## 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.

	ACCIDENT STATEMENT
Date Of Report	21/12/2018 11:09
Date Of Accident	20/12/2018 13:45
Exact Location Of Accident	1 DEPOT ROAD(DSTA) MULTI STOREY CARPARK LEVEL 6A
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ8581D	
Insured/Policyholder		
Name Of Registered Owner	TEW ENG ANN	
NRIC No	S7918957Z	
Email Address	DRACOID4@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-98308214	
Alternative Phone No	OFFICE-98308214	
Vehicle Particulars		
Manufacturor	TOVOTA	

Manufacturer TOYOTA

Model SIENTA-1.5 CVT ELEGANCE (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?

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 VPA/P2069962

Cover Note Number

**Driver** 

 Name of Driver
 TEW ENG ANN

 NRIC No
 \$7918957Z

 Date Of Birth
 04/07/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 23/02/2001

Driving Experience 17 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98308214

Fax Number

Contact Number OFFICE-98308214

EMail Address DRACOID4@GMAIL.COM

BLK 1A CANTONMENT ROAD #07-09 Address

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **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?

### **Circumstances of Accident**

### PLEASE REFER TO SKETCH PLAN

## Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

**Details Of Properties** SCUFF@RIGHT BUMPER

WONG HOE CHEONG Name of Driver

NRIC/Passport Number S8021505C 97955554 Contact Number

Address BLK 443C BUKIT BATOK WEST AVE 8 #07-789

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

Page 2 of 24

NO

YES

NO

1

NO

NO

NO

NO

Vehicle Registration Number SMG2545R

Vehicle Make/Model/Colour HONDA/OYDESSY/RED

PRIVATE CAR Vehicle Category

GENDER:

8

LIBERTY INSURANCE PTE LTD

 Passenger 2
 NAME: : : GENDER: : GENDER: : : GENDER: : : GENDER: : GENDER

Passenger 6 NAME: :

GENDER:

Passenger 7 NAME: :

GENDER: :

#### **Accident Sketch Plan**

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 GM 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Reporting Centre Personnel

Sketch Plan

Feser Ve

Sk.18 58id

### **Common Statement**

1 00	me	down -	From	-the	cor vo	rk m	000	nd	
de	ivo	02.20	SW	A 25	4+R	when	the	70	MANDE COT
+0	the	on o	ant	laf-	13.13	100	The	17.	reversi
		TIN P							
								_	
								_	
					71177				

Declaration

IWe 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

Witnessed by Reporting Centre Personnel

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-Purly Risks and Compensation) Act. (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules. 1985 Road Transport Act. 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.

: VPA/P2069962

Account No. : 14885

Coverage

: Comprehensive (SmartDrive Toyota Prestige)

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: TEW ENG ANN

Vehicle Registration No. : SKJ8581D

Period of Insurance

: From 12/02/2018 To 11/02/2019 (Both Dates Inclusive)

#### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a

hire purchase agreement or otherwise) to him or his employer or his partner (b) Any other person who is driving on the Policyholder's order or with his 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.

#### LIMITATIONS 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, speedtesting, 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.

(01)

### Basic Own Damage Excess

: SGD 500.00

An Additional Excess is applicable as follows: \$\$2,500.00 for Young or Inexperienced Driver. Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

(Please refer to your policy on the terms & conditions) \* limitations rendered inoperative by Section 8 of the Motor Vehicles (Whird-Party Risks and Compensation) Act, (Chapter 193) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/Mo hereBy dertify that the policy to which this Certificate relates is lasted 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 (Malayala).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOAGPH on 14/02/2018

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 deviceyed a Statutory Declaration to the effect must be made. Pallure to company with this obligation is an offence under the Mator Vehicle (Third-Farty Ricks and Compensation Act (Cap. 189). The Premium warranty Clause requires the premium to be paid in full within a specific period fulling which there would be no liability under the policy, renewal certificate, covernote and endorsement

