

## 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	10/01/2019 17:02
Date Of Accident	03/01/2019 10:25
Exact Location Of Accident	MOULMIEN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCN8636D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TING LE LIM
NRIC No	S2671105C
Email Address	LENGTINGHOLZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96310097
Alternative Phone No	HOME-67330302

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	3008-1.2 PURETECH (A)
Exact Purpose for which vehicle was being used at time of accident	STATIONARY AT HOME
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	VPA/P2078383
Cover Note Number	

### Driver

Name of Driver	HOLZ PETER ERNST ARNOLD
NRIC No	S2674764C
Date Of Birth	14/04/1941
Occupation	INDOOR
Date Of Driving Pass	13/09/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96187471
Fax Number	
Contact Number	
EEmail Address	PEHOLZ@GMAIL.COM

Address	11B BALMORAL ROAD #03-02
Postcode	259797
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	NO 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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

ON 09/01/2019 @ 1800 HRS, I RECEIVED A LETTER INFORMING ME THAT MY CAR HAD AN ACCIDENT WITH A VEHICLE REG. NO. SKU14U AT/ALONG MOULMIEN ROAD. I WAS SURPRISE TO RECEIVE THIS NOTIFICATION AND TRY TO RECALL MY ACTIVITIES ON THAT DAY (03/01/2019). FURTHERMORE, I CHECK MY CAR CONDITION AND CANNOT FIND ANY FRESH DAMAGES OR SCRATCHES ON MY CAR. ON 10/01/2019 @ 1645 HRS, I CALLED A CONTACT NUMBER WHICH IS STATED IN THE LETTER (67423197) TO CLARIFY THE TIME OF THE ALLEGED ACCIDENT. I WAS TOLD THE ACCIDENT OCCURRED AT 1025 HRS ON 03/01/2019. AT THE MENTIONED TIME, I WAS AT HOME WAITING FOR A CALL FROM MY SON TO PICK UP. THE PURPOSE OF THIS STATEMENT IS PURELY IN RESPONSE TO THE REQUIREMENTS STATED IN THE LKK LETTER DATED 07/01/2019.

#### Attachment(s)

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

## Sketch Plan

### SKETCH PLAN

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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:

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

Date & Time: 10 Jan 2019

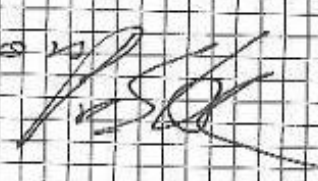
12.35

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

Sketch Plan #2

SKETCH PLAN

Unknown Location



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lined area for describing the circumstances of the accident.

DECLARATION

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

Policyholder's Signature  
Date & Time:

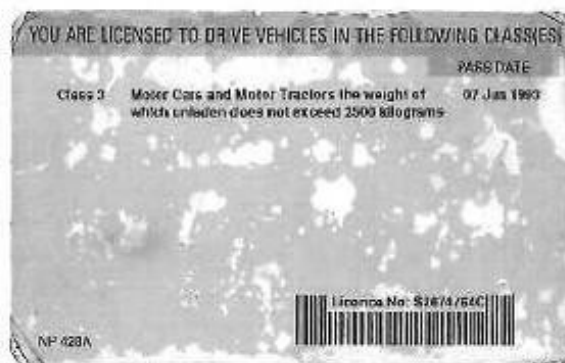
GIAMC SketchPlanForm\_V3

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

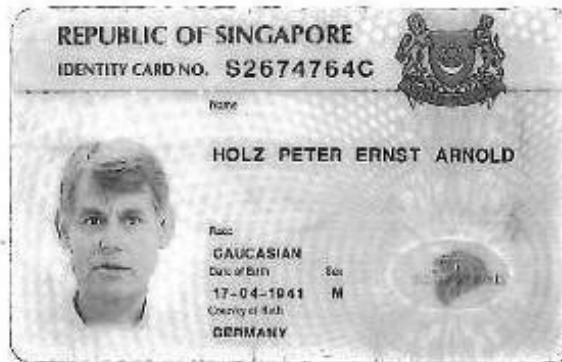
Date & Time: 10 Jan 2019  
17.35

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

## Driving License



# Identification Card



LETTER FROM LKK



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

07 January, 2019

**TING LE LIM**  
11B BALMORAL ROAD  
#03-02  
SINGAPORE 259797

Dear Sir,

**OUR REF : CC4/ASM19000293/pa3 // S9M0191H**  
**YOUR REF : SCN 8636D**  
**ACCIDENT INVOLVING SCN 8636D AND SKU 14U ON 03/01/2019 ALONG/AT**  
**MOULMEIN RD**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)

# INSURANCE POLICY

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



Private Cars COMP  
POLICY SCHEDULE  
NEW BUSINESS  
Original

<b>POLICY INFORMATION</b>		Policy No. : VPA/P2078383
Source	: (01) 14285 SD CONTEGO VAL 2 YR	
Insured	: TING LE LIM	
Address	: 11B BALMORAL ROAD #03-02 SINGAPORE 259797	
Business/Profession	: PROFESSIONAL Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 26/02/2018 To 25/02/2020 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
<b>PREMIUM</b>		
Premium After 50.00% : SGD 901.79		
NCD		
Safe Driver Disc	: SGD 72.14	
8.00%		
GST 7.00%	: SGD 58.07	
Annual Premium	: SGD 887.72	
Total Payable	: SGD 1,775.45	
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type Of Cover	: Comprehensive	
Regn No.	: SCN8636D	
Type Of Use	: Private Car	
Make/Model	: PEUGEOT 3008 ALLURE PURETECH 1.2	
Year of Manufacture	: 2017	Seating Capacity (excl. Driver) : 04
Body Type	: SPORTS UTILITY VEHICLE	Engine C.C. : 1199
Engine No.	: 10XTA40872869	
Chassis No.	: VF3MRHNYWHS327674	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	: As specified in Certificate of Insurance	
Hire Purchase	: OCEC BANK LIMITED	
<u>Extra Coverage(Premium Breakdown)</u>	<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector		
Basic Own Damage Excess	: SGD 400.00	
<u>Named Drivers</u>		
1 TING LE LIM		



Accident Photo



Accident Photo



Accident Photo



Accident Photo



