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 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

| aforesaid. | |
|--|-------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 25/10/2018 13:36 |
| Date Of Accident | 24/10/2018 11:10 |
| Exact Location Of Accident | UPPER SERANGOON & BRADDELL RD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKB3318Z |
| Insured/Policyholder | |
| Name Of Registered Owner | CHIA YONG HUAT |
| NRIC No | S1209958D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96472692 |
| Alternative Phone No | OFFICE-96472692 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | JETTA |
| 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 |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | GA026175 |
| Cover Note Number | |

Driver

Contact Number

EMail Address

CHIA YONG HUAT Name of Driver NRIC No S1209958D Date Of Birth 22/06/1955 Occupation **INDOOR** Date Of Driving Pass 20/10/1977 41 YEARS AND 0 MONTHS **Driving Experience** MALE Gender Mobile Number (LOCAL) +65-96472692 Fax Number

NOEMAIL

OFFICE-96472692

BLK 533 HOUGANG AVE 6 #11-331 Address

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 **COLLISION - HEAD ON 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 NO ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1 NAME: : LIM HUAY ENG

> GENDER: : FEMALE

Passenger 2 NAME: : CHERYL ROSE

> 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

TRAFFIC LIGHT TURN TO RED. I SLOWED DOWN MY VEHICLE AT YELLOW BOX. SUDDENLY, VEHICLE B CAME TO MY IN FRONT. I CANNOT STOP IN TIME AND HIT VEHICLE B FRONT LH PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC6367U

Vehicle Make/Model/Colour

VEHICLE B PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Details Of Properties

Contact Number

Address Postcode Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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 facts may allow insurance companies to <u>repudiate policy liability</u>.
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- 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)

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 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:
 - 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.:

Sketch Plan #2 Pg. 1

| SKETCH PLAN | | |
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| | | yellow pox |
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| | | Just 1 |
| DESCRIBE CIRCUMSTANCES OF TH | HE ACCIDENT | |
| J | |) / |
| Traffic light | Turn to red of | story slow down |
| my weth at | rellon bux steh | come to my |
| Infront, of ca | not stop intime | a shit veh B |
| front H proti | an And | |
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| | | |
| DECLARATION I/We declare the foregoing particulars a | are true in every respect. | |
| Jan 1 | | All and the second seco |
| Policyloloer's Signature Date & Time: | Oriver's Signature (If driver is not the policyholder) Date & Time: | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |
| indevid Steam HarePolitic Ma | | • |

Sketch Plan #3 Pg. 1

| D | ate:25/10/9018 |
|------------|---|
| Ţc | Owner of Vehicle Number: 3683318Z |
| Th | e following has been advised to you via your workshop, SMB MOTOR PTECTD through the |
| Ple | ase 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 polic there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timefram 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. |
| N | There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is nother option except to Indent It from overseas. |
| 7. \\ 7.7 | There will be no cancellation/withdrawal of the Own Damage clalm once the order of the spare part have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/c related charges incurred directly &/or indirectly to the procurement of the spare parts. |
| 1) | 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 th vehicle may not be road worthy. |
| V) | 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 <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. |
| () | Others |
| Signed an | d acknowledge by: |
| Na Pri | systems ture of policyholder/authorlsed driver |

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1209958D

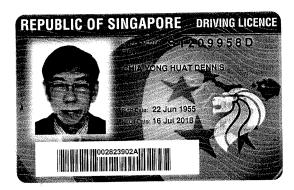


CHIA YONG HUAT DENNIS

谢永發

Race CHINESE Oate of Birth 22-06-1955 Country of Birth







NRIC No. S1209958D

Blood Group Date of issue

13-07-1994

APT BLK 533 HOUGANG AVENUE 6 #11-331 SINGAPORE 1953

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





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 04279

-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

CHIA YONG HUAT

Certificate number

GA026175 / 1

Cover Plan name Comprehensive Private APW

Chassis number Engine number

WVWZZZ1KZBM007126 CAX627694

NCD applicable Vehicle registration number 20% SKB3318Z

from 30/03/2018 to 29/03/2019 (both dates inclusive)

Period of Insurance DBS FINANCE LIMITED Finance loan company

Persons or classes of persons entitled to drive*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
 - 1. LIM SOON CHIN SUSAN
- (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

SGD 250.00 SGD 100.00

Windscreen Excess

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. \$\$500 for declared Young and Inexperienced Driver
- 3. 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.

Additional clauses & endorsements to your policy

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.

1 of 3

Accident Photo





Accident Photo



