### **Nric And Driving Licence**









**Owner & Third Party Nric And Driving Licence** 

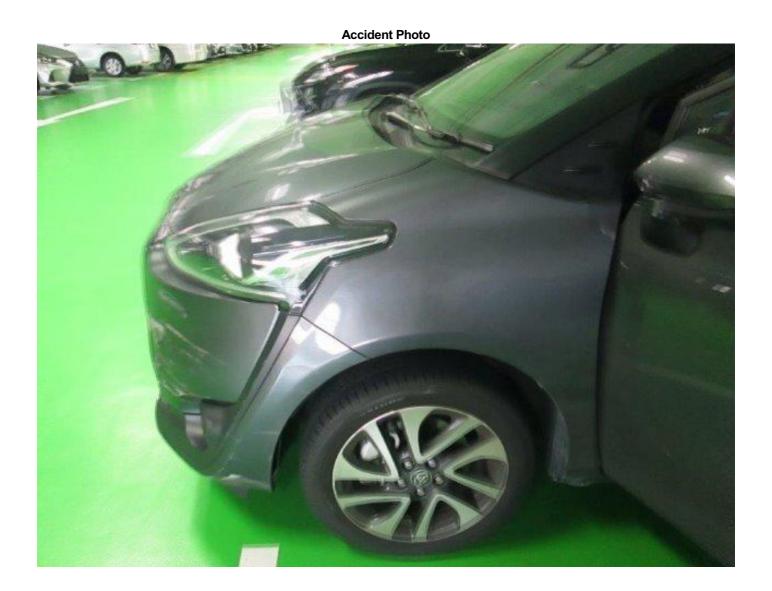


**Owner & Third Party Nric And Driving Licence** 



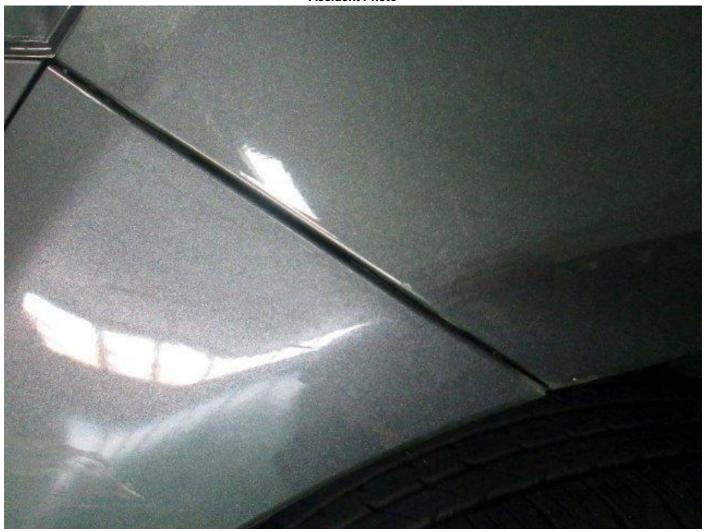


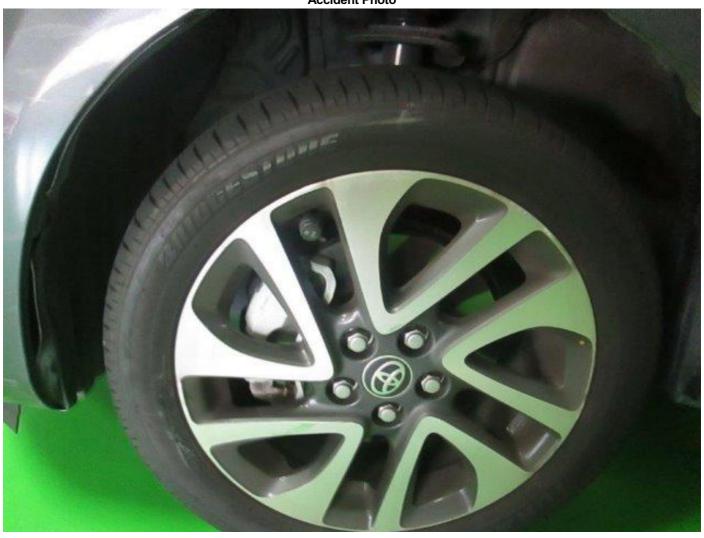




















# **Accident Scene Photo**



# **Accident Scene Photo**



