

## 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	12/02/2019 10:05
Date Of Accident	10/02/2019 16:20
Exact Location Of Accident	BLK 610 CLEMENTI WEST ST 1 HDB CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX693T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAM CHUNG FATT
NRIC No	S1706392H
Email Address	GEOLAM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97634871
Alternative Phone No	OTHERS-97634871

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (A)
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	P2184485
Cover Note Number	27/09/2018 - 26/09/2019

### Driver

Name of Driver	LAM CHUNG FATT
NRIC No	S1706392H
Date Of Birth	24/06/1965
Occupation	INDOOR
Date Of Driving Pass	03/02/2006
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97634871
Fax Number	
Contact Number	OTHERS-97634871
EEmail Address	GEOLAM@HOTMAIL.COM

Address	BLK 401 JURONG WEST STREET 42 #08-537
Postcode	640401
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	COLLIDED INTO PARKED VEHICLE
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)	3
Passenger 1	NAME: : CHURN HUI LENG GENDER: : FEMALE
Passenger 2	NAME: : CALEB RYAN LAM XUAN PIN 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

REFER TO ATTACHED STATEMENT AND SKETCH 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?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS8017U
Vehicle Make/Model/Colour	
Details Of Properties	
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 Pg. 1**  
**SKETCH PLAN**

SKX 693T

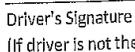
**IMPORTANT NOTICE**

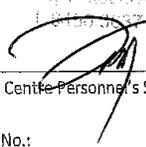
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material 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:

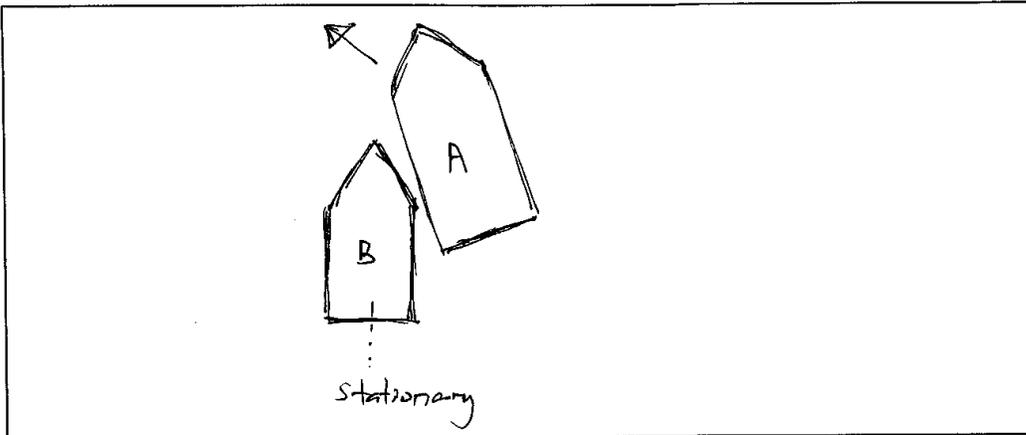
  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA RECORDS MANAGEMENT CENTRE  
(GIA RECORDS MANAGEMENT)  
14, Sin Ming Drive, #05-12  
Singapore 117602 (Singapore 054 661 1111)  
Tel: 6456 1922 Fax: 6456 1923

Sketch Plan Pg. 2

Date of accident: 10 FEB 19 Time: 1622 hrs Location: BK 610 CEMENTI WEST ST 1 HDB CARPARK  
 My Vehicle A: SKX 6937 Vehicle B: SKS B017 U Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B was stationary. Vehicle A turned too sharply when exiting the parking lot, damaging the front right of vehicle B.

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: Borned Motors

My workshop :

Email address :

& myself :

Email address : geslam@hotmail.com

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.

