

## 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	06/03/2019 12:12
Date Of Accident	24/02/2019 10:45
Exact Location Of Accident	CAR PARK GANTRY OF BLK 547 CHOA CHU KANG ST 52
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBK38K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KIM CHU
NRIC No	S1031595F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98716645
Alternative Phone No	OTHERS-98716645

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	ML300
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?	NO
If 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	GA099674/1
Cover Note Number	

### Driver

Name of Driver	LEE KIM CHU
NRIC No	S1031595F
Date Of Birth	14/09/1945
Occupation	INDOOR
Date Of Driving Pass	13/11/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98716645
Fax Number	
Contact Number	OTHERS-98716645
Email Address	NOEMAIL

Address	56 SPRINGSDIE VIEW
Postcode	786116
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	SIDE SWIPE
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: : SOH CHAI XIN GENDER: : FEMALE
Passenger 2	NAME: : WONG WEE SIONG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20190225/2035.

#### 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	SKZ5230C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

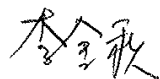
**IMPORTANT NOTICE**

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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:

6-3-19

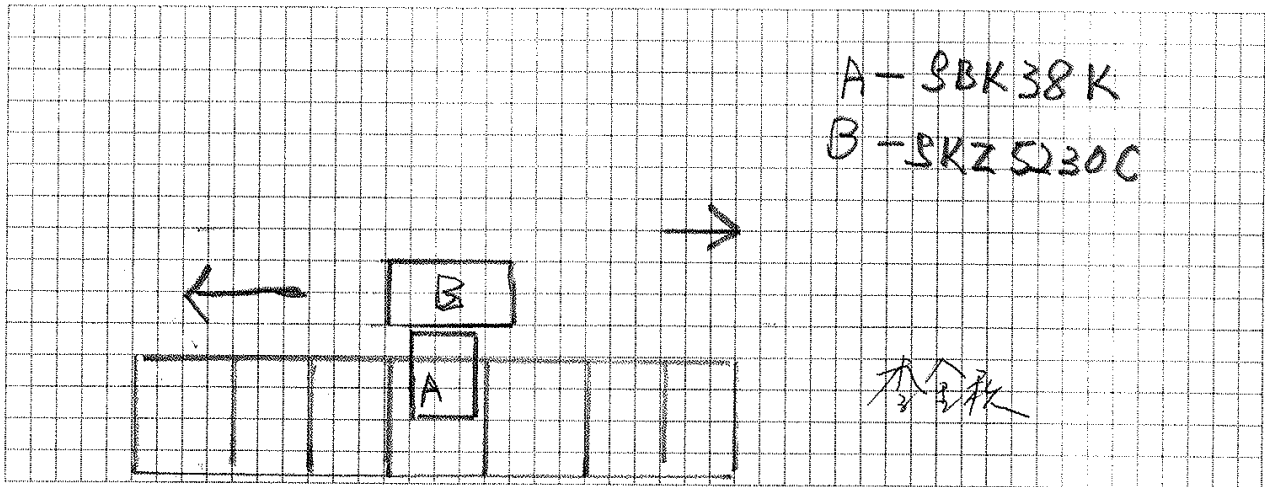
*(Signature of Policyholder)*

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



Reporting Centre Person's Signature  
Name:  
NRIC/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach police report.

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.



- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

*李金秋*

Policyholder's signature  
Date & Time

6-3-19

Driver's Signature  
(if driver not the policyholder)  
Date & Time

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



SINGAPORE  
POLICE FORCE

T/20190306/2098

1 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20190306/2098

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2019 15:26		Vide Report No.:		Station Diary No. 121
<b>Informant's Particulars</b>				
Name of Informant: LEE KIM CHU		Address: 56 SPRINGSIDE VIEW SINGAPORE 786116		
ID Type / ID No.: NRIC NO / S1031595F		Contact No.: Home/Office:		Mobile: 98716645
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 73	Date of Birth: 14/09/1945	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: SUPERVISOR		Driving Licence Information: Class:		Date of Expiry:

#### General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/02/2019 10:45	Type of Location: Car Park
Location: Along Road 1 CHOA CHU KANG STREET 52  CARPARK GANTRY OF BLK 547 CHOA CHU KANG STREET 52				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SBK38K	Car	MERCEDES BENZ	ML300	Silver	Slightly Damaged	2
SKZ5230C	Car				Slightly Damaged	0

#### Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SBK38K	AXA INSURANCE SINGAPORE PTE LTD	GA249417	28/09/2018	27/09/2019



POLICE FORCE

T/20190306/2098

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20190306/2098

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE KIM CHU	ID No.	S1031595F
Related Vehicle	SBK38K (Car)	Contact No.	98716645
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SAM	ID No.	NIL
Related Vehicle	SKZ5230C (Car)	Contact No.	81130823
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 24/02/2019 at about 1047hrs, I was driving my car SBK38K exiting the gantry of carpark at Blk 547 Choa Chu Kang Street 52 when the front of my car side swiped another car, SKJ5208C.

The accident took place when my vehicle was exiting from one of the car park lot, towards the gantry. As I was slowly inching forward, suddenly there was a vehicle (SAM, HP: 81130823) with the registered number of SKZ5230C who was travelling along the main road of the said carpark, and subsequently the front side of my vehicle has scratched the left side of the said vehicle.

Subsequently after the accident, we exchanged contact details. On that day itself, the said driver namely Sam, HP: 81130823 has informed me that it was ok to settle it privately. However, on the 25/02/2019 at about 0953hrs Sam informed me that he had made a police report and told me to do the same.

I wish to state that I am willing to pay for said repairs on Sam's car if the said repair charges are acceptable, however if the costs are cheaper on my side I would recommend him to fix it at my workshop. I also wish to state that the damages are very minimal, I only scratches near the left rear side tyre.



SINGAPORE  
POLICE FORCE



T/20190306/2098

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No: T/20190306/2098

CONTINUATION OF REPORT



Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2889999

4 of 4  
Report No: T/20190306/2098

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/  
Sgt 2 PERRY P NG WEE PHONG

Signature Of Informant:

*[Handwritten Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

06/03/2019 15:26

Officer In Charge Of Case:

TP / GIA /  
Staff Sgt WONG SIEU LUI

Classification Of Case

Contact No: 65476151

SN 126

Authentication Stamp

Signature:

