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.

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	30/11/2018 10:53
Date Of Accident	29/11/2018 17:20
Exact Location Of Accident	BOUNDARY ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFZ8168P
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK ONG
NRIC No	S7278829Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96176768
Alternative Phone No	OFFICE-96176768
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used a time of accident	t
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 GA116031/1

Cover Note Number

Driver

Name of Driver TAN HOCK ONG NRIC No S7278829Z Date Of Birth 07/02/1972 Occupation **INDOOR Date Of Driving Pass** 15/06/1999

Driving Experience 19 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96176768

Fax Number

OFFICE-96176768 Contact Number

EMail Address NOEMAIL Address 63 BORTHWICK DRIVE

Postcode 559566

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

-

1

NO

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 2
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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

as notice of interface i rosecution given:

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING MY CAR ALONG BOUNDARY ROAD. I WAS TRAVELLING AT THE EXTREME LEFT LANE AND INTEND TO FILTER TOWARD THE RIGHT. I CHECKED IT WAS CLEAR AND I PROCEED TO FILTER TOWARD THE RIGHT. AS I WAS FILTERING, CAR B (SHC980K) CAME FROM THE REAR SUDDENLY SPED UP AND COLLIDED ONTO MY RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REFER CSE KO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC980K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver MOHAMAD JAMIL BIN SADBEE

NRIC/Passport Number S1706284J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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
- 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 refevant 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
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims,(collectively the "Purposes")
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and (d)
- (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.

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113

Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

Policyholder's Signature

Date & Time 30/11/2018 1026

Driver's Signature

(If driver is not the policyholder)

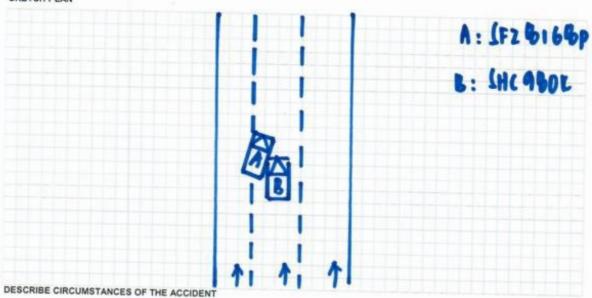
Date & Time

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.:





I WAS DRIVING MY CAR (SFZ8168P) ALONG BOUNDARY ROAD. I WAS TRAVELLING AT THE EXTREME LEFT LANE AND INTEND TO FILTER TOWARD THE RIGHT. I CHECKED IT WAS CLEAR AND I PROCEED TO FILTER TOWARD THE RIGHT.

AS I WAS FILTERING, VEHICLE B (SHC980K) CAME FROM THE REAR SUDDENLY SPED UP AND COLLIDED ONTO MY RIGHT

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113 Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

Policyholder's Signature Date & Time 30/11/2018 1026

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

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





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 04437

-Motor Vehicles (Third-Party Risks and Compensation: Act. (C-Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia) ation) Act. (Chapter 189) - Metor Vehiclas (Trint-Party Risks and Compensation) Rules. 1960-Road Transport Act. 1967 (Melaysia)

Policy details

Policyholder name Cover Plan name NCD applicable Vehicle registration number Period of Insurance Finance lean company

TAN HOCK ONG Comprehensive Flexi 40% SFZ8168P from 25/08/2018 to 24/08/2019 (both dates inclusive) MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

Certificate number Chassis number Engine number

GA116031 / 1 WDD2073342F238942 27492030099782

Persons or classes of persons entitled to drive*

(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 taws 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, routs, 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 199) and Section 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Basic Own Damage Excess Windscreen Excess

SGD 500.00 SGD 100,00

An Additional Excess is applicable as follows:

- 1, \$\$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

Additional clauses & endorsements to your policy

L/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 (Maleysia).

AXA Insurance Pte Ltd

Authorised signature

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-

The Premium Warranty Clause requires the premium to be paid in full within a specific period fasing which there would be no hability under the policy, renewal certificate.

AXA Insurance Pte Ltd (199903512M) 6 Shenton Way, #24-01, AXA Tower. Singapore 068811 Customer Centre, #B1-01

1 of 3

Sketch Plan #4

REPUBLIC OF SINGAPORE DRIVING LICENCE

0700007



Licence Number: S7278829Z Name:

TAN HOCK ONG

Birth Date: 07 Feb 1972 Issue Date: 18 Feb 2004



FOR CACUSE ONLY

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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

15 Jun 1999

FORCACUSEONLY



NP 428A