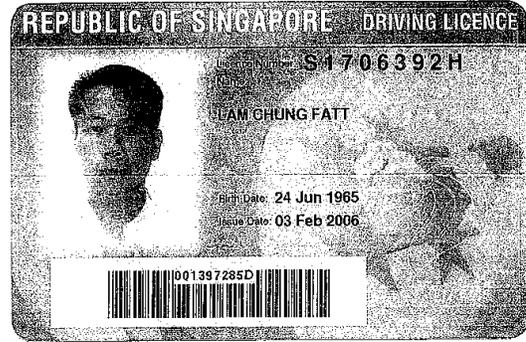
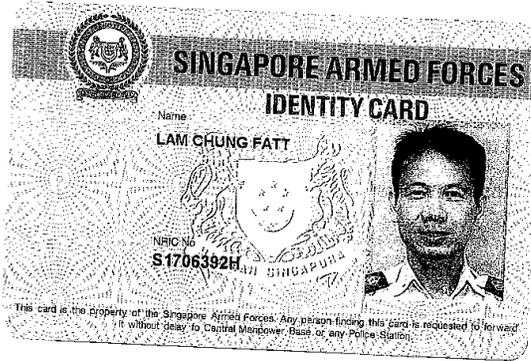
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Carbery SketchPlanForm\_V2

AH LIM MOTOR COMPANY



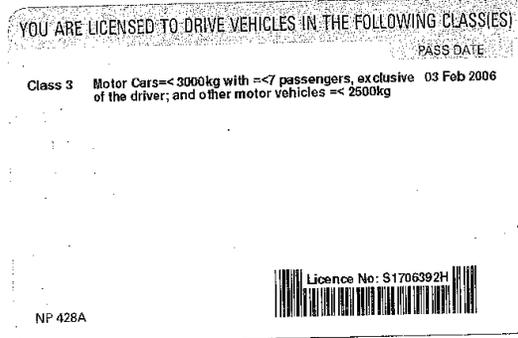
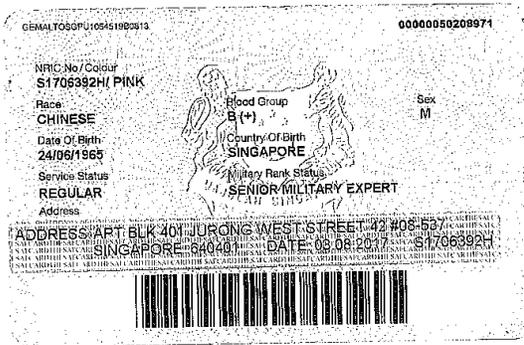
18 97634821

clear & dry

no lacer / no injury.

- Churn Hui Leng, female

- Caleb Ryan Lam Xuan Pin, male



Sketch Plan Pg. 4

AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 Tel:1800 8804888 Fax:-  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.care@axa.com.sg



Private Cars COMP  
 POLICY SCHEDULE  
 NEW BUSINESS  
 Original

<b>POLICY INFORMATION</b>		Policy No. : VPA/P2184485	
Source	:	(01) 14885 BMS-AXA TOYOTA NB	
Insured	:	LAM CHUNG FATT	
Address	:	BLK 401 JURONG WEST ST 42 #08-537 SINGAPORE 640401	
Business/Profession	:	OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	:	From 27/09/2018 To 26/09/2019 (Both Dates Inclusive) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.	
<b>PREMIUM</b>			
Premium After 50.00% NCD	:	SGD 1,449.53	
GST 7.00%	:	SGD 101.46	
Annual Premium	:	SGD 1,550.99	
Total Payable	:	SGD 1,550.99	
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	:	Comprehensive	
Regn No.	:	SKX693T	
Type Of Use	:	Private Car	
Make/Model	:	TOYOTA HARRIER 2.0 TURBO	
Year of Manufacture	:	2018	Seating Capacity (excl. Driver) : 04
Body Type	:	SPORTS UTILITY VEHICLE	Engine C.C. : 1998
Engine No.	:	8ARZ135886	
Chassis No.	:	JTEKB3GH60J002860	
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	:	As specified in Certificate of Insurance	
Hire Purchase	:	DBS BANK LTD	
<u>Extra Coverage (Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
Basic Own Damage Excess			: SGD 600.00
<u>Named Drivers</u>			
1 LAM CHUNG FATT			
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : BSTL029			

Sketch Plan Pg. 5



redefining / Insurance

Date: 12/2/2019

To: Owner of Vehicle Number: SKX 6937

The following has been advised to you via your workshop, AM LIN MOTOR COMPANY through their staff, Mei Kw

Please tick the applicable box if you had been advice 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 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 claim OD at Borneo

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

[Signature]  
Name and signature of workshop personnel including company stamp

AM LIN MOTOR COMPANY  
PUNJAB GARAGE  
176, Sun Lake Drive, #03-12  
SUNWAY 571/721  
Tel: 6460 3637 Fax: 6460 3638

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

