## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	06/10/2018 11:09
Date Of Accident	29/09/2018 10:20
Exact Location Of Accident	JUNCTION-RIVER VALLEY RD TWDS CLEMENCEAU AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW3896Y
Insured/Policyholder	
Name Of Registered Owner	NEIL JASON VENTURA
Passport No/FIN	G5463872N
Email Address	NEIL.VENTURA13@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90085287
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90
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	GA127256/1
Cover Note Number	22/09/2018 TO 21/09/2019
Driver	
Name of Driver	NEIL JASON VENTURA
Passport No/FIN	G5463872N
Date Of Birth	26/09/1969
Occupation	INDOOR
Date Of Driving Pass	25/06/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90085287
Fax Number	
Contact Number	OFFICE NODLIGNE

OFFICE-NOPHONE

NEIL.VENTURA13@GMAIL.COM

Address 22 MOUNT ECHO PARK

Postcode 248784

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 COLLISION - HEAD TO REAR

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?

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 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : KANTA VENTURA

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

**Circumstances of Accident** 

REFER TO SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHC938J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver OSMAN BIN RAZAK

NRIC/Passport Number S0096441G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 12

#### Sketch Plan Pg. 1

## **SKETCH PLAN**

## **IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.

Vehide: SIN

- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation of withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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)

Lunderstand, 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 vehicles(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 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 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, law or court orders.

Policyholder's Signature

Date & Time:

6/10/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 61015

	5 2018 Time: 10:22am Location: River Valley Road In 6 Y Vehicle B: SHC 938 J Vehicle C:
TCH PLAN	
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-2000	at 10.
	I A N B N
	MAN (1988) 1974
	1
_	RNEW Valley Ross
SCRIBE CIRCUMSTANCES OF	F THE ACCIDENT
1 101/1/C Donnelling	along Day Malley Dand tomands
( was maveur	ig along River Valley Road towards
alemence an Ave	and stopped at the junction. When the
traffic lights tu	rned green, the vehicle in front of me started
to mance donation	rned green, the vehicle in front of me started & 1 moved slowly too.
10 MOVE 360060	2 1 1110/24 3 (1000/9 100)
Suddenly, he s	topped and my vehicle gently collided into
	is vehicle.
THE VECT II	
☐ Claim OD/TP at Ah Lir	m Motor
***	
***	m Motor
Remarks: Please forward: My workshop: Emali address:	
Remarks: Please forward a My workshop: Email address:	a copy of my effie accident report to :
Remarks: Please forward: My workshop: Email address:	
Remarks: Please forward: My workshop: Email address: & myself: Email address: nel.	Ventara 13 @ gmail- wm
Remarks: Please forward: My workshop: Email address: & myself: Email address: neil.  Note: Please take note the	Ventara 13 @ gmail. www.
Remarks: Please forward: My workshop: Email address: & myself: Email address: neil. Note: Please take note the	Ventara 13 @ gmail- wm
Remarks: Please forward: My workshop: Email address: & myself: Email address: neil.  Note: Please take note the you own policy. Kindly che	Ventara 13 @ gmail. Com  at your insurer have 14 days timeframe for you to submit own damage daim under each with your own insurer for more information.
Remarks: Please forward: My workshop: Email address: & myself: Email address: neil.  Note: Please take note the you own policy. Kindly che	Ventara 13 e gmail- 60m  at your insurer have 14 days timeframe for you to submit own damage daim under eck with your own insurer for more information.
Remarks: Please forward: My workshop: Email address: & myself: Email address: neil.  Note: Please take note the you own policy. Kindly che	Ventara 13 @ gmail. Com  at your insurer have 14 days timeframe for you to submit own damage daim under each with your own insurer for more information.
Remarks: Please forward: My workshop: Email address: & myself: Email address: neil.  Note: Please take note the you own policy. Kindly che  DECLARATION I/We declare the foregoing partie	Ventara 13 @ gmail- 60m  at your insurer have 14 days timeframe for you to submit own damage daim under eck with your own insurer for more information.  culars are true in every respect. Vehicle: - SIW 3896
Remarks: Please forward: My workshop: Email address: & myself: Email address: neil.  Note: Please take note the you own policy. Kindly che  DECLARATION I/We declare the foregoing partie	Ventara 13 @ gmail- 60m  at your insurer have 14 days timeframe for you to submit own damage daim under each with your own insurer for more information.  culars are true in every respect. Vehicle: - SIW 3896 J  Driver's Signature  Reporting Centre Personnel's Signature
Remarks: Please forward: My workshop: Email address: & myself: Email address: neil.  Note: Please take note the you own policy. Kindly che  DECLARATION I/We declare the foregoing partie	Ventara 13 @ gmail- 60m  at your insurer have 14 days timeframe for you to submit own damage daim under eck with your own insurer for more information.  culars are true in every respect. Vehicle: - SIW 3896





**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 04123

-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

Cover

Plan name

NCD applicable

Period of Insurance

Finance loan company

**NEIL JASON VENTURA** 

Comprehensive

Certificate number Chassis number Engine number

GA127256 / 1 W1CZ5957A1544402 B5254T4412287

Essential 30% Vehicle registration number

SJW3896Y

from 22/09/2018 to 21/09/2019 (both dates inclusive)

CENTURY TOKYO LEASING (S) PTE LTD

# Persons or classes of persons entitled to drive\*

(a) The Policyholder

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

1. KANTA RANI VENTURA

(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.

\* 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 Windscreen Excess

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

# Additional clauses & endorsements to your policy

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

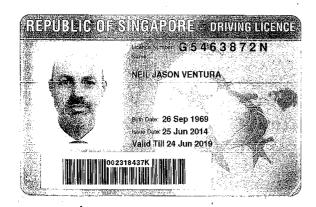
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of rendphoters are warried that on the sale of a motor vehicle may make surrance the Certandate of insurance and the Policy to the insurance company, in the Certandate 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).

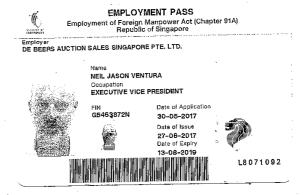
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01

1 of 3

## Policy Holder-Driver's Particulars & Briefings Pg. 2





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motor Cars=< 3000kg with =<? passengers, exclusive 25 Jun 2014 of the driver; and other motor vehicles =< 2500kg

VISIT PASS Immigration Regulations



Date of Birth Sex 26-09-1969 M

Nationality BRITISH

Date of Expiry 13-08-2019

G5463872N 27-06-2017

# Policy Holder-Driver's Particulars & Briefings Pg. 3

j	WA.	redefining / insurance			
Da	ite:	6/10/2018			
То	: Own	er of Vehicle Number: SJW 38969			
Th sta	e follo	owing has been advised to you via your workshop, Mr Him Notor Go through their			
Please tick the applicable box if you had been advice on the content as seen below:					
(	4	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 <i>any combination</i> 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 <u>Own Damage</u> 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.			
(	<b>V</b> 1	Others leporting only			
Signed and acknowledge by:					
Name and signature of policyholder/authorised driver					
	0/5 (3( )=) 6/10/2×18				
N	Name and signature of workshop personnel including company stamp				









