## 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 <u>truthful and accurate</u> 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

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	ACCIDENT STATEMENT			
Date Of Report	08/12/2018 12:02			
Date Of Accident	07/12/2018 18:00			
Exact Location Of Accident	PIE (CHANGI) BEFORE PAYA LEBAR EXIT			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKZ16M			
Insured/Policyholder				
Name Of Registered Owner	BETSY YUEN FOONG YEE			
NRIC No	S7610099C			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-90901262			
Alternative Phone No	OFFICE-90901262			
Vehicle Particulars				
Manufacturer	BMW			
Model	5251			
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?	NO			
If No, Please state action to be taken	THIRD PARTY			

PRIVATE CAR

**Insurance Company** 

Vehicle Category

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA210033

Cover Note Number

**Driver** 

Name of Driver BETSY YUEN FOONG YEE

NRIC No S7610099C

Date Of Birth 16/04/1976

Occupation INDOOR

Date Of Driving Pass 18/02/1998

Driving Experience 20 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90901262

Fax Number

Contact Number OFFICE-90901262

EMail Address NOEMAIL

Address 64 MEYER ROAD

Postcode 437890

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 - CHANGE/CROSS LANE

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

1

Was any other material or property damaged? YES

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

ssistance.

Number of Passengers (Including Driver)

## **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 WAS TRAVELLING STRAIGHT ON THE THIRD LANE OF 5 LANES OF PIE (CHANGI) BEFORE PAYA LEBAR EXIT. SUDDENLY, VEHICLE B FROM THE LEFT LANE ENCROACHED INTO MY LANE. I TRIED TO AVOID BUT COULD NOT AVOID AND WE COLLIDED. THE FRONT LEFT PORTION OF MY VEHICLE WAS DAMAGED.

## 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 SHC5105M

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

## **SKETCH PLAN**

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- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 "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
- 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 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.:

STAROU Skerchélenkore: vil

# Sketch Plan #2 Pg. 1

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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 MAC =	vavelling straight on the 3rd lane of 5 lanes of	
	91) before Paya Lobar Ext.	
110 (0)	J1/ 9-1/1/C 1 J	
Svadenjy	, rehicle is from the left pane encroached into	
my bri	. I thred to avoid but could not avoid and we	
canded.		
The for	t left partion of my relick was damaged.	
***		

DECLARATION

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

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

# LETTER OF UNDERTAKING

I/We, <u>Betsy Yuen toong</u> Yee	, the owner of vehic	le no. <u>CKZIbM</u>
My/Our Insurance is under M/s AXA Insuclaim under my/our Policy or against the such a claim to M/s AXA Insurance Pte Lwithin 14(fourteen) days of occurrence	Third Party and if the fo td with all relevant facts	ormer shall submit s and documents
My/Our Third Party claim is handle by m	y/our preferred worksho	op,
Signed and Acknowledge by:		
Nric no. & signature of policyholder	 Company stamp	02(1) 2018 Date

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7610099C





Name

# BETSY YUEN FOONG YEE

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仪

Bace

CHINESE

Date of birth

Sox F

16-04-1976

Country of birth

SINGAPORE

3875507



05-05-2006

Date of issue

**64 MEYER ROAD** 

Date:

27/03/2014



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

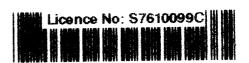
PASS DATE

Class 3 Moto

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

18 Feb 1998

NP 428A



## Sketch Plan #6 Pg. 1





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

04247

Motor Vehicles (Third-Party Risks and Compensation; Act. (Chapter 188). Motor Vehicles (Third-Party Risks and Compensation: Rules, 1960. Road Transport Act. 1987 (Malaysia) Motor Vehicles (Third-Park Risks) - Bules (1989 (Malaysia)

### **Policy details**

Policyholder name

BETSY YUEN FOONG YEE

Comprehensive

Certificate number Chassis number Engine number

GA210033 / 1 WBANU52020C228596 77514521N52B25AF

Plan name NCD applicable Vehicle registration number Essential SKZ16M

Period of Insurance from 29/10/2018 to 28/10/2019 (both dates inclusive)

Finance loan company

## 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.

EXCESS

Basic Own Damage Excess

Windscreen Excess

SGD 1,600.00

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

Nil

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









