

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	12/12/2018 15:06
Date Of Accident	11/12/2018 10:30
Exact Location Of Accident	PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3629Z
Insured/Policyholder	
Name Of Registered Owner	RTMT MOTOR PTE LTD
Co Reg No	200008524K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62801919

Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4-1.6 NB (A)

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 REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1457968
Cover Note Number	

Driver

Name of Driver	TAY BUANG KIM
NRIC No	S0193789H
Date Of Birth	15/03/1954
Occupation	INDOOR
Date Of Driving Pass	22/02/1972
Driving Experience	46 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96618888
Fax Number	
Contact Number	
Email Address	RICKY88TAY@GMAIL.COM

Address	C/O 61 UBI AVENUE 2 #01-06 SINGAPORE
Postcode	408898
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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.	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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 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	SLW981E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ERIC
NRIC/Passport Number	
Contact Number	98950907
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 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) 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:

12/12/18
3pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

perwen

Sketch Plan #2

SKETCH PLAN

Paya Lebar Road

Vehicle

A - SJS3629Z

B - SLW981E

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/12/2018, Around 10:30am - 10:40am. I was driving along paya lebar road going towards ubi Ave 2. That was a car B (SLW981E) in front of my car and I didn't realise he haven't move. I accidentally hit the car in front.

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:

12/12/18
3pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Praven

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

1 Date of accident 11/12/18		Time 1030		2 Exact location of accident Paya Lebar road		To be signed by BOTH drivers	
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"/>	
6 Insured / policyholder (see insurance cert.) Name (capital letters) RTMT motor PL		7 Vehicle Make, type SUZUKI SX4 1.6NB		8 Insurance company AXA, <input checked="" type="checkbox"/> C <input type="checkbox"/> TPFT <input type="checkbox"/> TPO		9 Driver (See driving licence) (if different from insured B above) Name (capital letters) Tay Bung Kim	
10 NRIC / Passport no. 20000852K		11 Tel no. (from 9am till 5pm) 6280 1919		12 HP P1457968		13 Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	

12 CIRCUMSTANCES Put a cross (X) in each of the relevant boxes applicable to your vehicle	
<input type="checkbox"/> Chain Collision <input type="checkbox"/> Collided into Bicycle <input type="checkbox"/> Collided into Motorcycle/Bike <input type="checkbox"/> Collided into Parked Vehicle <input type="checkbox"/> Collided into Pedestrian <input type="checkbox"/> Collided into Property <input type="checkbox"/> Collision - Change/Cross Lane <input type="checkbox"/> Collision - Cross Junction <input type="checkbox"/> Collision - Head on Collision <input type="checkbox"/> Collision - Head to Rear <input type="checkbox"/> Collision - Major/Minor Rd <input type="checkbox"/> Collision - Opening Door of Vehicle <input type="checkbox"/> Collision - Roundabout <input type="checkbox"/> Collision - U-Turn <input type="checkbox"/> Drink Driving / Drug Influence <input type="checkbox"/> Fire, Explosion or Lightning <input type="checkbox"/> Flood <input type="checkbox"/> Hit and Run / Vandalism / Damaged whilst Parked <input type="checkbox"/> Hit by falling Tree / Other Objects <input type="checkbox"/> No Collision <input type="checkbox"/> Side Swipe <input type="checkbox"/> Theft	14 State TOTAL number of boxes marked with a cross 15 Sketch of accident when impact occurred Please indicate: 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 Alternatively please make reference to one of the sketches on page 4

