST).

If the policy is cancelled after the inception date

An administrative fee of S\$26.75 (inclusive of GST) will be charged:

- Cover note issued and cancelled before inception.
- Refraining the old registration number for a new vehicle insuring with AXA;

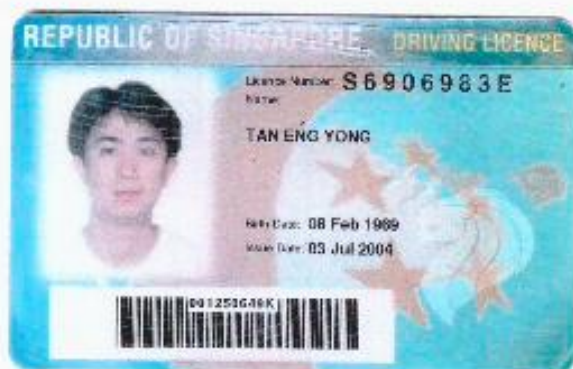
**PREMIUM WARRANTY**

For Individual Customers:  
 Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:  
 Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

CN0TE/M01/01

# Sketch Plan #4



Accident Photo





Accident Photo



Accident Photo

