

## 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	18/01/2019 12:29
Date Of Accident	17/01/2019 14:30
Exact Location Of Accident	ALONG JALAN BUROH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9531B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIM SENG HECTOR
NRIC No	S1361233A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91387853
Alternative Phone No	OFFICE-91387853

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA126030/1
Cover Note Number	

### Driver

Name of Driver	LIM WEI SHENG HARRISON
NRIC No	S9035635F
Date Of Birth	26/09/1990
Occupation	INDOOR
Date Of Driving Pass	06/05/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91393786
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK211 BISHAN ST 23 #12-343
Postcode	570211
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NIL GENDER: : MALE

#### 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 TO STATEMENT

#### Attachment(s)

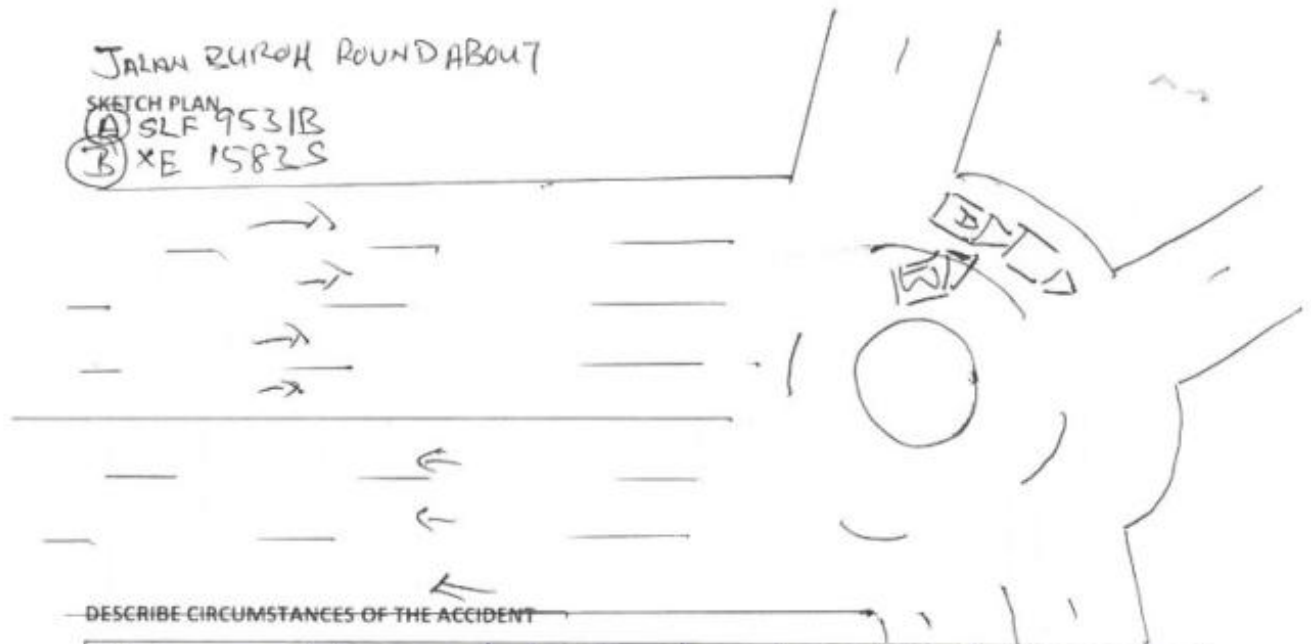
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1583S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

# Accident Sketch Plan



Weather was hot, clear and dry. I was driving along Jalan Buruh and came to the roundabout, following which was a traffic light at the roundabout. Came to a halt due to the red light. Been stationary and out of nowhere, trailer truck beside decided to change lanes abruptly before the light changed and hit into the front right (driver's door).

## 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.:

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

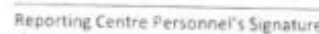
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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. 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.
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.:

# Common Statement

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident 17-01-2019 Time 14.30 pm Location of Accident JALAN BUREH ROUND ABOUT

INSURED/ POLICY HOLDER (VEHICLE A)  
Vehicle Registration Number  
Name of Policyholder  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)  
Address  
Contact Number  
Occupation

SLF 93313  
LIM KIM SENG HECTOR  
S1361233A  
B/K 211 BISHAN STREET 22 #12-343 (B570211)  
Tel Hp 91387853  
INDUOR

## 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?  
Vehicle category

Toyota  
Sedan MPV CRV Van Lorry Bus Motorcycle Others  
PRIVATE USE  
☒ Yes ☐ No Remarks 3rd party  
☒ Private ☐ Commercial ☐ Motorcycle

## INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company  
Type of Policy  
Fleet Policy  
Policy Number

AXIA  
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
☐ Yes ☒ No  
GA126030/1

## 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)

LIM WEI SHENH HARRISON  
S9025635F  
26-09-1990  
INDUOR  
06-05-2011  
☐ Male ☐ Female  
Tel Hp 91393786  
B/K 211, BISHAN STREET 22 #12-343 (B570211)  
☐ Yes ☒ No  
SON

## GENERAL INFORMATION OF THE ACCIDENT

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

TP HIT INSURED  
☒ Clear ☐ Raining ☐ Others  
☐ Wet ☒ Dry ☐ Others

## 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  
☒ No ☐ Yes

## Common Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

X12 15835

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

KU DALI

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

17/1/2019  
5.40 pm

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

Date & Time

**Authorization letter**

**18 January, 2019**

**To: Whom It May Concern**

**AUTHORIZATION LETTER**

Dear Sir/Madam,

This is to certify that I am the owner and policy holder for the said car license plate below:

SLF 9531 B

And that I have authorized BH Auto to repair the damage done during the accident that occurred yesterday 17 Jan 2019 at 2.30 pm

Yours Truly,

*Hector Lim*

.....  
Hector Lim Kim Seng  
NRIC : S1361233A  
Address: Block 211 Bishan Street 23  
#12-343 Singapore 570211  
Mobile No: 9138 7853  
Owner of Toyota Harrier- SLF 9531 B



# Identification Card



# AXA FROM



redlining 11/11/2017

Date 12/01/17

To: Owner of Vehicle Number SLF 95318

The following has been advised to you via your workshop, BH Auto Workshop through their staff, Seelogan

Please tick the applicable box if you had been advised on the content as seen below:

- ☐ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe 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 be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to import it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☐ 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.

Others 3rd party @ BH Auto Workshop

Signed and attested by

Name and signature of policyholder/authorized driver

Name and signature of workshop personnel including company stamp



redefining insurance

AXA Insurance Pte Ltd

1 800 880 4000 (Within Singapore)  
 (65) 6880 8888 (International)  
 (88) 6880 4240  
 email: net@axa.com.sg  
 www.axa.com.sg

## Certificate of Insurance

Accident number  
**03613**

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 183), Motor Vehicles (Third Party Risks and Compensation) Rules, 1990 (Road Transport Act, 1997) (Malaysia)  
 Motor Vehicles (Third Party Risks and Compensation) Rules, 1990 (Road Transport Act, 1997) (Malaysia)

### Policy details

Policyholder name	LIM KIM SENG HECTOR	Certificate number	04158839 / 1
Car	Comprehensive	Chassis number	25UG00071007
Plan name	Road	Engine number	3783774521
RCD applicable	35%		
Vehicle registration number	SLP95218		
Period of insurance	from 16/08/2008 to 15/08/2009 (each direction is a way)		
Finance firm company	HENLY ENTERPRISES SD (PTD) LTD		

### 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.

This policy does not cover - use for hire or reward, racing, speed-making, heretofore that, speed testing, the damage of goods other than damages in connection with any trade or business or use for any purpose in connection with motor tracks, or when the Motor Car, whether stationary or used or otherwise, is in or on a racing track, circuit, road, course or any other road, by whatever name called that are typically used for racing, speed-making or such similar purposes.

\* Limitations mentioned in accordance with Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 183) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

<b>EXCESS</b>	Basic Own Damage Excess	<b>S\$5,400.00</b>
	Workshop Excess	<b>S\$0.00</b>

An Additional Excess is applicable as follows:

1. S\$500 for Unlicensed Authorized Driver
2. S\$500 for Licensed Young and Inexperienced Driver
3. S\$5,000 for Unlicensed Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if you have chosen AXA premium Workshop.

### Additional clauses & endorsements to your policy

(a)

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 183) and Part (a) of the Road Transport Act, 1997 (Malaysia).

AXA Insurance Pte Ltd



Authorized 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. 183).

The Premium Waiver Clause requires the premium to be paid in full with a specific sum of money when there would be no liability under the policy, namely certificate, endorsements, etc.

# Identification Card

REPUBLIC OF SINGAPORE		
IDENTITY CARD NO. S9035635F		
	Name	LIN WEI SHENG, HARRISON (LIN WEISHENG)
	Race	CHINESE
	Date of birth	00-09-1990
	Country of birth	SINGAPORE

		0778888
	Identity No.	S9035635F
	Date of birth	00-09-2000
	Address	APT BLK 211 NEMH STREET 23 #12-243 SINGAPORE 070211

## Driving License



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo