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

11 Visible damage to vehicle A

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

15 Signatures of drivers

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

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

11 Visible damage to vehicle B

14 My remarks

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>ricky8849@gmail.com</u>
	2. Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity	
	3. Is driver the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, State Relationship of Driver with owner <u>employee</u> 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 type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire			
	<input type="checkbox"/> Others - please specify _____			
	5. Is the vehicle still in use? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state where it is at present _____ Tel no. _____			
Of which vehicle are you the owner?	<input type="checkbox"/> A			
	<input type="checkbox"/> B			
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	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)			
	7. Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Driver or person in charge of vehicle at the time of accident (including insured)	8. Give details of any pre-existing impediment of sight or hearing and of any other disability _____			
	9. Full details of all driving convictions including pending prosecutions in the last 36 months			
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Was injured conveyed to hospital by ambulance? <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"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, please state which Police station _____			
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Accident details	If yes, against whom? _____			
	14. Weather conditions	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Others _____
	15. Road surface	<input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Others _____
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	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) <u>1</u>			
Declaration	I/We declare the foregoing particulars are true in every respect			
	Policyholder's signature _____	Date	<u>12/12/18 3pm</u>	
	Driver's signature (if driver is not the policyholder) _____	Date		

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ 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)

CERTIFICATE NO. : VTX/P1457968 Account No. : 08552
 Coverage : Third Party Only
 Sum Insured : NIL
 Name of Policy Holder : RTMT MOTOR PTE LTD
 Vehicle Registration No. : P1457968
 Period of Insurance : From 01/03/2018 To 31/12/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

1. LIM JOO KHENG
2. LOW CHAY TIANG
3. KOH LING LING
4. TAY BUANG KIM
5. TAY KANG WEI
6. ASARI BIN BADRUN
7. YEO SIEW MUI
8. LOW PING SOON
9. TAN HWEE LUNG
10. TAY SER TIAN IRENE
11. CHUA KOK TIONG
12. YEOW JUN YI ANDREW
13. ANG KIM LUAN

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.

LIMITATIONS AS TO USE*

Use only for Motor Trade purposes
 The Policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing
 N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward

(15A)


EXCESS :

Sect II-Any Authorised Driver : SGD 1,000.00
 (For Unnamed Driver Excess, please refer to your policy)

* 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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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


 Authorized Signature

Issued by - SGOSAMY on 26/07/2018

IMPORTANT :

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, covernote and endorsement etc.


DRIVER NRIC Pg. 1

12-12-'18 12:47 FROM- RTMT

67446050

T-095 P0001/0001 F-390

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0193789H





Name
TAY BUANG KIM
郭萬錦


Race
CHINESE

Date of Birth
15-03-1984


Country/Place of Birth
SINGAPORE



5309904

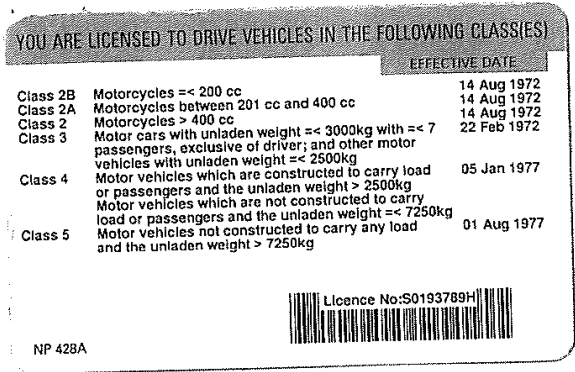
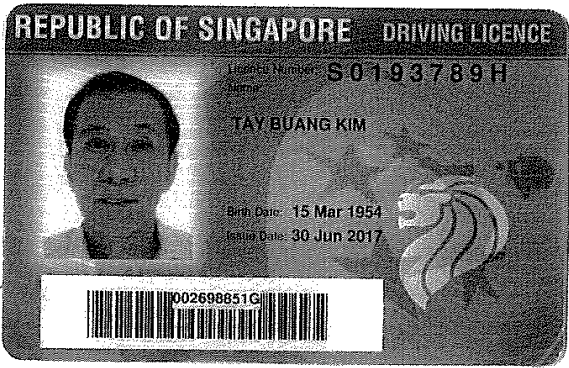


NRIC No. S0193789H



Date of Expiry
06-QS-2014

Address
143 SERANGOON AVENUE 3
#15-05
SINGAPORE 556121



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

