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</u> and <u>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	29/01/2019 15:00				
Date Of Accident	28/12/2018 13:30				
Exact Location Of Accident	IMM LEVEL 1 CARPARK				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SFZ1994S				
Insured/Policyholder					
Name Of Registered Owner	TEO POH LAI				
NRIC No	S0257305I				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-97386645				
Alternative Phone No	HOME-97386645				
Vehicle Particulars					
Manufacturer	TOYOTA				
Model	VIOS 1.5E M				
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?	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	GA067230				
Cover Note Number					
Driver					

Driver

 Name of Driver
 TEO POH LAI

 NRIC No
 \$0257305I

 Date Of Birth
 \$11/01/1948

 Occupation
 INDOOR

 Date Of Driving Pass
 \$10/04/1974

Driving Experience 44 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97386645

Fax Number

Contact Number HOME-97386645

EMail Address NOEMAIL

320 JURONG EAST STREET 31 #10-80 SINGAPORE 2260 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 COLLIDED INTO PARKED VEHICLE

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO NO

YES

NO

4

2

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)

Passenger 1

NAME: : SON

GENDER: : MALE

Passenger 2 NAME: : GRANDSON

> GENDER: : MALE

Passenger 3 NAME: : SPOUSE

> **GENDER:** : FEMALE

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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGY8654X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)





Certificate number

Chassis number

Engine number

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

Certificate of Insurance

account number

04437

GA067230 / 1

1NZX321975

MR053HY4204153907

-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 Cover

Plan name

NCD applicable

TEO POH LAI

Comprehensive Private APW

50%

SFZ1994S

Vehicle registration number Period of Insurance

Finance loan company

from 11/10/2018 to 10/10/2019 (both dates inclusive)

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 Vchicle 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, pacc-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

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

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-

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,

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

1 of 3

REPUBLIC OF SINGAPORE

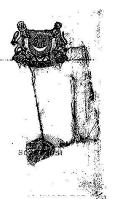
IDENTITY CARD NO. S02573051

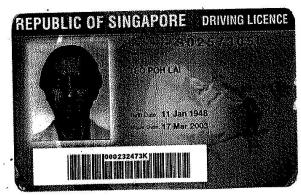


TEO POH LAI

张宝来

CHINESE
Date of Birth
S11-01-1948
Country of Birth
SINGAPORE







MRIC No S02573051



Blood Group Date of issue

A+ 19-04-1994

APT BLK 320 JURONG EAST STREET 31 #10-80 SINGAPORE 2260 920580

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

ss 3 Motor Cars and Motor Tractors the weight of which which which does not exceed 2500 kilograms

10 Apr 1974

Licence No: \$0257305(

Sketch Plan Pg. 3

SKETCH PLAN						
	aling & unloading only					
reserve le	song Lessens Lineseral					
	XSF219445					
		Lange of the second				
	1-1201-120-120-	y y y				
DESCRIBE CIRCUMSTANCES OF						
The SO / 10	1					
0810001	2018 in the afterno	on at Imm Levell				
Carpark, I was	weiting for a carpar	the lot when I saw one				
hadali later	So preverse my can	or to the lot and				
Mappen that I SI	ghtly knock against	Vehicle No. SGY8654X.				
I came down to	ingsect whether the ca	ir was damage but				
Find no damage	Atter inspection to	re guy also see no				
amaged. He as	ked for my I/c and	I I netuse to give him.				
as I Told him the	ere is no dangged on h	118 Car. Because of this				
The reported to Mr.	S IN SUPRICE Company					
,						
1/2 to 5 2						
Note: Driver to	Id me he had 5 a	clidents in the sout				
		The party				
Important: You have been advised by the work	portant: u have been advised by the workshop that in the event that you wish to Claim OD.					
claim against your own policy (OD C	Shop that in the event that you wish to	- Claim OD				
DAYS CLAUSE WHEREBY MUST BE I	MADE within the stipulated time frame	- Claim TP				
from the day of the occurrence.		- Claim OD/ TP at other workshop				
DECLARATION		, , , , , , , , , , , , , , , , , , ,				
I/WE declare the foregoing partie	culars are true in every respect					
	and an every respect.					
DM.						
July Da						
4 1/	*^*	Mananam				
Policyholder's signature	Driver's Signature	Renotting Centro Possesses				
Date & Time	(if driver not the policyholder)	Reporting Centre Personnel's Signature Name:				
	Date & Time	Nric/Fin No.				

