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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/11/2018 16:50
Date Of Accident	17/11/2018 18:50
Exact Location Of Accident	KITCHENER LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGW6159H
Insured/Policyholder	
Name Of Registered Owner	TAN HENG NGUANG
NRIC No	S1339538A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97232100
Alternative Phone No	OFFICE-97232100
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
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	

AXA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA233876

Cover Note Number

Driver

Name of Driver YEE SHU HUA NRIC No S8420044A Date Of Birth 21/07/1984 Occupation **INDOOR Date Of Driving Pass** 11/10/2010

Driving Experience 8 YEARS AND 1 MONTH

FEMALE Gender

Mobile Number (LOCAL) +65-81007922

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 28 BENDEMEER ROAD #21-685

Postcode 33002

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - DAUGHTER-IN-LAW

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?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Passenger 1

NAME: : XERANDA SOH BAO BEI

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

I TRIED TO FILTER OUT FROM MY LANE TO OVERTAKE. BUT VEHICLE B ALSO FILTER OUT. IN THE END, MY VEHICLE HIT ONTO VEHICLE B REAR RIGHT PORTION.

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 SGJ9777Y

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Oriver.
- 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
- 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
- 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)
 - (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
- (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
- 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

NRIC/FIN No .:

Sketch Plan #2 Pg. 1

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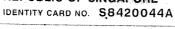
# Sketch Plan #3 Pg. 1

		te: 19/11/2018	
	To	Owner of Vehicle Number: 26W 6159H	
	Th	following has been advised to you via your workshop, <u>2mb mo</u> f,	TORPTO COD through the
	Ple	se tick the applicable box if you had been advice on the content as seen b	pelow:
	(	You had been advised by the workshop that in the case that you wish there is a Fourteen (14) days clause whereby the claim must be mad from the day of occurrence.	n to claim against your own policy e within the stipulated timefram e
(	)	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 making due to this accident.	the type of claim that you will be
(	)	There will be delay to your vehicle repair due to the unavailability of other option except to Indent It from overseas.	spare parts locally and there is no
` ** (Ø	5)	There will be no cancellation/withdrawal of the Own Damage claim have been placed. If you wish to cancel/withdraw the claim, you shrelated charges incurred directly &/or indirectly to the procurement of	hall bear all costs, expenses &/or
{	}	The estimated waiting time for the spare parts to arrive isestimated arrival time does not include the repair period.	The
(	)	You will be driving the vehicle out despite being advised by the worksh vehicle may not be road worthy.	nop mechanic/personnel that the
ζ.	)	For vehicles below Three (3) years old, your Insurance Company will urepair your vehicle.	use only genuine original parts to
		For vehicles above Three (3) years old, your Insurance Company will t combination of genuine original parts and/or original equipment man	be carrying out repairs using any ufacturer (OEM) parts.
( )		You had been advised by the workshop of the Twelve (12) months wa on workmanship related to the accident,	arranty for <u>Own Damage</u> repairs
( )		or vehicles that are under warranty with a local distributor, you have o check with your local distributor on any effect to your warranty pr laim.	e been advised by the workshop for to making this Own Damage
( )	(	thers	
Signed		acknowledge by:	
Namea	and	ignature of policyholder/authorlsed drlver	

# Sketch Plan #4 Pg. 1

# REPUBLIC OF SINGAPORE







YEE SHU HUA



Race CHINESE Date of birth 21-07-1984 Country/Place of birth SINGAPORE

504**2004**44





Date of issue 08-06-2015

APT BLK 28 BENDEMEER ROAD #21-685 SINGAPORE 330028

▶ 5481080 VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

NP 428A



# **Certificate of Insurance**

account number

04963

-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 Cover

TAN HENG NGUANG

Certificate number

GA233876 / 1

Plan name

Comprehensive Essential

Chassis number Engine number

MR053HY9305014204 1NZX584100

NCD applicable Vehicle registration number 30%

SGW6159H

from 25/07/2018 to 24/07/2019 (both dates inclusive)

Finance loan company

#### Persons or classes of persons entitled to drive*

(a) The Policyholder

Period of Insurance

(b) Any Named Driver as stated in the Policy:

1. SOH LAI SENG

2. YEE SHU HUA

(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.

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** 

Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$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.

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

1 of 3

















