

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 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.

ACCIDENT STATEMENT

Date Of Report	13/11/2018 09:21
Date Of Accident	11/11/2018 12:30
Exact Location Of Accident	AT CLUB STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4575J
Insured/Policyholder	
Name Of Registered Owner	LIM SIN YAM
NRIC No	S1377865E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94798831
Alternative Phone No	OTHERS-94798831

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS C CVT
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	GA287635/1
Cover Note Number	

Driver

Name of Driver	LIM CONG KAI
NRIC No	S8833393D
Date Of Birth	30/08/1988
Occupation	INDOOR
Date Of Driving Pass	14/08/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81231762
Fax Number	
Contact Number	
EEmail Address	LIMCONGKAI7@HOTMAIL.COM

Address	BLK 538 JELAPANG ROAD #14-28
Postcode	670538
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	SIDE SWIPE
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)	5
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

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	SLA3739K
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	9793 0510
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Individual Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident: 11/1/2018
 Time: 12:30pm
 Location of Accident: At Club Street

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number
 Name of Policyholder
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company)
 Address
 Contact Number
 Occupation

SKH4575J
 Lim Sin Yam
 S1377863E
 Bk 538 Jelapang Road #14-28 sc(670538)
 Tel: Hp 9479 8831
 indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model
 Type of Vehicle
 Exact Purpose for which vehicle was being used at the time of accident

Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others
 private use

Are you claiming under your own insurance policy?

Yes No
 Private Commercial Motorcycle

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company
 Type of Policy
 Fleet Policy
 Policy Number

AXA
 Comprehensive TP Fire & Theft Third party
 Yes No
 GA287635/1

DRIVER

Name of Driver
 NRIC/ FIN/ Passport
 Date of Birth
 Occupation
 Driving Pass Date
 Gender
 Contact Number
 Address
 Email Address

Lim Cong Kai
 S8833393D
 30-08-1988
 indoor
 4-08-2017
 Tel: Hp 8123 1762
 Male Female

Was driver an employee of the insured's Company?
 If No, relationship of Driver with the Insured

YES No

Vehicle Number of Driver's Own Vehicle (if applicable)
 Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)
 Weather Conditions
 Road Surface
 Damage Area

6 PM (2PM)

Clear Raining Others
 Wet Dry Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?
 Was anybody injured in the accident? (including Witness)
 Was any other vehicle(s) or property damaged?
 Was there any camera video footage (in car)?

No Yes
 No Yes
 No Yes
 No Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?
 If Yes, please state which police station & Report No.
 Was notice of intended Prosecution given?
 If Yes, against whom?

No Yes
 No Yes

limcongkai7@hotmail.com

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SKH 4575J

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SLA3739K

Vehicle Make/ Model/ Colour

BMW 318i

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

9793 0510

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes

No

Was Injured conveyed to hospital by ambulance?

Yes

No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes

No

Was Injured conveyed to hospital by Ambulance?

Yes

No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect

[Signature] 12/11/18 18:45pm

Signature of Policy Holder
(Company/Shop if applicable)

[Signature] 18:45pm 12/11/2018

Signature of Driver / Date & Time
(if Driver is not the Policy Holder)

Individual Statement

SKETCH PLAN

IMPORTANT NOTICE

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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:

12/11/18
18:45 PM

Driver's Signature
(If driver is not the policyholder)

Date & Time: 12/11/2018
18:45pm

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Individual Statement

Lim redifining, 12/11/2018

Date 12/11/2018

To: Owner of Vehicle Number SKH4575J

The following has been advised to you via your workshop, BH Auto through their staff, Top 7

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.

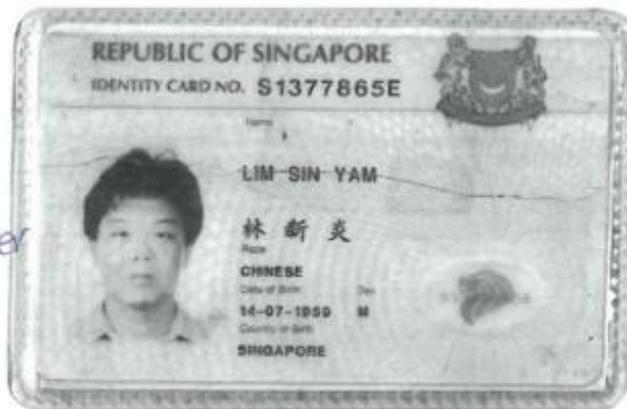
Others Reporting claim

Signed and acknowledge by

LIM SEN YAM LIM CONG KAI
Name and signature of policyholder/authorised driver


Name and signature of workshop personnel including company stamp

IDENTITY CARD & DRIVING LICENCE



Owner



Driver



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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	14 Aug 2017

Driver



NP 428A



CERTIFICATE OF INSURANCE



redefining / insurance

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
03364

-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, 1950 (Malaysia)

Policy details

Policyholder name	LIM SIN YAM	Certificate number	GA287635 / 1
Cover	Comprehensive	Chassis number	JTDKD3B3101521678
Plan name	Peace	Engine number	1N26474211
NCD applicable	30%		
Vehicle registration number	SKH4575J		
Period of Insurance	from 11/12/2017 to 10/12/2018 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) 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 5 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	Windscreen Excess	Not Applicable
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An Additional Excess is applicable as follows:

- \$5500 for unnamed Authorized Driver
- \$4500 for declared Young and Inexperienced Driver
- \$45,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$52,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

(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.

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr Lim Cong kai NRIC/FIN S8833393D, residing at Blk 538 Jelapang Road #14-28 has reported to the Police a non-injury traffic accident, which occurred at Club Street on 11/11/2018 at 12:30hrs involving the following vehicles:

- I SKH4575J – Toyota Hybrid
- II SLA3739K – BMW White

2. If the accident was reported to Police within 24 hours of its occurrence, He/she therefore had complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of issuing Officer	: <u>SSgt Wai Heng</u>	 Bukit Panjang NPC 1 Sagar Road #01-05 Singapore 677738 Tel : 6552 8989
Date	: <u>11.11.2018</u>	
Time	: <u>2331 HRS</u>	
S/D Ref	: <u>158</u>	
Police Post/ Unit	: <u>Bukit Panjang NPC</u>	

Original - To be issued to informant
Duplicate - To be retained at NPC or Police Post