#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Contact Number** 

**EMail Address** 

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	11/12/2018 16:53
Date Of Accident	10/12/2018 17:25
Exact Location Of Accident	BASEMENT CARPARK GUTHRIE HOUSE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV8965E
Insured/Policyholder	
Name Of Registered Owner	HODGMAN ANDREW CLARK
Passport No/FIN	G3443702K
Email Address	ANDREW.HODGMAN@GE.COM
Mobile Phone No	(LOCAL) +65-98230652
Alternative Phone No	OTHERS-98230652
Vehicle Particulars	
Manufacturer	AUDI
Model	Q5-2.0 TFSI QUATTRO (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA331974/1
Cover Note Number	10/03/2018 - 09/03/2019
Driver	
Name of Driver	HODGMAN ANDREW CLARK
Passport No/FIN	G3443702K
Date Of Birth	16/06/1966
Occupation	INDOOR
Date Of Driving Pass	15/09/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98230652
Fax Number	
Contact Number	OTHERS 00000050

OTHERS-98230652

ANDREW.HODGMAN@GE.COM

Address 253 ARCADIA ROAD

#05-13 HILLCREST ARCADIA

Postcode 289849

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

insulance company of briver's Own Vehicle

**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

#### **Circumstances of Accident**

REFER TO THE SKETCH PLAN BY DRIVER

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 SKD6525L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LEE KOK LOONG

NRIC/Passport Number S8072486A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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. 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 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:

4.1000

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

Date & Time:

Reporting Centre P Name:

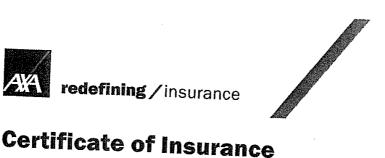
nnel's Signature

NRIC/FIN No.:

#### Sketch Plan Pg. 2

Date of acciden	t: 10/12/18	Time: 5.25	₽ <sup>M</sup> ' Location:	basement carpark Guthrie House
My Vehicle A:	SLV8965E	Vehicle B:	SKD6525L	Vehicle C:
SKETCH PLAN				
		SLV X 8965 E, 9	SKD SKD 65251	
DESCRIBE CIRCUN	STANCES OF THE	ACCIDENT		
My car marked Guthria 5-15 pm I return of SKT That he reversion	car span	ce in the 1 Fifth aday 10 2 Pant	Lasemen Avenue Decembe	an authorized and I carpaix of at approximately 2018. When approximately 12018 to arriver of informed me my car whill
Remarks: Please My workshop : Email address : & myself : Email address :	Pat Ah Lim Moto e forward a copy of Andrew Hogdg M	my efile accident		
Note: Please tal you own policy.	te note that your in: Kindly check with y	surer have 14 day: our own insurer f	s timeframe for you for more informatio	to submit own damage claim under n.
DECLARATION I/We declare the fore	going particulars are to	ue in every respect		ORAND Z
Policyholder's Signatur Date & Time: (1/12	41.0	ver's Signature Iriver is not the police e & Time:	yholder)	Reporting Entrel Personnel's Signature Name: NRIC/FIN No.: AMINIMATOR COMPANY





Certificate number

9-5.30

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

account number

-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) 04963 .

## Policy details

Policyholder name Cover Plan name

NCD applicable Vehicle registration number

Period of Insurance

Finance loan company

HONDGMAN ANDREW CLARK Comprehensive

Essential SLV8965F

from 10/03/2018 to 09/03/2019 (both dates inclusive)

Persons or viasses of Persons andthed to drive\*

(b) Any person who is driving on the Policyholder's order or with their permission

GA331974 / 1 Chassis number WAUZZZ8R3EA078310 Engine number CNC039089

PEXCEUSIVE AUTHORIZED WORKSHOP\*\* CHENG AUTO

5 SOON LEE STREET |#01-59/60 , PIONEER POINT |SINGAPORE 627607 (REPORTING CENTRE) 24 Hours Towing: 8666 7775

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 800.00 SGD 100.00

An Additional Excess is applicable as follows:

- 1, S\$500 for unnamed Authorised Driver
- 2. \$\$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

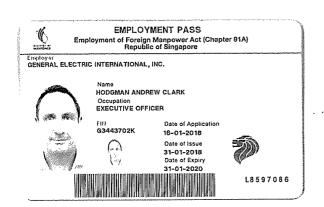
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation 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 hability under the policy, renewal certificate.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

1 of 3

#### Sketch Plan Pg. 4





Opux novideo clear & dry. no injuries3rd party: Lee kok loong S8072486A

98290652



Cost class 3: 15 log/11

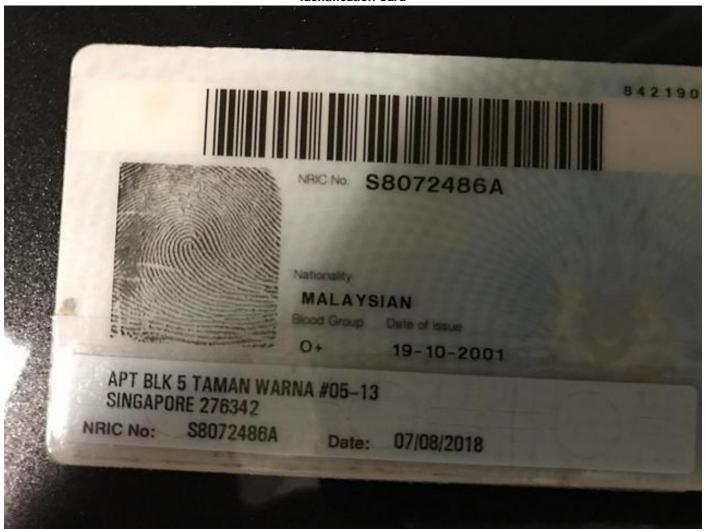
	5 万代46代 6 的主 9 托尔巴士 10 万円24	Motor Cycle Private Light Bus Public Light Bus Taxi Private Bus	17 東利公共巴士 18 中學會中 19 東亞拉中 20 排接式車幅 21 特別用金車輛 22 接動 - 極中 A 集負目動傳動	
限制項項模数 Restriction Codes [ 函當附續 Corrective Lenses 2 即聽器 Hearing Aids 9 生態 Otherts	) 過當眼鏡 Coi			

#### Sketch Plan Pg. 5

AKA	redefining / insurance
Date:	11/2/18
To: Ov	vner of Vehicle Number:
The fo	ollowing has been advised to you via your workshop, Ah Lim Motor Company through their Zila (Eileen / Mui Hong.
Please	tick the applicable box if you had been advice on the content as seen below:
<b>(</b> /)	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 indent 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 <i>any</i> 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 $\underline{\text{Own Damage}}$ 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 Claim TP @ Ah limMutor
Signed	and acknowledge by:
.(/	I toel
Name	and signature of policyholder/authorised driver
WG Name	and signature of workshop personnel including company stamp



#### **Identification Card**



#### **Identification Card**



