

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	12/11/2018 18:33
Date Of Accident	11/11/2018 08:15
Exact Location Of Accident	T-JUNCT OF BAYFRONT AVENUE & BAYFRONT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP5160K
Insured/Policyholder	
Name Of Registered Owner	CHERN CHYE KEOW
NRIC No	S2735303G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98577047
Alternative Phone No	OFFICE-98577047

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	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	GA081501/1
Cover Note Number	

Driver

Name of Driver	CHERN CHYE KEOW
NRIC No	S2735303G
Date Of Birth	15/06/1957
Occupation	INDOOR
Date Of Driving Pass	29/12/2005
Driving Experience	12 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98577047
Fax Number	
Contact Number	OFFICE-98577047
Email Address	NOEMAIL

Address	BLK 14 TECK WHYE LANE #19-198
Postcode	680014
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?	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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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	SHD3101G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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. 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.:

Vehicle
A - SSPSI
B - SHD31

Legend
Vehicle
Motorcycle

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insures may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Date & Time:

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

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


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
03926

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third Party Risks and Compensation) Rules 1990 Road Transport Act 1998 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules 1979 (Malaysia)

Policy details

Policyholder name	CHERN CHYE KEOW	Certificate number	GA081501 / 1
Cover	Comprehensive	Chassis number	JTEER12A80500376A
Plan name	For Her	Engine number	1222237480
NCD applicable	50%		
Vehicle registration number	SIP5160K		
Period of insurance	from 27/03/2018 to 26/03/2019 (continuous, 12 months)		
Finance loan company	FINBANK RAFFINANCE LTD		

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 to do so in accordance with the licensing or other legal regulations to drive the Motor Vehicle in the lawfully permitted and is not disqualified by Order of a Court of Law or by receipt of any disqualification or regulation that prevent him 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, time keeping, trials or other special driving, 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 Vehicle is used otherwise than on a public road, or on a private road, or on any other road, by whatever name called, that is not used for racing, other motor sports or other purposes.
 * Limitations rendered inoperative by Section 2 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 25 of the Road Transport Act 1998 (Malaysia) are not to be insured under these headings.

EXCESS Basic Own Damage Excess:
 Whichever Excess:

\$50,000.00
\$50,150.00

An Additional excess is applicable as follows:

- \$5,500 for unlicensed Authorized Driver
- \$3,500 for declared Young and inexperienced Driver
- \$5,500 for unlicensed Young and inexperienced Driver. This additional excess is reduced to \$5,250 if the driver has taken a Premium Workshop.

Additional clauses & endorsements to your policy

Nil

I, the Policyholder, certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Rules 1990 of the Road Transport Act 1998 (Malaysia).

AXA Insurance Pte Ltd



Authorized signatory

Important note

This Policy is not valid without the full Policy Warranting that includes the Certificate of Insurance and the Policy to the insurance company. It has been made in accordance with the law of Singapore. A Statutory Declaration in the writer's own name, made in compliance with the Singaporean Statute, shall be made by the Motor Vehicle Third Party Risks and Compensation Act (Chapter 189).
 The Financial Warranty Clause obliges the person to be paid in full with a specific sum of money which shall be payable to the policyholder within the policy period.

MaxxRance VENTURE

8 Barn Road #09-15 (S16917)
 Tel: 6109 2592 | Fax: 6109 2878
 Email: enquiry@maxxrance.com

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

1 of 3