SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	29/01/2019 13:43
Date Of Accident	28/01/2019 17:25
Exact Location Of Accident	JUNCTION OF EDGEDALE PLAINS & PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH2067J
Insured/Policyholder	
Name Of Registered Owner	LEE PETER
NRIC No	S0535273H
Email Address	JONJON_HERE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90253555
Alternative Phone No	OTHERS-98216999
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC IMA A
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	GA382540
Cover Note Number	03/08/2018 - 02/08/2019
Driver	
Name of Driver	JONATHAN LEE JUN
NRIC No	S9224759G
Date Of Birth	22/07/1992
Occupation	INDOOR
Date Of Driving Pass	13/03/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98216999
Fax Number	

JONJON HERE@HOTMAIL.COM

Address BLK 679A PUNGGOL DRIVE #14-878

Postcode 821679

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 - 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] PUNGGOL NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

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

Was there any audio recorded?

110

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA8162M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN		derigop levi
Date of Accident: <u>28 Januar 19</u> My Vehicle A : <u>SJH 2067 J</u> v	Time: 17:25 L	ocation: Junction of Edgedole Plains and
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Edgechu	le Plains	
ESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	
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a right town. When t	he trackle light to	arned green I moved forward
		cars ahead suddenly stopped and
I could not break in t	inc , thus, hitting	the tax war out.
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) Claim OD/TP at Ah Lim Mot	or () Claim OD/TP at o	other workshop () Reporting Only
		(V) respecting only
Remarks : Please forward a copy	of my efile accident repor	rt to:
My workshop:		
email address:		
& myself :		
email address:		
Note: Please take note that your	insurer have 14 days time	eframe for you to submit own damage
dann under your own policy. Kir		insurer for more information.
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PECLARATION We declare the foregoing particulars are	true in every respect.	THE WOOD
PECLARATION We declare the foregoing particulars are object to the foregoing particulars are object. The foregoing particulars are object.	true in every respect.	Reporting Centre Personnel's Signature
OFCLARATION We declare the foregoing particulars are object to the foregoing particulars are object.	true in every respect.	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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: 29/01/19

11:34 am

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

GIARMC SketchPlanForm_V3

1

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that <u>Jonathan Lee Jun</u>, NRIC/FIN <u>S9224759G</u>, HP: <u>98216999</u> has reported to the Police a non-injury traffic accident which occurred along <u>Edgedale</u>

9 h

Plains (from Punggol Drive direction), junction of Punggol Central on 28/01/2018 at

1725 pm involving the following vehicles:

Punggol NPC 21A Tebing Lane S (828837) Tel: 1800-604-9999

- 1) SJH2067J black colour Honda Civic (Complainant's vehicle)
- 2) SHA8162M yellow taxi
- If this accident was reported to the Police within 24 hours of its occurrence, Then
 he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt Agnes Ang

Date: 29/01/2019 Time: 1250hrs

S/D Ref: <u>40</u>

Police Post/Unit: Punggol NPC 21A Tebing Lane 5 (828837)

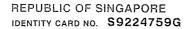
Tel: 1800-604-9999

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

	To Whom It May Concern,	g.
	Accident involving my vehicle no. <u>STH20675</u> on <u>28/01/2019</u> (date) with <u>SAA 8162 M</u> (other vehicle no) along <u>Junction of Edge date Plains and Punggol</u>	(entr
	I, LEF PETER Nric No. SOC35 273 H	
	Owner of vehicle no. S3H 20673 am aware of the accident of my vehicle on	
	28/01/19 (Date) while car was driven by Jonathan Lee Jun	
	Nric No. 592247596 . I hereby, authorise him / her to make the report.	
	Name Date: 28/01/19	
	To fill in if there is a OD claim	
	I am aware of the circumstances and agreeable to claim my own insurance for the	
	above accident.	
Χ		
/	Name	
	Date:	







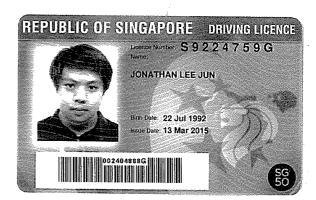
JONATHAN LEE JUN



Race CHINESE

Date of birth 22-07-1992 Country/Place of hirth

S9224759G



meel: jonjon_here@hotmail.com

5927165



13-04-2018

APT BLK 679A PUNGGOL DRIVE #14-878 SINGAPORE 821679

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 13 Mar 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A





AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

⊠ customer.care@axa.com.sg

Certificate of Insurance

account number 05579

-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 Cover

Period of Insurance

Plan name

LEE PETER

Comprehensive Essential

Certificate number Chassis number Engine number

GA382540 / 1 JHMFD362085213590 LDA23043078

NCD applicable Vehicle registration number

SJH2067J

from 03/08/2018 to 02/08/2019 (both dates inclusive)

Finance loan company TOKYO CENTURY LEASING (S) PTE LTD

Persons or classes of persons entitled to drive*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
 - 1. JONATHAN LEE JUN
- (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*

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 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,

EXCESS

Basic Own Damage Excess

Windscreen Excess

SGD 800.00

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

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

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,

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

1 of 3

Æ	WA.	redefining / insurance			
Da	ite:	$\frac{9/(19)}{\text{SIH}} = \frac{3067}{\text{J}}$			
То	: Own	er of Vehicle Number: STH 8067 T			
Th sta	The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila Eileen L'Mui Hong.				
Please tick the applicable box if you had been advice on the content as seen below:					
Į-	4	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 indent 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 <i>any combination</i> 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 <u>Own Damage</u> 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			
		nd acknowledge by: Ad signature of policyholder/authorised driver			
Section of positional desirations and the section of the section o					
Name and spineture of workshop personnel including company stamp					





















