## 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.

7. By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	31/01/2019 17:21
Date Of Accident	31/01/2019 14:00
Exact Location Of Accident	PIE TWDS CHANGI ARD TOA PAYOH SAFRA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB4325H
Insured/Policyholder	
Name Of Registered Owner	LIM BOON HAO
NRIC No	S8631189E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94248400
Alternative Phone No	OFFICE-94248400

**Vehicle Particulars** 

**HONDA** Manufacturer Model **STREAM** 

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?

THIRD PARTY 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 GA432053

Cover Note Number

**Driver** 

Name of Driver LIM BOON HAO NRIC No S8631189E Date Of Birth 28/10/1986 Occupation **OUTDOOR Date Of Driving Pass** 14/06/2007

**Driving Experience** 11 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94248400

Fax Number

OFFICE-94248400 Contact Number

**EMail Address NOEMAIL**  Address BLK 504 JELAPANG ROAD #12-354

Postcode 670504

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

GENDER: : MALE

Passenger 3 NAME: : UNKNOWN

GENDER: : MALE

Passenger 4 NAME: : UNKNOWN

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**

ON THE STATED DATE AND TIME, VEHICLE A WAS TRAVELLING STRAIGHT ON THE STATED VENUE. DUE TO THE FRONT VEHICLE BRAKE AND STOP, I FOLLOWED SUIT AND CAME TO A COMPLETE STOP. SUDDENLY, VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE.

### 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 SMF6235P

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR CHIA SONG KWAN

### Sketch Plan Pg. 1

#### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 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:

subject to displacement

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

SKETCH PLAN		
		Vehicle A: SJB 4325H Vehicle B: SIMF 6235P
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
On the gratest date	I & time. I, vehicle A wa	s travelling straight on
The stated venue. Du	e to the infant vehicle brake	& stop. I followswit and
lame to a complete	stof Suddenly, Velicle B	his onto the year
partion of my valide.		
forther the state of		
		A Committee of the Comm
		***************************************
		And the second s
DECLARATION  /We declare the foregoing particulars a	are true in every respect.	
lips	h	
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.:

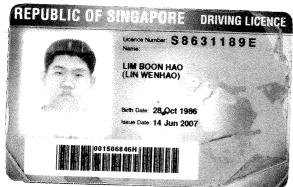
GIARMC SkatchPlanForm, V3

## Sketch Plan #3 Pg. 1

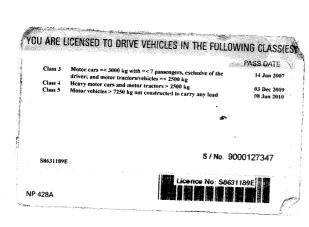
# <u>LETTER OF UNDERTAKING</u>

I/We, CIM GOON HATO	_, the owner of vehicle no	0. <u>3JB 4325H</u>
My/Our Insurance is under M/s AXA Insuraclaim under my/our Policy or against the Tl such a claim to M/s AXA Insurance Pte Ltd within 14(fourteen) days of occurrence of	nird Party and if the forme with all relevant facts and	er shall submit
My/Our Third Party claim is handle by my/	our preferred workshop, _	•
Signed and Acknowledge by:		
Nric no. & signature of policyholder	Company stamp	21/01/2019 Date

### Sketch Plan #4 Pg. 1













AXA Insurance Pte Ltd

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

(65) 6880 4740

☑ customer.care@axa.com.sg

www.axa.com.sg

# Certificate of Insurance

account number 15423

-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

LIM ROON HAO

Certificate number

GA432053 / 1

Cover Plan name Comprehensive Essential

Chassis number Engine number

RN61055693 R18A1762298

NCD applicable Vehicle registration number

10%

SJB4325H

from 11/01/2019 to 10/01/2020 (both dates inclusive)

Period of Insurance Finance loan company

GV CREDIT PTE 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.

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 600.00 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

#### 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.

1 of 3

## **Accident Photo**

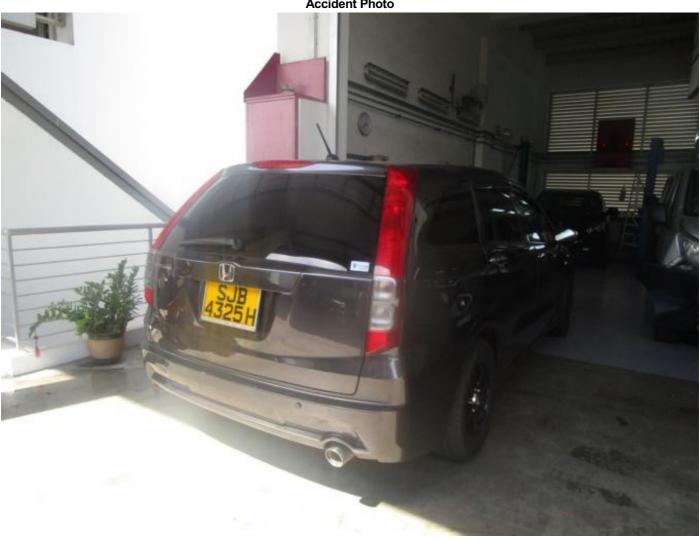








# **Accident Photo**



## **Accident Photo**

