

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	15/12/2018 11:56
Date Of Accident	14/12/2018 15:25
Exact Location Of Accident	EXIT OF MALAYSIA IMMIGRATION BUILDING
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV6812H
Insured/Policyholder	
Name Of Registered Owner	TAN LAM KOK
NRIC No	S0221109B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91800220
Alternative Phone No	OFFICE-91800220

Vehicle Particulars

Manufacturer	JAGUAR
Model	X-TYPE 2.0SE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA312674/1
Cover Note Number	

Driver

Name of Driver	TAN LAM KOK
NRIC No	S0221109B
Date Of Birth	16/01/1941
Occupation	INDOOR
Date Of Driving Pass	13/05/1970
Driving Experience	48 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91800220
Fax Number	
Contact Number	OFFICE-91800220
Email Address	NOEMAIL

Address	NIL
Postcode	
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 - HEAD ON COLLISION
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?	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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE

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

PLEASE REFER TO STATEMENT

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	SDD3322H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

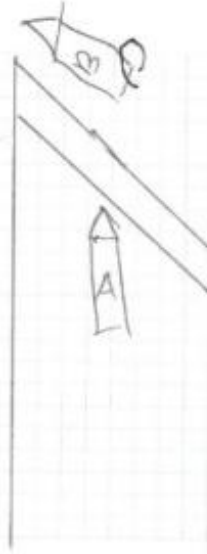
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

A ⇒ SCV 6812 H

B ⇒ SDD 3322 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 Dec 2018 around 3.25pm, as we were leaving Malaysia Immigration Building back to Spore. My Driver [Tan Lian Kiap] David Tan Lian Kiap SDD 83149 B] moved to the sensor machine in order for the barrier to lift up but unfortunately instead of applying brake he stepped wrongly to the accelerator, thus caused the car to move forward & hit the barrier bent about 90° and the same time hit the vehicle Audi SDD 3322 H at the right rear bumper.

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:

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

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
14 Dec 2018	3:25pm	At Exit of MacLaurin, Immigration Building
INSURED/ POLICY HOLDER (VEHICLE A)		
Vehicle Registration Number		SCV 6812H
Name of Policyholder		Tan Lam Kok
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)		S022110913
Address		
Contact Number	Tel	Hp 91800222
Occupation		
VEHICLE PARTICULARS (VEHICLE A)		
Vehicle Make / Model		
Type of Vehicle	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> Motorcycle <input type="radio"/> Others	
Exact Purpose for which vehicle was being used at the time of accident	private used	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle category	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle	
INSURANCE COMPANY (VEHICLE A)		
Name of Insurance Company		
Type of Policy	AZA	
Fleet Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Policy Number	GA 31267411	
DRIVER		
Name of Driver		
NRIC/ FIN/ Passport		
Date of Birth		
Occupation		
Driving Pass Date		
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number	Tel	Hp 11
Address	16/01/1941 inaccor. 13/08/1970	
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, relationship of Driver with the Insured		
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (E.g. Chain Collision/ Head-On, etc)		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others	
Damage Area		
OTHER INFORMATION		
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
DETAILS OF POLICE ACTION		
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, against whom?		

3 pages.

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

DETAILS OF WITNESS

Name _____

Phone / Email Address _____

Address _____

NRIC/ FIN/ Passport _____

DETAILS OF INJURED PERSON 1

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance? _____

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance? _____

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



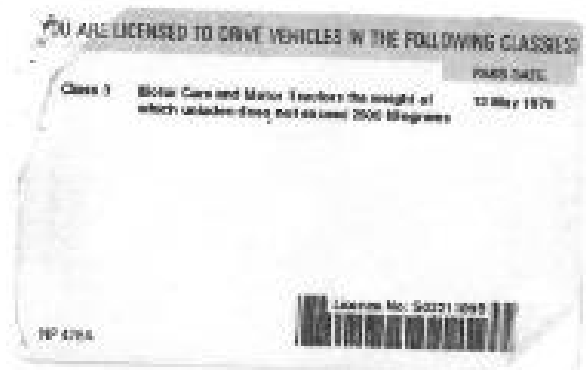
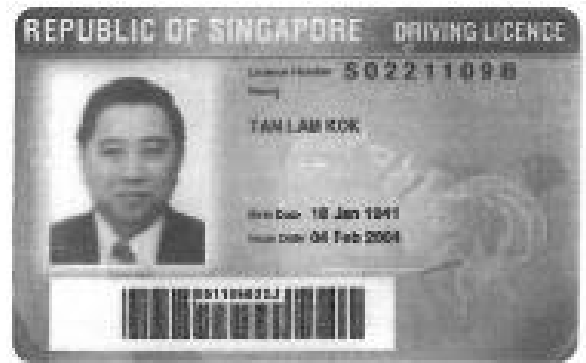
Signature of Policy Holder
(Company Chop if applicable)

