

## 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             | 04/10/2018 13:05  |
| Date Of Accident           | 03/10/2018 13:50  |
| Exact Location Of Accident | ORCHARD BOULEVARD |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SJS2653J |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |                      |
|--------------------------|----------------------|
| Name Of Registered Owner | CHEW THIAN SER       |
| NRIC No                  | S0192318H            |
| Email Address            | CTLACE@HOTMAIL.COM   |
| Mobile Phone No          | (LOCAL) +65-91454569 |
| Alternative Phone No     | OTHERS-97419559      |

#### Vehicle Particulars

|  |  |
|--|--|
| Manufacturer   | MITSUBISHI                               |
| Model  | LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR |
| 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             | CN005139              |
| Cover Note Number         |                       |

#### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | CHEW TENG LEONG      |
| NRIC No              | S8830096C            |
| Date Of Birth        | 06/08/1988           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 26/03/2009           |
| Driving Experience   | 9 YEARS AND 6 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-97419559 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | CTLACE@HOTMAIL.COM   |

|   |   |
|---|---|
| Address   | APT BLK 135 BISHAN STREET 12<br>#20-406 |
| Postcode  | 570135                                  |
| Was driver an employee of the Insured's Company     | NO                                      |
| If No, Relationship of the Driver with the Insured  | CHILDREN                                |
| 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   |     |
| 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)   | 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

PLEASE REFER TO THE ATTACHMENT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SGN7777P    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      | 96729976    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

## Accident Sketch Plan

### SKETCH PLAN

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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 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.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan & Describer Circumstances Of The Accident

## SKETCH PLAN

veh A: SJS 2653J

B: 86N 7777P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Orchard Boulevard

I was travelling along Orchard Boulevard towards Tomlinson Road at low speed. I was at the ~~extreme~~ extreme right lane. Suddenly, 86N 7777P cut into my lane with a sharp right turn at fast speed. He wanted to turn in Four Seasons hotel.

The impact caused my left front bumper and side to be damaged. There were scratches and dent on the entire front and side of the car. No body was injured in the accident.

The driver of 86N 7777P was a chauffeur of the family.

## 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:

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



## Insurance Cover Note

### AXA INSURANCE PTE LTD

8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel: 6338 7288 Fax: 6338 2522  
Website: www.axa.com.sg  
GST Registration Number: 199903512M



Original

Agent Code: **15277**  
Policy No.(if any): **P1805866**  
**Renewal**  
SmartDrive Quote Ref:

### MOTOR COVER NOTE

No. **CN005139**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - 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                         | CHEW THIAN SER                                      |
| MAKE AND DESCRIPTION OF VEHICLE | MITSUBISHI LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR |
| VEHICLE REGISTRATION NO.        | SJ52653J  |
| YEAR OF MANUFACTURE             | 2009  |
| ENGINE NO.                      | 4A910125341   |
| CHASSIS NO.                     | JMY5RCY2A9U004363                                   |
| ENGINE CAPACITY/TONNAGE         | 1499  |
| COVER TYPE                      | COMPREHENSIVE                                       |
| HIRE PURCHASE                   | NIL   |
| VALUE (\$)                      | AS PER MARKET VALUE                                 |
| PERIOD OF INSURANCE             | FROM: <b>06/08/2018</b> TO: <b>05/08/2019</b>       |
| EXCESS (\$)                     | 1100 (BASIC EXCESS \$600 , VOLUNTARY EXCESS \$500)  |
| AXA PREMIUM WORKSHOP?           | YES AND ELITE AM PTE LTD                            |

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Authorised Signature

Issued by META AGENCY PTE LTD on 16/07/2018 2:34 pm

**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.
  - Retaining 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.

MTR/CNOTE/V01/03

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S0192318H**



Name

**CHEW THIAN SER**

周 天 賜



Race  
**CHINESE**

Date of Birth: **03-08-1951** Sex: **M**

Country of Birth  
**SINGAPORE**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S0192318H**  
Name: **CHEW THIAN SER**



Birth Date: **03 Aug 1951**  
Issue Date: **09 May 2003**





3133980



NRIC No. **S0192318H**


Blood Group **B+** Date of issue **06-03-2000**

Address  
**APT BLK 135 BISHAN STREET 12  
#20-406  
SINGAPORE 570135**


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

|                |   | <b>PASS DATE</b>   |
|----------------|---|--------------------|
| <b>Class 3</b> | <b>Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms</b> | <b>15 Jun 1974</b> |

NP 428A



Licence No: **S0192318H**





**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8830096C**



Name

**CHEW TENG LEONG**

周庭樑

Race

**CHINESE**

Date of Birth

**06-08-1988**

Country of Birth

**SINGAPORE**

Sex

**M**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S8830096C**

Name:

**CHEW TENG LEONG**

Birth Date: **06 Aug 1988**

Issue Date: **26 Mar 2009**



001724502K





A0049433



NRIC No **S8830096C**

Blood Group - Date of issue  
**21-08-2003**

Address

**APT BLK 135 BISHAN STREET 12  
#20-406  
SINGAPORE 570135**

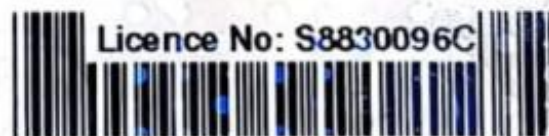
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

CLASSES

PASSENGER

**Class 3 Motor Cars** =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **26 Mar 2009**

NP 428A



Licence No: **S8830096C**

### Accident Scene 1





## Accident Scene 2



### Accident Scene 3





**Accident Scene 4**



Accident Scene 5





**Accident Scene 6**



Accident Scene 7





Accident Photo 1



Accident Photo 2





Accident Photo 3



Accident Photo 4





Accident Photo 5



Accident Photo 6





Accident Photo 7



Accident Photo 8





Accident Photo 9



Accident Photo 10





Accident Photo 11



Accident Photo 12





Accident Photo 13



CHASSIS NUMBER





ODOMETER READING