*[Handwritten Signature]*

Singapore Police Force

Sketch Plan Pg. 7

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1031595F



Name

LEE KIM CHU

Race

CHINESE

Date of birth

14-09-1945

Sex

M

S1031595F

Country/Place of birth

SINGAPORE



5988424



NRIC No. S1031595F

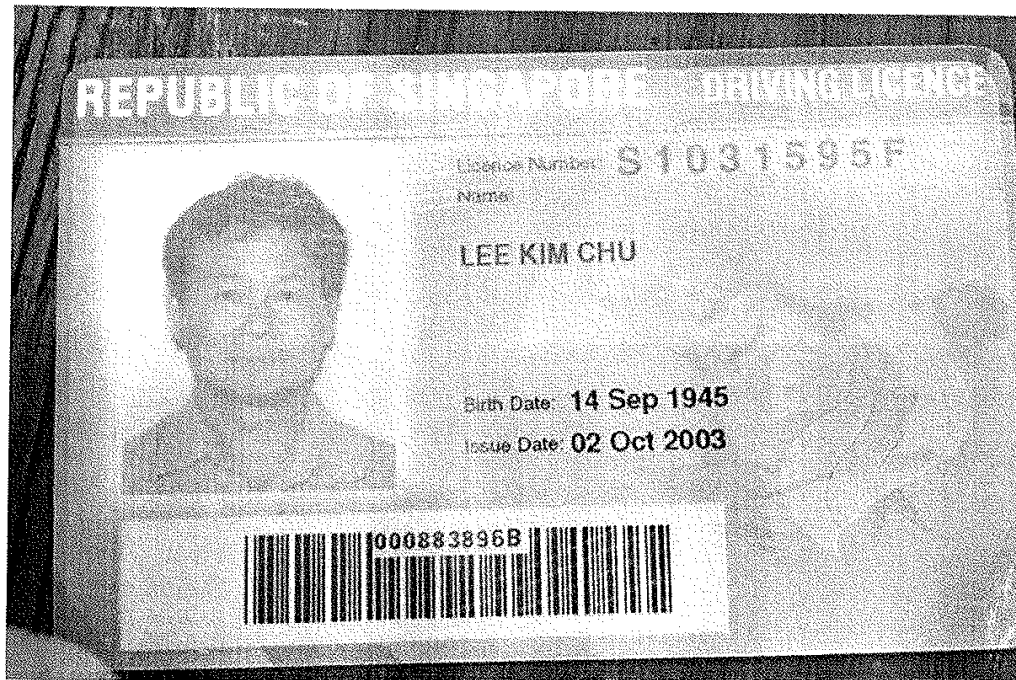
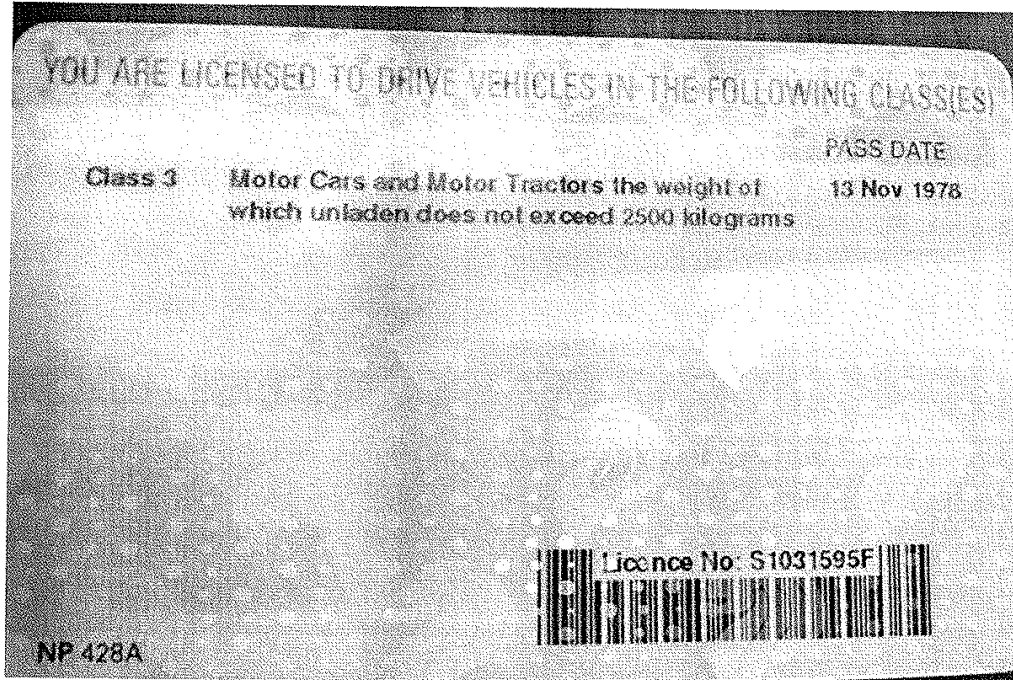


Date of issue

27-07-2018

Address

56 SPRINGSIDE VIEW  
SINGAPORE 786116



## Sketch Plan Pg. 9



redefining / insurance

Date: 06/03/2019

To: Owner of Vehicle Number: SBK38K

The following has been advised to you via your workshop, ETHOZ PROTECT PTE LTD through their staff, JACKSON TEO.

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 \_\_\_\_\_

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



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  
10955

-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>	LEE KIM CHU	<b>Certificate number</b>	GA099674 / 1
<b>Cover</b>	Comprehensive	<b>Chassis number</b>	WDD2211542A186813
<b>Plan name</b>	Peace	<b>Engine number</b>	27294630793097
<b>NCD applicable</b>	50%		
<b>Vehicle registration number</b>	SBK38K		
<b>Period of Insurance</b>	from 29/04/2017 to 28/04/2018 (both dates inclusive)		
<b>Finance loan company</b>	HUI HUA 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

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



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

27 February, 2019

**LEE KIM CHU**  
56 SPRINGSIDE VIEW  
SINGAPORE 786116

Dear Sir,

**OUR REF : CC4/ASM19003678/fa3 // S9M01FAL**  
**YOUR REF : SBK 38K**  
**ACCIDENT INVOLVING SBK 38K AND SKZ 5230C ON 24/02/2019 ALONG/AT**  
**CARPARK AT BLK 547 CHOA CHU KANG STREET 52 S 680547**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

