#### 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/12/2018 12:42
Date Of Accident	01/12/2018 16:30
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD4042P
Insured/Policyholder	
Name Of Registered Owner	LIM ENG MOY
NRIC No	S1697598B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90663388
Alternative Phone No	OFFICE-90663388
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
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	
Name of Insurance Company	AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number GA306602

Cover Note Number

**Driver** 

Name of Driver LIM ENG MOY NRIC No S1697598B Date Of Birth 29/09/1965 Occupation **INDOOR Date Of Driving Pass** 14/05/1998

**Driving Experience** 20 YEARS AND 6 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-90663388

Fax Number

OFFICE-90663388 Contact Number

**EMail Address NOEMAIL**  Address BLK 903 TAMPINES AVE 4 #06-302

Postcode 520903

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 CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

#### **Other Information**

ambulance?

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

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**

IT WAS RAINING VERY HEAVILY. VEHICLE B SUDDENLY JAM BRAKE. I CAN'T BRAKE IN TIME AND REAR ENDED VEHICLE B REAR LEFT 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 SLE5993H

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLA8877L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEHICLE C PRIVATE CAR

### Sketch Plan Pg. 1

#### **SKETCH PLAN**

# IMPORTANT NOTICE

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- 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.
- 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 Yeport 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)

Lunderstand, 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:

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

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

# Sketch Plan #2 Pg. 1

and the second s		
		1/2 - 1
		MODITOR ID
	4.74	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	·
It was 1	raining very hear	y Vehicle B suddenly
+ ( ''as 1	aring very receive	1 Vericle - securency
jan brake	raining very head. I can't brook d vehicle B	ce in time and
rear ende	d vehicle R	ear left portion.
Pear enelle	a venicle is i	ear lett for con-
		000
		\
		·
<u></u>		
DECLARATION		
I/We declare the foregoing particula	rs are true in every respect.	
A second and toregoing particula		
Policyholder	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:
	\	

# Sketch Plan #3 Pg. 1

	0	te: 01/12/2018
	U a	Owner of Vehicle Number: 300 4042P
	The	e following has been advised to you via your workshop, Sine MOTOR PTE CTP through the
	Plea	ese 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 pollcy there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframmer 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.
Y Page	5)	There will be no cancellation/withdrawal of the Own Damage clalm 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 <u>Own Damage</u> repairs on workmanship related to the accident,
( )	٠,	or vehicles that are under warranty with a local distributor, you have been advised by the workshop o check with your local distributor on any effect to your warranty prior to making this Own Damage laim.
( )	0	thers
Signed	and	acknowledge by:
4		
Namea	nd §	isharure of policyholder/authorlsed driver

Name and signature of workshop personnel including company stamp

# Sketch Plan #4 Pg. 1



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1697598B





LIM ENG MOY

林英妹

CHINESE Date of Birth Sex 29-09-1965 F Country of Birth

SINGAPORE



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NRIC No. S1697598B

Blood Group Date of issue

26-12-1993

APT BLK 903 TAMPINES AVENUE 4 #06-302 SINGAPORE 520903

NRIC No: \$1697598B

Date: 04/08/2014

### Sketch Plan #5 Pg. 1





Certificate number

Chassis number

Engine number

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

GA306602 / 1

HRA2273070A

SJNFEAJ11U1659744

00741

-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 LIM ENG MOY Comprehensive Cover Plan name NCD applicable 10% Vehicle registration number SLD4042P

from 19/12/2018 to 18/12/2019 (both dates inclusive) Period of Insurance

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 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.

FYCESS

Basic Own Damage Excess Windscreen Excess

SGD 500.00

SGD 100.00

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

# 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.

1 of 3

# **Accident Photo**







# **Accident Photo**











