

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	26/12/2018 13:19
Date Of Accident	22/12/2018 10:50
Exact Location Of Accident	PARK HOTEL (ALEXANDRA) ROAD WAY AT HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1032T
Insured/Policyholder	
Name Of Registered Owner	SJ AUTO PTE LTD
Co Reg No	201732057R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64403100

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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	VFX/P2198100
Cover Note Number	

Driver

Name of Driver	MARVIN NG CHIA HENG
NRIC No	S0032105B
Date Of Birth	02/01/1953
Occupation	INDOOR
Date Of Driving Pass	01/09/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83456311
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	1 JALAN ANAK BUKIT #10-12
Postcode	588996
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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?	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

PLEASE REFER TO STATEMENT ON THE SKETCH PLAN.

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	PA7700Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	NG CHEONG KEE
NRIC/Passport Number	S1737991G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

Resend14-11-18;09:23 ;

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Kok Leong ;

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SKETCH PLAN

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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.

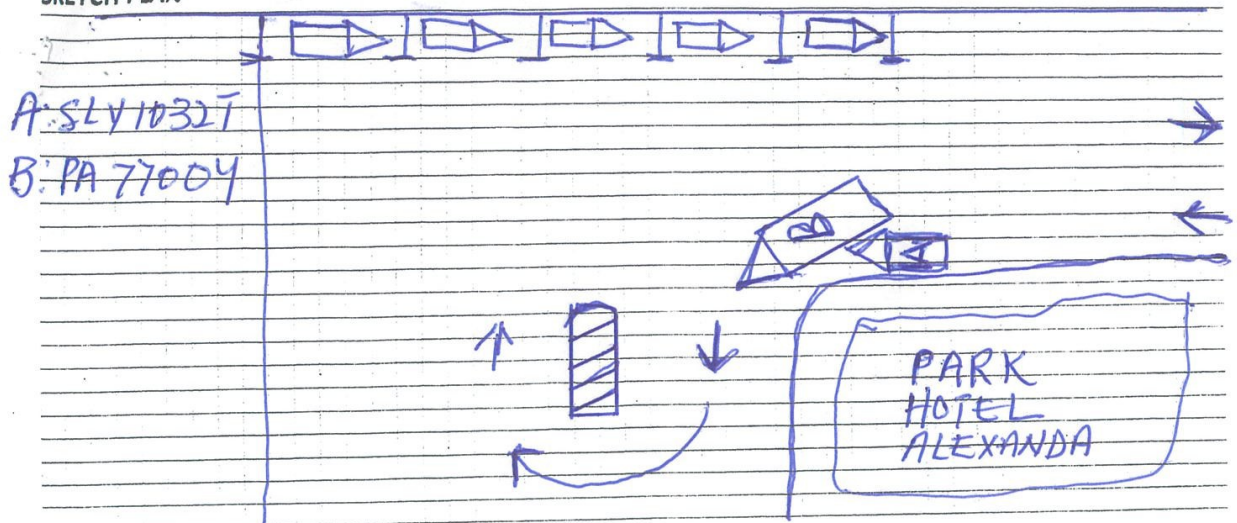
Policyholder's Signature
Date & Time:

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

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

Nabilah
26/12/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22/12/2018, I when to PARK HOTEL (ALEXANDRA) to pick up passengers after received an order. While I stop my car waiting for passengers not more than 5 minutes. A bus making a left turn hit my driver side front. I hopk left was to late. After the hit he try to reverse his bus and make more damage.

DECLARATION

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



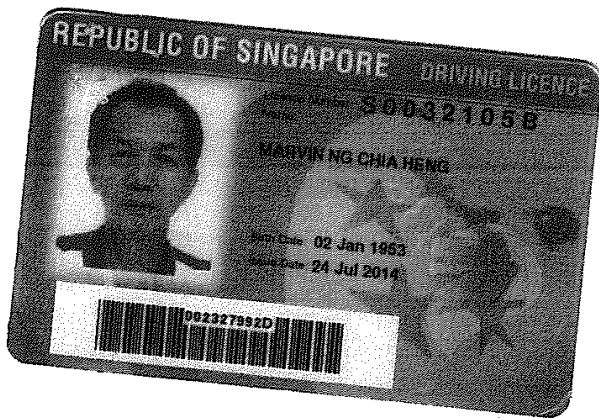
Policyholder's Signature
Date & Time:

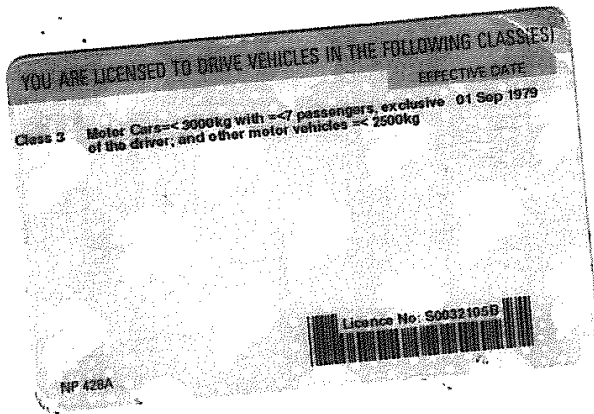
GIARNIC SketchPlanForm_v3

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

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

Namiah
26/12/2018





Sketch Plan Pg. 5

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26-12-18, 11:12 153 MOTOR ENTP

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AXA INSURANCE PTE LTD
8 Shenon Way, #24-01
AXA Tower, Singapore 068611
Customer Centre 801-21
Tel: 1800 850498 Fax:
Website: www.axa.com.sg
GST Registration Number: 190003012M
customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

*Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) *Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969 *Road Transport Act, 1987 (Malaysia) *Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

CERTIFICATE NO. : VFX/PJ198100 Account No. : 84247
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : 35 AUTO PTE LTD
Vehicle Registration No. : SLV10323
Period of Insurance : From 28/10/2018 to 27/10/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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.

