#### 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 and 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	16/01/2019 15:02
Date Of Accident	15/01/2019 17:00
Exact Location Of Accident	ALG WATERLOO ST TWD KWAN IM THONG HOOD CHO TEMPLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5430G
Insured/Policyholder	
Name Of Registered Owner	LIEW NYUK LIAN
NRIC No	S0008293G

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-9788

Mobile Phone No (LOCAL) +65-97884879
Alternative Phone No OFFICE-97884879

**Vehicle Particulars** 

Manufacturer MERCEDES-BENZ

Model SL350

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?

YES

16/10/1970

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

**Insurance Company** 

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA316589/1

Cover Note Number

**Date Of Driving Pass** 

**Driver** 

 Name of Driver
 GOH SIAN YEW

 NRIC No
 \$0152301E

 Date Of Birth
 05/03/1950

 Occupation
 INDOOR

Driving Experience 48 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96355259

Fax Number

Contact Number

EMail Address NOEMAIL

Address 12 AIDA ST

Postcode 459933

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 COLLISION - OPENING DOOR OF 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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

ABOUT 5PM PN 15 JAN 19, I WAS DRIVING MY CAR ALONG WATERLOO ST WHEN CAR B (SKJ7167Z) OPEN THE DOOR AND HIT MY CAR. THE CAR B WAS PARKED AT THE ROADSIDE OF WATERLOO ST. THE PASSENGER BY THE NAME OF MR ANDY SOH DASHENG (IC NO: S9146191I) WHO OPENED THE CAR DOOR APOLOGIZED FOR THE ACCIDENT. HE GAVE ME HIS PERSONNEL DETAILS AND ASKED ME TO CONTACT HIM AT 81614455 ON THE COST OF THE DAMGES.

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 SKJ7167Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MR TEO

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
  - (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
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and
- (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)

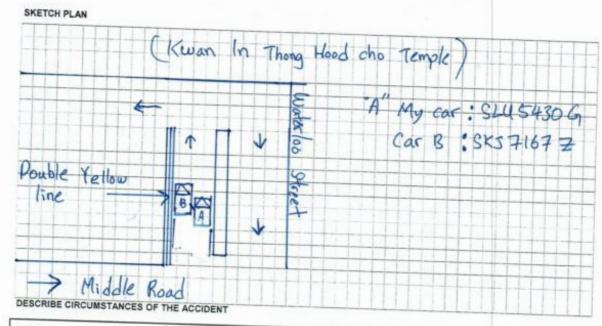
Date & Time

Reporting Centre Personnel's

Che Har

Name: Go

NRIC/FIN No.:



About 5pm on 15/1/19, I was driving along Waterloo Street when another vehicle, no. SKJ 7167Z open the door and hit my car SLU 5430G. The vehicle no. SKJ 7167Z was parked at the roadside of Waterloo Street. The passenger, by the name of Mr Andy Sch Dasheng, IC no. Sq146191I who opened the var door apologised for the accident. He gave me Ms personnal details and asked me to contact him at 81614455 on the cost of the damages.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: Go Che Han

NRIC/FIN No.:





**AXA Insurance Pte Ltd** 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 El customer.care@axa.com.sg www.axa.com.sg

account number

Certificate of Insurance

Afotor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 - Road Transport Act. 1967 (Malaysia) - Afotor Vehicles (Third-Party Risks and Compensation) Rules. 1960 - Road Transport Act. 1967 (Malaysia) 03694

#### Policy details

Policyholder name LIEW NYUK LIAN Comprehensive Plan name Flexi NCD applicable 50% Volticle registration number \$LU54300

Period of Insurance from 27/01/2019 to 26/01/2020 (both dates inclusive) Finance lean company

Certificate number GA316589 / 1 Chassis number WDD2314572F013801 Engine number 27895430322931

# Persons or classes of persons entitled to drive\*

(b) Any Named Driver as stated in the Policy:

1. GOH SIAN YEW

(c) 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.

## Limitation as to use\*

se 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, spend 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 inoperative by Section B of the Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 289) and Section 95 of the Road Transport Act. 1987 (Maleysia), are not to be included under these headings.

#### EXCESS

Windscreen Excess

An Additional Excess is applicable as follows:

- 1. \$\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and inexperienced Driver
- 3. 855,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$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 Verticles (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

Polightokiders 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-

Top Premium Warranty Claudo requires the premium to be paid in full within a specific period fixing which there would be no Sability under the policy, renewal certificate,

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068611 Customer Centre, #B1-01

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