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 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.

By the lodgement of this report to the insurers, you hereby cor aforesaid.	nsent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/01/2019 21:53
Date Of Accident	14/01/2019 16:45
Exact Location Of Accident	TOA PAYOH E TOWARDS LORONG 6 TOH PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV8914P
Insured/Policyholder	
Name Of Registered Owner	TAN KING MING
NRIC No	S7715707G
Email Address	NATALIE_ANN_TAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97350847
Alternative Phone No	OFFICE-97350847
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA067275/1

Cover Note Number

Driver

Name of Driver NATALIE ANN EPTON

NRIC No S7581848C Date Of Birth 13/12/1975 Occupation **INDOOR Date Of Driving Pass** 09/06/2003

Driving Experience 15 YEARS AND 7 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97335534

Fax Number

Contact Number

EMail Address NATALIE ANN TAN@YAHOO.COM.SG Address 46A JALAN HAJI ALIAS

Postcode 268540

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 - 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?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

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 SDQ1868U

Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category

Name of Driver

RRIC/Passport Number

Contact Number

PRIVATE CAR

ER LI HENG

S8717227I

90902312

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

EETCH PLAN	A-SKV 8914 P
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SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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wiferturatery my ventice burner of the HONDA.	STILL HIT THE ROMAN

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	made 1					
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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 :



1	Parine
0	Owner
0	Driver

ACCIDENT STATEMENT

Date of Accident Time 1645	Location of Accident JUNCTION OF TOH FAYOH E
14/1/19 1643	+ LORONG 6 TON PAYON (TURNING ONTO
	LOR & TOWARDS SAFRA)
INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number SKV 8914 P Name of Policyholder TAH KHAG MIAG	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	250 F21567
Address UBA JAVAN HAJI AUAS, S	(268540)
Contact Number 9 3350843	Tel — Hp
Occupation TEACHEL	197
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model Toyota estima	
Type of Vehicle	Saloor MPV ERV. Van. Lorry. Bus M/cycle. Others
	mily cat
at the time of accident	
Are you claiming under your own insurance policy?	Yes No Remarks Reporting
Vehicle category	Private O Commercial O Moforcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	AXA
Type of Policy Fleet Policy	Comprehensive O TP Fire & Theft O Third party
Policy Number	94067275 71 No
only Number	94084213/1
DRIVER	
Name of Driver	NOTALLE AND EPTON CHATALE AND TANK
NRIC/ FIN/ Passport	575818480
Date of Birth	13/12/75
Occupation	Doctor
Driving Pass Date	9/6/03
Gender	Male & Female
Contact Number	Tel 9 3 3 3 5 3 4 Hp
Address	464 JALAN HAJI ALLAS, (CZ68540)
Email Address	narouse _ann_ton@yohoo.com.sq
Was driver an employee of the insured's Company?	O Yes & No
If No, relationship of Driver with the Insured	Spouse
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 (F.g. Chain Collision) Head-On, etc)	Hend To Rear
Weather Conditions	
Road Surface	Clear C Raining C Others Wet Dry C Others
Damage Area	Bunier (FRENT)
OTHER INFORMATION	
Was there any foreign vehicle(s) involved?	No .O Yes
Was anybody injured in the accident? [including Witness]	
Was any other vehicle(s) or property damaged?	O No Ves
Was there any camera video footage (in car)?	No No Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	A No O Yes
If Yes, please state which police station & Report No.	
Was notice of Intended Prosecution given?	No O Yes
If Yes, against whom?	762_ 20% C 30%

				7. 1
OWN VEHICLE REGISTRATION NUI	MBER			
DETAILS OF OTHER VEHICLES	OR PROPERTY D	AMAGED		
Other Vehicle or Property 1 (VEHICI				
Vehicle Registration Number	5 DQ 186	8 u		
Vehicle Make/ Model/ Colour	Ware			
Details of Properties (If Other Party is	ant a Manietal -			
Damage Area	Real	Bunper		
Name of Driver	er LI	MENG		
NRIC/ FIN/ Passport	F1 F3 2	227I		
Contact Number / Email Address		2312		
Address	_			
Name of Insurance Company	_			
Other Vehicle or Property 2		MIA		
Vehicle Registration Number				
Vehicle Make/ Model/ Colour				
Details of Properties (If Other Party is r	not a Vehicle)			,
Damage Area				
Name of Driver				/
NRIC/FIN/ Passport				
Contact Number / Email Address				/
Address				
Name of Insurance Company				
DETAILS OF WITNESS		MIA		/
Name				/
Phone / Email Address			/	
Address			/	
NRIC/FIN/ Passport				
DETAILS OF INJURED PERSON 1		MIA		
Name				
NRIC/ FIN/ Passport				
Address			/	
Approximate Age			/	
Injuries Sustained			/	
If Vehicle Occupants, state in which veh	ricle?		/	
Were Seat Betts Worn?		O Yes	/O No	
Was Injured conveyed to hospital by an	bulance?	O Yes	/ O No	
DETAILS OF INJURED PERSON 2		MIG	/	
Name		/	/	
NRIC/FIN/ Passport		/		
Address		/		
Approximate Age				
Injuries Sustained				
If Vehicle Occupants, state in which vehi	cie?			
Were Seat Bolts Worn?		O Yes	O No	
Was Injured conveyed to Hospital by Am	ibulance?	O Yes	O No	
Declaration				
I/We declare that the above particulars &	information provide	d about our tour in	months because	
A . C		o ender the time to	every aspect	
- POLAL				
	Date & Time			
Signature of Policy Holder				
(Company Chop if applicable)				
/		257 (2012 (2014)) - 2843	0 - 2-	
/200	Date & Tarre	14/1/19	@ 2030.	
Signature of Driver / Date & Time		20 10 20 20	(5)	
(If Driver is not the Policy Holder)	V			

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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/peraurial 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 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 poece), for the purposic(s) of:
 - 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:
 - 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

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

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No

OWNER IC





DRIVER IC & DRIVING LICENCE









CERTIFICATE OF INSURANCE





AXA Insurance Pte Ltd

2 1800 880 4888 (Within Singapore) (85) 6880 4888 (International)

(65) 6880 4740

☑ customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number 09116

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

TAN KING MING Comprehensive

Certificate number

GA067275 / 1

Cover Plan name

Flexi BOS. Chassis number Engine number

ACR500191342 2AZ4A03186

NCD applicable Vehicle registration number

SKV8914P

Period of Insurance

from 07/10/2018 to 08/10/2019 (both dates inclusive)

Finance loan company

OCBC BANK LIMITED

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.

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, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vahicles (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.

FXCESS

Basic Own Damage Excess

SGD 400.00

Windscreen Excess

SGD 100.00

An Additional Excess is applicable as follows:

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

Additional clauses & endorsements to your policy

NII

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-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 atc.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 mor Contro WD1 01

1 of 3

AXA FORM

wher of Vehicle Number: 14 01 2019	
ollowing has been advised to you via your workshop, BH Auto through th	eir
You had been advised by the workshop that in the case that you wish to claim against your own police there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timefrant from the day of occurrence.	ry,
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.	e.
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.	10
There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare part have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses 8/c related charges incurred directly 8/or indirectly to the procurement of the spare parts.	ls or
The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.	e
You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.	e
For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.	Ö
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.	10000
others Reporting only	
acknowledge by	
	there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timefrant 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 to making due to this accident. There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is nother option except to indent it from overseas. There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare part have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses 8/c related charges incurred directly 8/or indirectly to the procurement of the spare parts. The estimated waiting time for the spare parts to arrive is



































