

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	23/11/2018 13:54
Date Of Accident	21/11/2018 19:00
Exact Location Of Accident	KPE TOWARDS PAYA LEBAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV7755X
Insured/Policyholder	
Name Of Registered Owner	LOI TECK YI YARNI
NRIC No	S7538495E
Email Address	YARNI_LOI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97489534
Alternative Phone No	OFFICE-97489534

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF 5K13G5-1.4 (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	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	VPA/P1251513
Cover Note Number	

Driver

Name of Driver	LOI TECK YI YARNI
NRIC No	S7538495E
Date Of Birth	03/12/1975
Occupation	INDOOR
Date Of Driving Pass	06/07/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97489534
Fax Number	
Contact Number	OFFICE-97489534
EEmail Address	YARNI_LOI@HOTMAIL.COM

Address	108 WATTEN ESTATE ROAD
Postcode	287593
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	DRIZZLING
Road Surface	WET

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	SLX5882U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTOPHE MARCIANO
NRIC/Passport Number	S7388130G
Contact Number	98267010
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

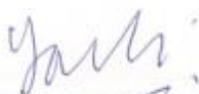
SKETCH PLAN

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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:

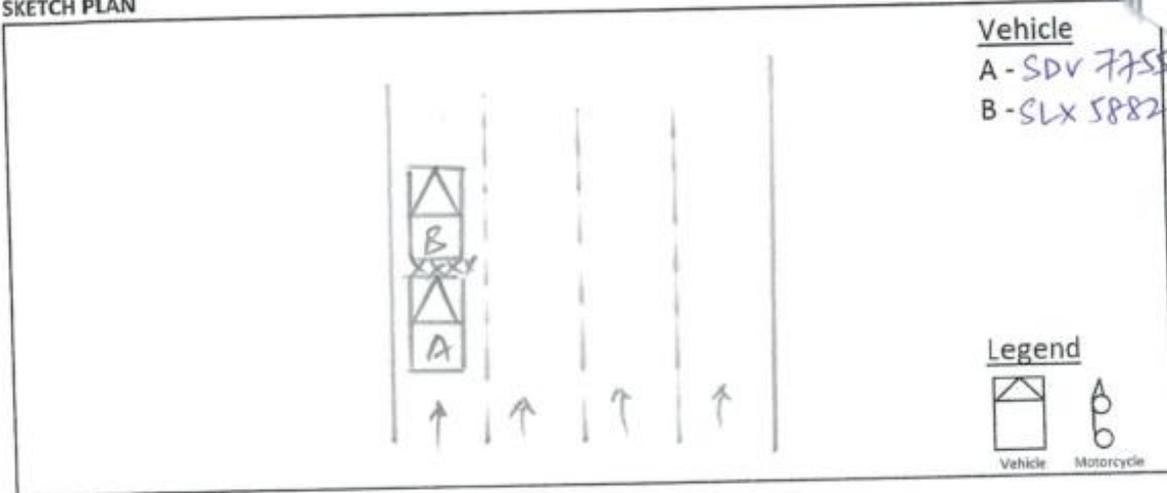
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN

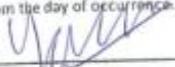


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 7pm. Dark and drizzling/raining.
Traveling along CPE.
Car in front slowed ~~to~~ down suddenly
and I ~~could~~ did not manage to
slow down in time and I hit his car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer 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.


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.:

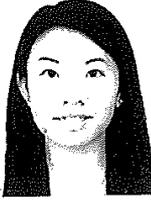
AXA INSURANCE PTE LTD
 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel:1800 8804888 Fax:-
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



Private Cars COMP
 POLICY SCHEDULE
 RENEWAL
 Original

POLICY INFORMATION		Policy No. : VPA/P1251513	
Source	:	(01) 13820 ARF AP) PTE LTD (VW-ENHANCED)	
Insured	:	LOI TECK YI YARNI	
Address	:	108 WATTEN ESTATE ROAD SINGAPORE 287593	
Business/Profession	:	LAWYER - DREW NAPIER Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	:	From 02/10/2018 To 01/10/2019 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
Replacing Policy No.	:	11563089	
PREMIUM			
Premium After 50.00% NCD	:	SGD 1,464.18	
Prem 15.00% W/Shop	Disc :	SGD 219.63	
Safe 5.00% Driver	Disc :	SGD 73.21	
GST 7.00%	:	SGD 81.99	
Annual Premium	:	SGD 1,253.33	
Total Payable	:	SGD 1,253.33	
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	:	Comprehensive	
Regn No.	:	SDV7755X	
Type Of Use	:	Private Car	
Make/Model	:	VOLKSWAGEN GOLF 1.4 TSI	
Year of Manufacture	:	2009	Seating Capacity (excl. Driver) : 04
Body Type	:	HATCHBACK	Engine C.C. : 1390
Engine No.	:	CAX322426	
Chassis No.	:	WVWZZZ1KZAW023675	
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance			
<u>Extra Coverage (Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
VW Daily Cash Benefit			
Basic Own Damage Excess		:	SGD
<u>Named Drivers</u>			
1 LOI TECK YI YARNI			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7538495E