Date & Time _____

Signature of Driver / Date & Time
(if Driver is not the Policy Holder)

Date & Time _____

Driving License





reporting to

Date: 15/12/18

To: Owner of Vehicle Number: SCV 6812 H

The following has been advised to you via your workshop, BH Auto Workshop, through their staff, Sacelynn.

Please tick the applicable box if you had been advised 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 policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe 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 import it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim 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 Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

Others: Reporting only @ BH Auto Workshop






Signature of policyholder by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



redefining / insurance

 1600 880 4888 (Within Singapore)
 (85) 6880 4288 (International)
 (65) 6880 4710
 cs@better-nature.com.sg
 www.bna.com.sg

SECRET, FURTHER
DECLASS

Certificate of Insurance

¹Robert Shulman, "Third-Party Rights and Compensation After *MTA v. Thompson*," 1993 *Transportation Law and Compensation* Panel, 19-20 *World Transportation*, 1993 (Madison, Wisconsin: University of Wisconsin Press), 1993 (Madison).

Policy details

Polysyllable name	LOU LAM KOP	Certificate number	88812679 / 1
Canis	Third Party Only	Chassis number	2AJAG304687990435
Plan name	Third Party	Engine number	G56000422790
ECU application	50%		
Vehicle registration number	SGN 881264		
Period of insurance	From 01/02/2008 to 31/01/2009 (12 mth) (Actual 12 months)		
Insurance fees received	N/A		

Persons or classes of persons entitled to drive*

- (b) Any person who is directed on the Policyholder is a partner or with that person as an

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle it has been so modified and is not so modified by reason of a fault of, or the removal of any component or accessories in their subject from which the Motor Vehicle

Limitation as to use*

Big data for social, economic and pleasure patterns and for the following items has been

The policy does not cover – use for sale or rental, racing, pace-making, reliability trial, speed testing, the carriage of goods of live train samples, it connects as well as live test (but must not be used for any purpose in connection with motor tracks or where the Motor Car, whether stationary, is used or otherwise, is in use, a police track, closed, race, course or any other sports or events or same policy that any track is used for police, governmental or such other purposes.

* Limitations considered negligible by Section 8 of the Model Code (see [Frost/Dickinson and Compagnon, 2011, Chapter 100] and Section 99 of the Model Code/AAS, 1997) and, therefore, not taken into account and considered negligible.

der darunter von Christus zu verstehen ist, ist folgende:

- \$45,000 for a standard Automobile Driver
- \$50,000 for a standard Young and Experienced Driver
- \$45,000 for a standard Young and Experienced Driver. This additional amount is reduced to \$40,000 if you have chosen AAA Premium Members.

Additional clauses & endorsements to your policy

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We hereby certify that the policy is with the Certificate holder is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act, 1987 (Chapter 98) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Plc Ltd

Author's address: School of Management, University of Southampton, Southampton, UK.

Important note

Individuals are warned that on the pain of a felony, which they may now face the Government of Montana will be taking to the courts to sue. If the Certificate of Insurance has been lost or destroyed a statutory Declaration is also affected by this failure to comply with this obligation with different results for Motor Vehicle (Title, Plans, Claims and Compensation) Act, Sec. 6602.

The 11-minute feature film *Slaves on Parade* tells the story of the 1944 lynching of a young man in Mississippi, which would be the last lynching in the South. The film is a powerful and moving work of art, and it is a must-see for anyone interested in the history of race relations in America.

AGA Insurance Pte Ltd (1999035127)
 8 Shenton Way, #24-01, AGA Tower,
 Singapore 068811.
 Customer Centre, 888-53

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

