

## 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	31/01/2019 18:56
Date Of Accident	31/01/2019 08:35
Exact Location Of Accident	UBI AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF9219R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAL LINE PTE LTD
Co Reg No	200803574C
Email Address	ANDYPOH@PALLINE.COM.SG
Mobile Phone No	(LOCAL) +65-83339219
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC250 4MATIC AMG LINE (R19 LED SR)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	GA276302/1
Cover Note Number	12/10/2018 TO 11/10/2019

### Driver

Name of Driver	POH AH LENG
NRIC No	S8114348Z
Date Of Birth	13/05/1981
Occupation	INDOOR
Date Of Driving Pass	12/12/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83339219
Fax Number	
Contact Number	
EEmail Address	ANDYPOH@PALLINE.COM.SG

Address	51C LENGKONG EMPAT #03-01
Postcode	417660
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
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

REFER TO SKETCH PLAN

#### 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	GBC6806M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DAVIS TAN -TAN KWANG HUAT
NRIC/Passport Number	S7348392A
Contact Number	97768775
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

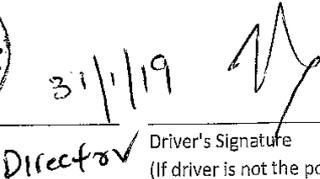
AxA  
Vehicle: - SKF  
9219R

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. 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)**

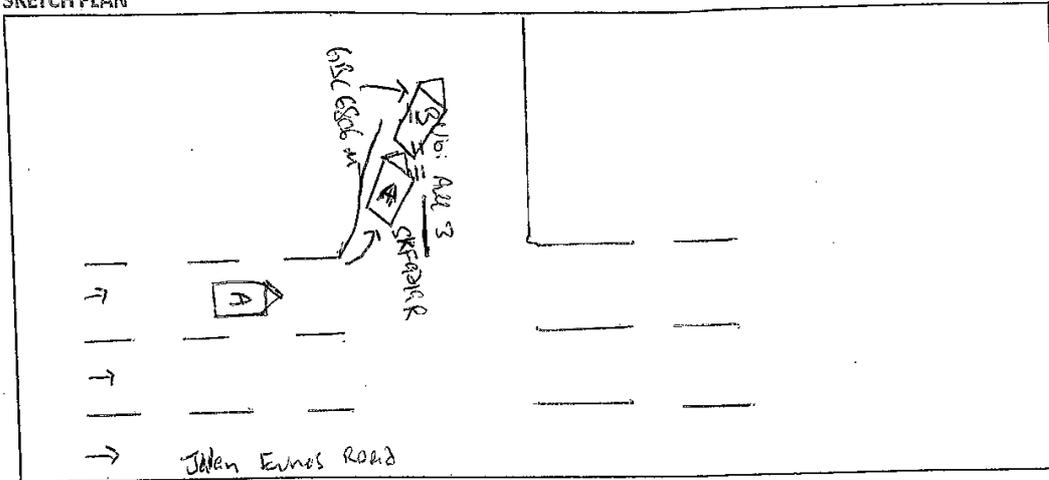
I understand, acknowledge, agree and consent that:

- (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.:
		Mel 31/1/19

Sketch Plan Pg. 2

Date of accident: 31/01/2019 Time: 0836 hrs Location: Ub: Aul 3  
 My Vehicle A: SKF R31AR Vehicle B: GBC 6806 M Vehicle C: /  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B in front suddenly stop. I, vehicle "A" applied emergency brake and vehicle A inch forward vehicle B my right rear bumper.

Claim OD/TP at Ah Lim Motor  Claim OD/TP at other workshop  Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :  
 Email address :  
 & myself :  
 Email address : andypoh@palline.com.sg

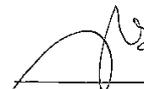
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature:  Date & Time: 31/1/19  
 Director

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

Reporting Centre Person's Signature:   
 Name: Mei  
 NRIC/FIN No.: 311119



redefining / insurance

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  
**14684**

-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

<b>Policyholder name</b>	<b>PAL LINE PTE LTD</b>	<b>Certificate number</b>	<b>GA276302 / 1</b>
<b>Cover</b>	<b>Comprehensive</b>	<b>Chassis number</b>	<b>WDC2539462F294862</b>
<b>Plan name</b>	<b>Flexi</b>	<b>Engine number</b>	<b>274920311.29125</b>
<b>NCD applicable</b>	<b>20%</b>		
<b>Vehicle registration number</b>	<b>SKF9219R</b>		
<b>Period of Insurance</b>	from <b>12/10/2018</b> to <b>11/10/2019</b> (both dates inclusive)		
<b>Finance loan company</b>	<b>DBS BANK LTD</b>		

### Persons or classes of persons entitled to drive\*

(a) Any Named Driver as stated in the Policy:

1. POH AH LENG

(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.

<b>EXCESS</b>	Basic Own Damage Excess	<b>SGD 600.00</b>
	Windscreen Excess	<b>SGD 100.00</b>

An Additional Excess is applicable as follows:

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

### Additional clauses & endorsements to your policy

Nil

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 falling which there would be no liability under the policy, renewal certificate, endorsement etc.

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

Driver's Particulars- Briefings & LA Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8114348Z**

Name: **POH AH LENG (FU YALONG)**

Birth Date: **13 May 1981**

Issue Date: **20 Dec 2003**

001057124C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8114348Z**

Name: **POH AH LENG (FU YALONG)**

傅亞龍

Race: **CHINESE**

Date of birth: **13-05-1981** Sex: **M**

Country of birth: **SINGAPORE**

S8114348Z




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		PASS DATE
Class 2B	Motorcycles <= 200 CC	02 Feb 2008
Class 2A	Motorcycles between 201 CC and 400 CC	19 Nov 2002
Class 3	Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	12 Dec 2002
Class 4	Heavy motor cars and motor tractors > 2500 kg	05 Jun 2017
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	02 Aug 2017

S / No.9000272139

S8114348Z

NP.428A

Licence No: S8114348Z



4839177

NRIC No: **S8114348Z**

Date of issue: **15-03-2012**

51C LENGKONG EMPAT #03-01 SINGAPORE 417660

NRIC No: **S8114348Z** Date: **02/03/2017**




Driver's Particulars- Briefings & LA Pg. 3



redefining/insurance

Date: 31/01/2019

To: Owner of Vehicle Number: BKF 9219R

The following has been advised to you via your workshop, Ah Lim Motor Co through their staff, Hally.

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

(X) 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.

(X) 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 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

Signed and acknowledged by:

[Signature] Director

Name and signature of policyholder/authorised driver

[Signature] 31/1/19
Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

