

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 | 29/12/2018 10:57 |
| Date Of Accident | 28/12/2018 11:30 |
| Exact Location Of Accident | SINGAPORE TOWARDS MALAYSIA |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGQ1542Z |
| Insured/Policyholder | |
| Name Of Registered Owner | WOO HIN TAB |
| NRIC No | S0546878G |
| Email Address | HINTAB99@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96181166 |
| Alternative Phone No | OFFICE-96181166 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HYUNDAI |
| Model | NFSONATA 2.4 |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-------------------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | GA312905/1 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WOO HIN TAB |
| NRIC No | S0546878G |
| Date Of Birth | 13/07/1948 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/12/1969 |
| Driving Experience | 49 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96181166 |
| Fax Number | |
| Contact Number | OFFICE-96181166 |
| E Mail Address | HINTAB99@GMAIL.COM |

| | |
|---|-----------------------------|
| Address | BLK 51 HINDHEDE WALK #01-01 |
| Postcode | 587975 |
| 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 | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | WET |

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? | 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

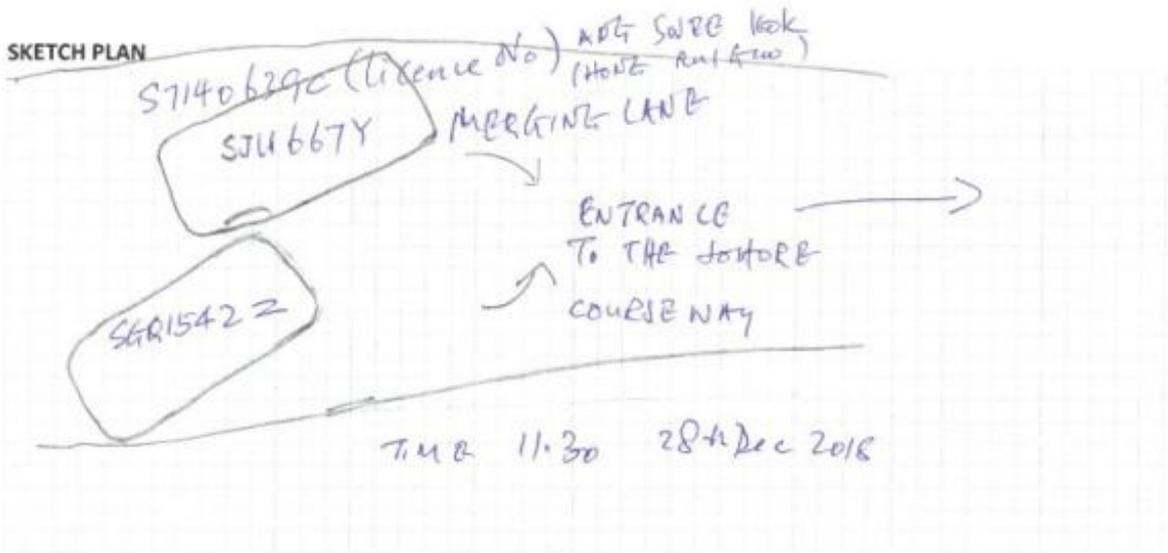
Attachment(s)

| | |
|---|-----|
| 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 | SJU667Y |
| Vehicle Make/Model/Colour | KIA FORTE K3 |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ANG SWEE KOK (HONG RUIGUO) |
| NRIC/Passport Number | S7140639C |
| Contact Number | 9008 7106 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was minor side swipe. Happened at the beginning of the Johore Concourseway (towards Johore) merging lane. Don't ^{know} who hit who.

My car was not moving when he came out to say I hit his car.

Damage: slight scratches (Probably Polishing should remove it)

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

29.12.18 10.45

[Signature]

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

29.12.18 10.45

[Signature]

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

Individual Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident: 28/12/2018
 Time: 11:30am
 Location of Accident: Singapore towards Malaysia

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SGR 15423
 Name of Policyholder: Woo Hin Tab
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S05468789
 Address: Blk 51 Hindhede Walk #01-01 S0587975
 Contact Number: Hp 9618 1166
 Occupation: indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Hyundai NISSONATA 2.4
 Type of Vehicle: Sedan, MPV, CRV, Van, Lorry, Bus/Micycle, Others: P10
 Exact Purpose for which vehicle was being used at the time of accident: private use

Are you claiming under your own insurance policy?