LIMITATIONS AS TO USE*

- (a) Use for the carriage of passengers or goods in connection with the Policyholder's business
- (b) Use for social, domestic and pleasure purposes and business purpose of any person to whom the vehicle is hired
- (c) Use for racing, pace making, reliability trial or speed-testing
- (d) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
- (e) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

(04)

EXCESS

Excess 1 - Used In 3 years Only : SGD 2,000.00
Excess 2 - Used In Singapore Only : SGD 1,500.00
Excess 3 - Used Outside 3 years : SGD 2,000.00
Excess 4 - Used Outside 3 years : SGD 2,500.00
Handwritten excess : SGD 100.00

*Limitations and excesses applicable to Section 1 of the Motor Vehicles (Third-Party Risks and Compensation) Act, Chapter 189 and Section 12 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 : SCOVKUS ON 31/10/2018

Policyholders are advised 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 Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

THE POLICY AND CERTIFICATE COVER UNDER THE POLICY IS VALID ONLY AFTER THE PAYMENT OF THE FULL PREMIUM STATED IN THE POLICY.

THE AXA INSURANCE COMPANY LIMITED agrees under the terms and warranty clause on the policy.

Accident Photo



Accident Photo



Accident Photo



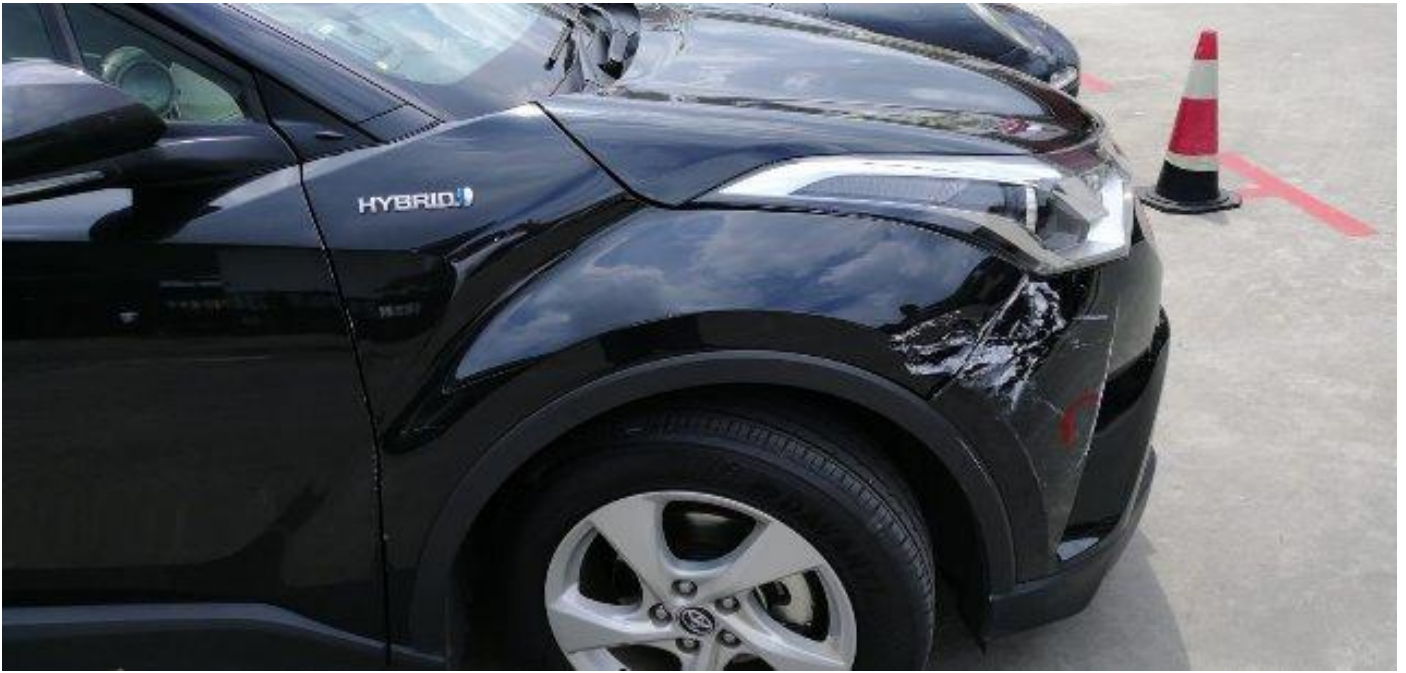
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