Sketch Plan Pg. 4

SKETCH PLAN

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this form by insurance companies is not an admission of pokey liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 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 daims (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:

Wadne:

ionnel's Signature

Transfer Fee Enquiry

Page 1 of 1

> Back to OneMotoring

Vehicle Details Vehicle No.:	SFZ1994S	6 0 0 0 0 0 0 0	e e e e e e e e e e e e e e e e e e e
Vehicle Type :	P10 - Passenger Motor Car	4 4 4 W	
Vehicle Attachment 1:	No Attachment	TO CLUMB TO COMMUNICATE VANCING NO DOCUMENTS AND AND ADDRESS OF THE PARTY OF THE PA	the extension to the contract of the contract of the
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA	THE RESERVE THE PARTY OF THE PA	9
Vehicle Model :	VIOS 1.5E M		
Chassis No. :	MR053HY4204153907		
Propellant:	Petrol	F 8 8 888 - 10000000 1 1000 200 200 200 200 200 200	The state of the s
Engine No.:	1NZX321975		
Engine Capacity:	1497 cc		
Maximum Power Output:	80.0 kW (107 bhp)	THE THE INVESTIGATION AND ASSESSED AS	39 31 301 eachs W1 1
Maximum Laden Weight:	1480 kg	A CONTROL OF THE PROPERTY OF T	CONTROL OF STREET, STR
Unladen Weight:	990 kg	6 (classicom onemos escoca 22 % 25 % (217 % %)	a comment of the second of
Year Of Manufacture :	2005	or every or it communication and i	exercise a control of the control assures
Original Registration Date:	11 Oct 2005	St 2 Miles O majorismusianism	O B STATEMENT IN THE BUSINESS
Lifespan Expiry Date :	The second proper and a	ALTER ANTONIO CONTRA DE LA SERIE DE SER	THE STATE OF
COE Category:	A - Car (1600cc & below)	N HOLD N DE RECOGNOSCIANOS E E E E E	
PQP Paid:	\$28,399.00	OF TWO TEACHERS AND ADDRESS OF THE STATE AND	AND DESCRIPTION OF THE REST OF THE PROPERTY.
COE Expiry Date :	10 Oct 2020		e a american radical ii ii ii ii ii ii iii ii Y
Road Tax Expiry Date:	10 Oct 2019		2 (1) (14) (2) (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3
Inspection Due Date :	10 Oct 2019	CONTRACTOR OF THE PROPERTY OF	The state of the second
Intended Transfer Date:	30 Jan 2019		the second section of the second section of the second section of the second section s
CO2 Emission :		The state of the s	AND THE PROPERTY OF THE PROPER
CO Emission :		30 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	50
HC Emission :	_	ender a misse som das en completar and Conference and Conference and the conference and the conference and the	A contract of the second contract of the seco
NOx Emission :	romania sur		2 5 0 00000000
PM Emission :			THE TOTAL COMMERCES CHARACTER
A A ALEXANDERSON S S S S S	ed if road tay / layun has ovelred Bloom	use Enquire Road Tax Payable for fee(s)	1822 8 8 9 3030000000
Amount Payable	t (ii any), or a venicle will follow the veni	cle to the new registered owner when its o	ownership is being transferred.
	Amount Before GST	GST Amount	Americal Affair CST
	(\$\$)	(S\$)	Amount After GST (S\$)
Transfer Fee :	25.00		25.00
Total Amount Payable:		CREATE CONTRACTOR OF THE CONTR	25.00 25.00
Message			25.00
Please note that the 5-year COE f	or this vehicle cannot be further renewo oan (if applicable), whichever is earlier.	ed. The vehicle must be de-registered upor	n COE expiry or when the

You may print this page for reference.

OK Print

