

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	22/01/2019 15:42
Date Of Accident	21/01/2019 07:35
Exact Location Of Accident	ADAMS RD AND DUNEARN RD TRAFFIC LIGHT TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC22R
Insured/Policyholder	
Name Of Registered Owner	SHAW MING JEONG FRANK @ SHAO FRANK
NRIC No	S1096092D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96397778
Alternative Phone No	OFFICE-96397778

Vehicle Particulars

Manufacturer	LAMBORGHINI
Model	AVENTADOR LP700-4-6.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
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	VPX/P1168186
Cover Note Number	-

Driver

Name of Driver	SHAW MING JEONG FRANK @ SHAO FRANK
NRIC No	S1096092D
Date Of Birth	22/03/1942
Occupation	INDOOR
Date Of Driving Pass	04/07/1963
Driving Experience	55 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96397778
Fax Number	(LOCAL) +65-96397778
Contact Number	OFFICE-96397778
Email Address	NOEMAIL

Address	22 CAMBORNE ROAD
Postcode	299867
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED STATEMENT

Attachment(s)

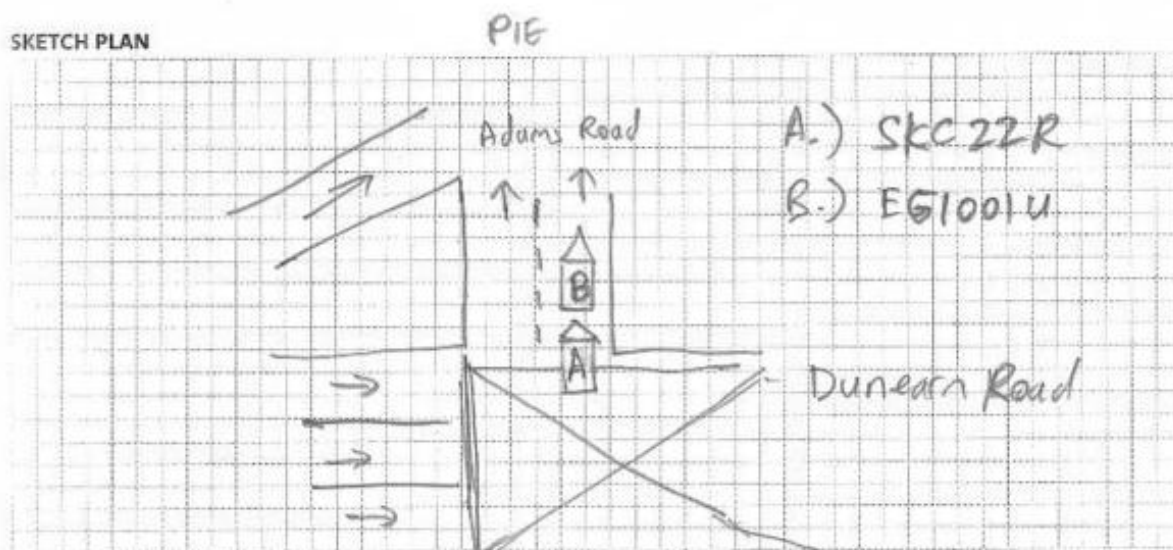
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EG1001U
Vehicle Make/Model/Colour	BMW / SUV / WHITE
Details Of Properties	REAR BUMPER DENT
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)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards Vicoom at Sin Ming when the accident happened. At the intersection of Adam Road and Dunearn Road. towards PIE. The car ahead of me suddenly jam braked and I cannot stop in time. The exact location is just inside the yellow box at the Adams Road and Dunearn Road traffic light towards PIE.

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time:

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

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name: **RICHARD HARGATE**

NRIC/FIN No.: **F05406577W**

Sketch Plan #2

SKETCH PLAN


IMPORTANT NOTICE

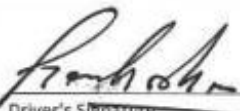
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8. Consent under the Personal Data Protection Act (PDPA)

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: **RICHARD HARGANTO**
NRIC/FIN No.: **F0546577W**

Driver ID



AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA-Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M

**Original**Agent Code: **01948**Policy No. (if any): **VPX/P1168186****Renewal**

SmartDrive Quote Ref:

MOTOR COVER NOTE**No. CN879420**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	SHAW MING JEONG FRANK @ SHAO FRANK
MAKE AND DESCRIPTION OF VEHICLE	LAMBORGHINI AVENTADOR LP700-4
VEHICLE REGISTRATION NO.	SKC22R
YEAR OF MANUFACTURE	2012
ENGINE NO.	L53900985
CHASSIS NO.	ZHWEC1476CLA00687
ENGINE CAPACITY/TONNAGE	6498 C.C
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	N/A
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 22/03/2018 TO: 21/03/2019
EXCESS (S\$)	S\$10,000 (SINGAPORE), S\$20,000 (OUTSIDE SINGAPORE INCL FIRE & THEFT), S\$500 (WINDSCREEN)
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE 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**

Issued by **ANIKA INSURANCE BROKERS & CONS** on **15/02/2018 3:15pm**

Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

• Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.

• An administrative fee of S\$26.75 (inclusive of GST) will be charged:

- Cover note issued and cancelled before inception.
- Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTYFor Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTRC/NOTE/001/03

Accident Photo



Accident Photo



Accident Photo

