

## 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 09:54                    |
| Date Of Accident           | 05/03/2019 08:30                    |
| Exact Location Of Accident | INFRONT OF 40B LORONG H TELOK KURAU |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJK6035J             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | YAP CHEE CHIANG      |
| NRIC No                     | S2724546C            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-81806988 |
| Alternative Phone No        | OTHERS-81806988      |

### Vehicle Particulars

|                                                                              |                  |
|------------------------------------------------------------------------------|------------------|
| Manufacturer                                                                 | HONDA            |
| Model                                                                        | STREAM-1.8 X (A) |
| 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                                       | THIRD PARTY      |
| Vehicle Category                                                             | PRIVATE CAR      |

### Insurance Company

|                           |                       |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE         |
| Fleet Policy              | NO                    |
| Policy Number             | P1855458              |
| Cover Note Number         |                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | YAP CHEE CHIANG       |
| NRIC No              | S2724546C             |
| Date Of Birth        | 08/07/1948            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 23/06/2004            |
| Driving Experience   | 14 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-81806988  |
| Fax Number           |                       |
| Contact Number       | OTHERS-81806988       |
| Email Address        | NOEMAIL               |

|                                                     |                                       |
|-----------------------------------------------------|---------------------------------------|
| Address                                             | 40B LORONG H TELOK KURAU<br>SINGAPORE |
| Postcode                                            | 426029                                |
| 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 - U-TURN |
| 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)                                                     | 2                                |
| Passenger 1                                                                                 | NAME: : WIFE<br>GENDER: : FEMALE |

#### 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

TP U-TURN HIT INSURED REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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 | SMJ2599U    |
| 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

### 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:

6/3/19

9:50am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

pramen

## Sketch Plan #2

### SKETCH PLAN

refer to attached.

Vehicle  
A -  
B -

Legend

|                                                                                     |                                                                                     |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |
| Vehicle                                                                             | Motorcycle                                                                          |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to attached.

## DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

9:50 AM  
6/3/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

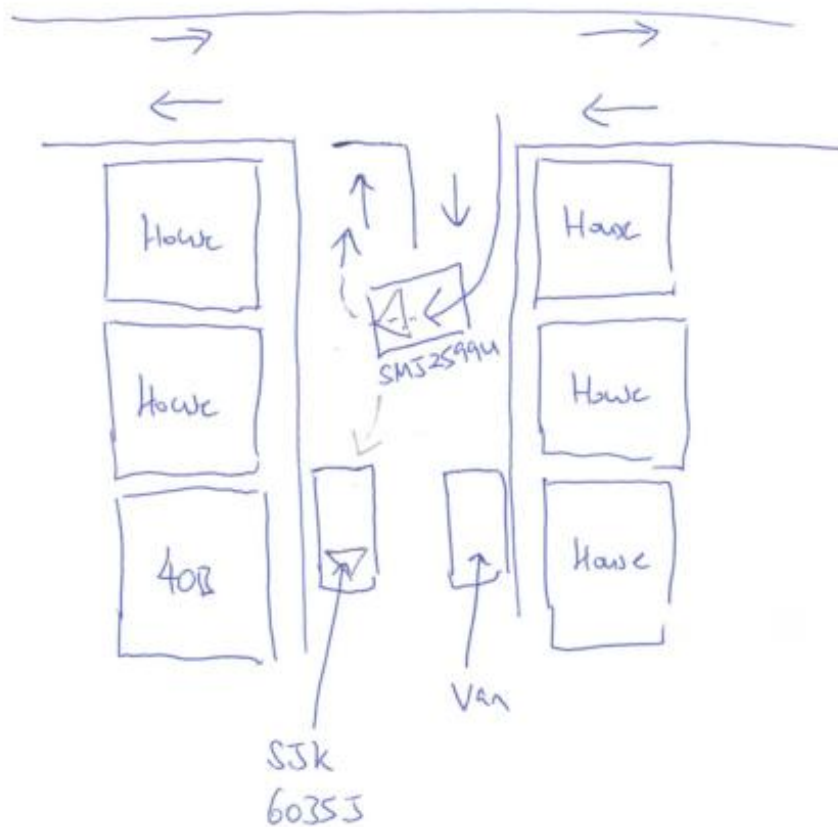
Name:

NRIC/FIN No.:

0050110

penetration

### Sketch Plan #3



- ① SMJ 2599U vehicle turning in at fast speed, trying to make a quick U-turn.
- ② SMJ 2599U hit onto my vehicle in the course of action.
- ③ At residential houses, vehicle SMJ 2599U should not be making illegal U-turn and at fast speed.

