

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	24/01/2019 10:40
Date Of Accident	27/11/2018 14:00
Exact Location Of Accident	ALONG KIM SENG ROAD TRAFFIC LIGHT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR388P
Insured/Policyholder	
Name Of Registered Owner	LEE KIM SHIN
NRIC No	S1423070Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96300023
Alternative Phone No	OFFICE-96300023

Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN-3.0 (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?	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	VPX/P1576469
Cover Note Number	

Driver

Name of Driver	LEE KIM SHIN
NRIC No	S1423070Z
Date Of Birth	17/10/1960
Occupation	INDOOR
Date Of Driving Pass	26/04/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96300023
Fax Number	
Contact Number	OFFICE-96300023
Email Address	NOEMAIL

Address	99 CLOVER WAY SINGAPORE 579142.
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 TO REAR
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WIFE 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

PLEASE REFER OWNER LETTER OF ACCIDENT 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	SLP3513R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.

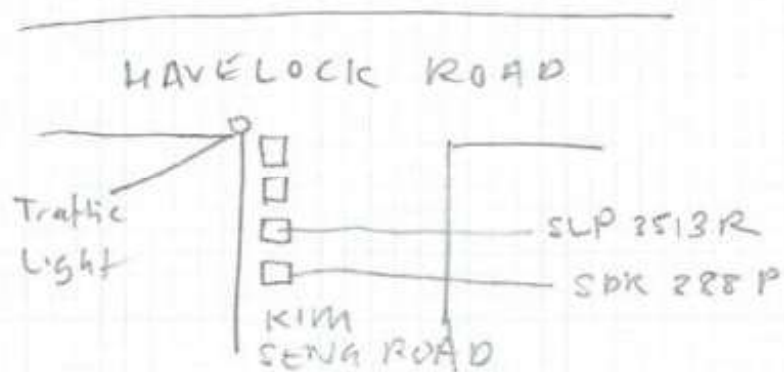

Policyholder's Signature
Date & Time:

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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Owner statement letter.

DECLARATION

I/We 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:



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

Individual Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 27/11/2018
Time: 14:00pm

Location of Accident: Along Kim Seng Road Traffic Light

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number:
Name of Policyholder:
NRIC/ FIN/ Passport/ ROC (if Policyholder is company):
Address:
Contact Number:
Occupation:

SDA 388P
LEE KIM SHIN
S14210702

Tel: INDOOR Hp: 96300023

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:
Type of Vehicle:
Exact Purpose for which vehicle was being used at the time of accident:
Are you claiming under your own insurance policy?

PORSCHE MACAN S 3.0 A/T ABS D/AIR
Sedan, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: BAG 4WD

Private Use

☒ Yes ☒ No Remarks: Reporting only
☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:
Type of Policy:
Fleet Policy:
Policy Number:

AXA
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☐ Yes ☒ No
VPX/P1576469

DRIVER

Name of Driver:
NRIC/ FIN/ Passport:
Date of Birth:
Occupation:
Driving Pass Date:
Gender:
Contact Number:
Address:
Email Address:
Was driver an employee of the insured's Company?
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):

"
"

INDOOR

☒ Male ☐ Female
Tel: Hp: 96300023

☐ Yes ☒ No
OWNER

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc):
Weather Conditions:
Road Surface:
Damage Area:

Head to Rear
☒ Clear ☐ Raining ☐ Others
☐ Wet ☒ Dry ☐ Others
2/ax

OTHER INFORMATION

Was there any foreign vehicle(s) involved?
Was anybody injured in the accident? (Including Witness)
Was any other vehicle(s) or property damaged?
Was there any camera video footage (in car)?

☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes

DETAILS OF POLICE ACTION

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

☒ No ☐ Yes
☒ No ☐ Yes

1 wife

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number _____

SLP 3513R

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 _____

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? _____

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance? _____

☐ 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? _____

☐ Yes

☐ No

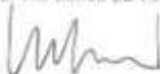
Was Injured conveyed to hospital by Ambulance? _____

☐ 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 _____

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

Date & Time _____

OWNER LETTER OF ACCIDENT STATEMENT

Lee Kim Shin
99 Clover Way
Singapore 579142

22 January 2019

AXA Insurance Pte Ltd
c/o BH Auto Services Pte Ltd
Blk 1 Sin Ming Industrial Estate Sector C
#01/111/113/115
Singapore 575636

BY HAND

Dear Sirs

Accident involving SDR388P & SLP3513R on 27/11/2018 along/at Kim Seng Road Traffic Light
Vehicle No.: SDR388P
NRIC: S1423070Z

I refer to the letter of 15 January 2019 from LKK Auto Consultants Pte Ltd, copy enclosed.

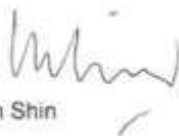
On 27 November 2018, I was in a queue of cars moving slowly on Kim Seng Road to turn left on Havelock Road when the lights turned red. My car SDR388P was just behind SLP3513R. The driver of SLP3513R braked rather suddenly, and my front bumper bumped into his rear bumper.

The driver of SLP3513R had a female passenger in his car, and my wife was with me. None of us were injured.

The driver of SLP3513R and I got out of our cars to inspect whether there was any damage. As there was no visible damage to either car's bumper, I did not take any photographs. Although I did not admit liability, I gave the driver of SLP3513R my name card, and asked him to call me if he wants to make a claim. I did not hear from him that day or ever since then.

I enclose a copy of my driver's licence.

Yours faithfully



Lee Kim Shin

encs

cc: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Park
Singapore 408933
Fax No.: 6256 4315

INSURANCE OF CERTIFICATE

2018

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-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)

CERTIFICATE NO.	: VPX/P1576469	Account No.	: 15860
Coverage	: Comprehensive		
Sum Insured	: SGD 255,000.00		
Name of Policy Holder	: LEE KIM SHIN		
Vehicle Registration No.	: SDR388P		
Period of Insurance	: From 13/01/2018 To 12/01/2019 (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 Named Driver as stated in the Policy
- (c) 1. LEE KIM SHIN
2. HOH KAH SIM ANGELA
3. GOH KHOON CHWEE JOSHUA
- (d) 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)

EXCESS :

Sect I - Used In S'pore Only	: SGD 2,000.00
Sect I - Used Outside S'pore	: SGD 2,000.00
Fire&Theft - Outside Singapore	: SGD 2,000.00
Windscreen Excess	: SGD 500.00

Policy is extended to cover geographical area up to Thailand

* 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.

I/We hereby certify that the policy to which this Certification 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

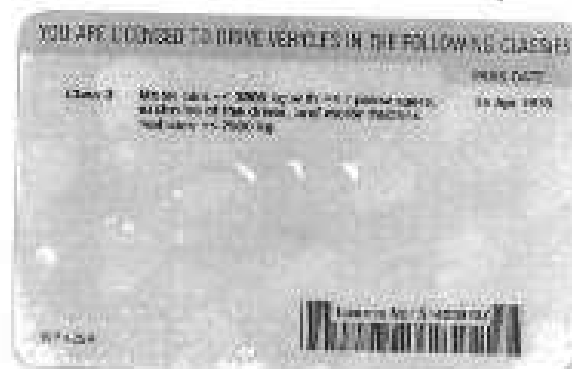
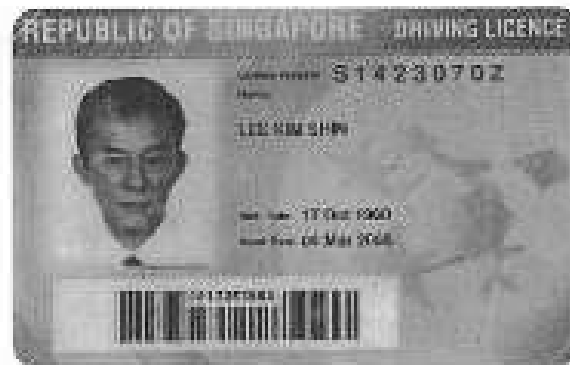
Issued by -SQOGONT on 12/01/2018

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 destroyed a Statutory Declaration to the effect must be made. Failure to comply with the 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, covernote and endorsement etc.

Driving License



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