Name
LOI TECK YI YARNI

黎得意

Race
CHINESE

Date of Birth Sex
03-12-1975 F

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7538495E
Name: LOI TECK YI YARNI

Birth Date: 03 Dec 1975
Issue Date: 08 May 2003

1000462553H



3 2 7 2 0 9 8

NRIC No. S7538495E



Blood Group: - Date of issue: 04-12-2002

108 WATTEN ESTATE ROAD
SINGAPORE 287593
NRIC No: S7538495E

Date: 29-10-2006 (R) No: 5654418

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Jul 1998



NP 428A

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident 21/11/18	Time 1900	2 Exact location of accident KPE & towards Paga Lebar.	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	
		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) 3PVT755X

6 Insured / policyholder (see insurance cert.)
Name: LOE TECK YI
(capital letters) YARNI
Address: _____
NRIC / Passport no. S7588495E
Tel no. (from Sun till 5pm) 97489534
HP _____

7 Vehicle
Make, type _____

8 Insurance company AXA C TPFT TPO
Does the policy cover damage to vehicle A? No Yes
Policy No. VPA/P1251513

9 Driver Same as Owner
Name: _____
(capital letters)
NRIC / Passport no. _____
Class of licence 3
HP _____
Gender Male Female

- A
- D1
- D2
- D3
- D4
- D5
- D6
- D7
- D8
- D9
- D10
- D11
- D12
- D13
- D14
- D15
- D16
- D17
- D18
- D19
- D20
- D21
- D22

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- Chain Collision
- Collided into Bicycle
- Collided into Motorcycle
- Collided into Public Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Motor/Bike/Bike
- Collision - Opening Door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Drink Driving / Drug Influence
- The Driver is violating Road
- Hit and Run / Violators / Damaged Motor Vehicle
- Hit by Fallen Tree / Other Objects
- No Collision
- Side Swipe
- Theft

Registration No. (VEHICLE B) SLX 5882U

6 Insured / policyholder (see insurance cert.)
Name: _____
(capital letters)
Address: _____
NRIC / Passport no. _____
Tel no. (from Sun till 5pm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company C TPFT TPO
Does the policy cover damage to vehicle B? No Yes
Policy No. (if available) _____

9 Driver (See driving licence) (if different from insured B above)
Name: CHRISTOPHE MARCIAR
(capital letters)
NRIC / Passport no. S7388130G
Class of licence 48267010
HP _____
Gender Male Female

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Please use color: 1, layout of the road - 2, the direction of vehicles A and B with arrows - 3, their positions at the time of impact - 4, the road signs - 5, names of the streets or roads

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A Yarni

B _____

14 My remarks

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf. Do not alter anything in the statement after signing. Subsequently, each driver should take one copy. For insured's individual statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any):													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all) _____ Email: <u>yanni-loi@btinternet.com</u>														
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	2 Vehicle registration no. _____ C.C. _____		If commercial vehicle, state permissible carrying capacity _____												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner _____		state the vehicle number and name of insurer of driver's own vehicle (where applicable): _____												
	4 Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Fire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify _____														
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____														
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth _____ Occupation _____ Date of license pass _____	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>													
	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>		Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>												
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____														
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s) _____	Injuries sustained _____	If vehicle occupants, state in which vehicle _____												
	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>												
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>												
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s) _____	Vehicle registration no. or details of property _____	Nature of damage _____												
	Insurer's name and address (if known) _____														
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____														
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____														
Accident details	14 Weather conditions Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="checkbox"/> <u>Drizzle</u>														
	15 Road surface Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/>														
	16 Speed of vehicles A _____ km/hr B _____ km/hr														
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____														
20 If your vehicle is commercial, state weight of load carried at time of accident _____															
21 State how accident happened, width of roads, speed limits, etc (Refer to attached)															
22 State number of Passengers (Including Driver) _____															
Declaration	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature _____		Date _____												
Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		Date _____													

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