Yes No
 Private Commercial Motorcycle

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
 Type of Policy: Comprehensive TP Fire & Theft Third party
 Fleet Policy: Yes No
 Policy Number: GA3R9051

DRIVER

Name of Driver: -/
 NRIC/ FIN/ Passport: -/
 Date of Birth: 13-07-1948
 Occupation: -/
 Driving Pass Date: 12-12-1969
 Gender: Male Female
 Contact Number: -/
 Address: -/
 Email Address: -/
 Was driver an employee of the Insured's Company? Yes 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): 1px side swipe
 Weather Conditions: Clear Raining Others
 Road Surface: Wet Dry Others
 Damage Area: -/

OTHER INFORMATION

Was there any foreign vehicle(s) involved? No Yes
 Was anybody injured in the accident? (Including Witness): No Yes
 Was any other vehicle(s) or property damaged? No Yes
 Was there any camera video footage (in car)? No Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? No Yes
 If Yes, please state which police station & Report No: -/
 Was notice of intended Prosecution given? No Yes
 If Yes, against whom? -/

hintab99@gmail.com.

Individual Statement

OWN VEHICLE REGISTRATION NUMBER SGR15422

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

SUBJECT
KIA Forte K3

Ang Swee Kok (Hong Ruiguo)
SF140637C
9008 7106

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?
Was Injured conveyed to hospital by ambulance?

Yes No
 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?
Was Injured conveyed to Hospital by Ambulance?

Yes No
 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
10:45 29.12.18

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

Date & Time

Individual Statement

SKETCH PLAN

IMPORTANT NOTICE

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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:

29.12.8 10.45

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



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

Individual Statement

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Date: 9/12/2018

To: Owner of Vehicle Number: 24 Q 15 428

The following has been advised to you via your workshop, P11 Auto through their staff, YAP Y

Please tick the applicable box if you had been advice 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 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 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.

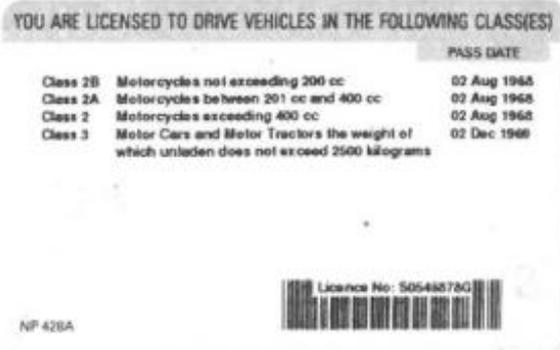
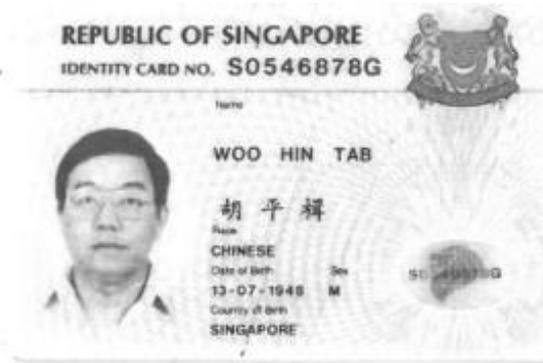
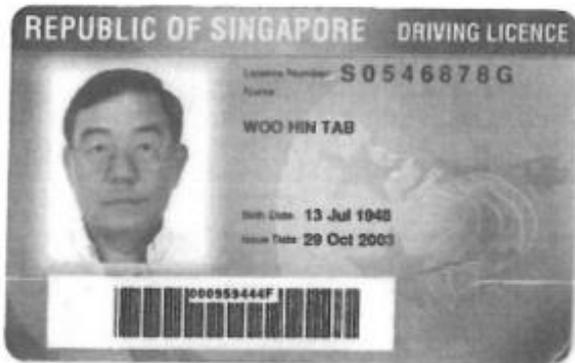
Others Reporting Only

Signed and acknowledge by:

Woo Hin TAB
Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

IDENTITY CARD & DRIVING LICENCE



CERTIFICATE OF INSURANCE



redefining / insurance

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
10955

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)

Policy details

| | | | |
|------------------------------------|--|---------------------------|-------------------|
| Policyholder name | WOO HIN TAB | Certificate number | GA312905 / 1 |
| Cover | Third Party, Fire & Theft | Chassis number | KMHEU41CR6A239222 |
| Plan name | Third Party, Fire & Theft | Engine number | G4KCE323782 |
| NCD applicable | 50% | | |
| Vehicle registration number | SGQ1542Z | | |
| Period of Insurance | from 11/01/2018 to 10/01/2019 (both dates inclusive) | | |
| Finance loan company | Nil | | |

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) 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*

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 imperative 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.

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

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 this 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, endorsement etc.

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

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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