# Accident Sketch Plan

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

|                                                                                                  |  |                                                                                                                                     |  |                                                                                                          |  |                                                                                                       |  |
|--------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|
| 1 Date of accident<br>5/3/19                                                                     |  | Time<br>0830                                                                                                                        |  | 2 Exact location of accident<br>Infront 40B Lorong H Telok Kurau                                         |  | To be signed by BOTH drivers                                                                          |  |
| 3 Injuries even if slight<br>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |  | 4 Material damage<br>To vehicles other than vehicles A and B<br>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |  | 5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) |  | Vehicle Video Camera Available<br>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |  |

Registration No. SK60353

6 Insured / policyholder (see insurance cert.)  
Name Yap Chee Chiang  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. S2724546C  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP 81806988

7 Vehicle Honda Stream  
Make, type 1.8XA

8 Insurance company AAA ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. P1855458

9 Driver ☒ Same as Owner  
Name \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence 3  
HP \_\_\_\_\_  
Gender Male ☒ Female ☐

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

|                          |                                                 |
|--------------------------|-------------------------------------------------|
| <input type="checkbox"/> | Chain Collision                                 |
| <input type="checkbox"/> | Collided into Bicycle                           |
| <input type="checkbox"/> | Collided into Motorcyclist                      |
| <input type="checkbox"/> | Collided into Parked Vehicle                    |
| <input type="checkbox"/> | Collided into Pedestrian                        |
| <input type="checkbox"/> | Collided into Property                          |
| <input type="checkbox"/> | Collision - Change/Cross Lane                   |
| <input type="checkbox"/> | Collision - Cross Junction                      |
| <input type="checkbox"/> | Collision - Head on Collision                   |
| <input type="checkbox"/> | Collision - Head to Rear                        |
| <input type="checkbox"/> | Collision - Major/Minor Hit                     |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle             |
| <input type="checkbox"/> | Collision - Roundabout                          |
| <input type="checkbox"/> | Collision - U-Turn                              |
| <input type="checkbox"/> | Drunk Driving / Drug Influence                  |
| <input type="checkbox"/> | Fire, Explosion or Lightning                    |
| <input type="checkbox"/> | Flood                                           |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Fallen Tree / Other Objects              |
| <input type="checkbox"/> | No Collision                                    |
| <input type="checkbox"/> | Side Swipe                                      |
| <input type="checkbox"/> | Theft                                           |

Registration No. SMJ25994

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle \_\_\_\_\_  
Make, type \_\_\_\_\_

8 Insurance company ☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available) \_\_\_\_\_

9 Driver (See driving licence)  
(if different from insured B above)  
Name \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred  
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4:

15 Signatures of drivers

A

B

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

## Individual Statement

| <b>INDIVIDUAL STATEMENT (Part II)</b> <span style="float: right; font-size: small;">Own Workshop (Email / Fax) (if any) _____</span>                                                                                                       |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|------|---------|---------|--|--|--|--|--|--|--|--|
| To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)                                                                                                |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
| Insured<br><br>Of which vehicle are you the owner?<br><input checked="" type="checkbox"/> A<br><input type="checkbox"/> B                                                                                                                  | 1 Occupation (if more than one, state all) _____ Email: _____                                                                                                                                                                                                                                                                                                |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 2 Vehicle registration no. _____ C.C. _____                                                                                                                                                                                                                                                                                                                  |         | If commercial vehicle, state permissible carrying capacity _____                                                     |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner _____ state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____                                                                                                                |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire<br><input type="checkbox"/> Others - please specify _____                                                                    |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)                                                 |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
| Driver or person in charge of vehicle at the time of accident (including insured)                                                                                                                                                          | 7 Date of birth _____                                                                                                                                                                                                                                                                                                                                        |         | Occupation _____                                                                                                     |  | Date of license pass _____                                                                          |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                        |         | Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | 8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____ |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 9 Full details of all driving convictions including pending prosecutions in the last 36 months                                                                                                                                                                                                                                                               |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 50%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |         |                                                                                                                      |  |                                                                                                     |  | Date | Offence | Penalty |  |  |  |  |  |  |  |  |
| Date                                                                                                                                                                                                                                       | Offence                                                                                                                                                                                                                                                                                                                                                      | Penalty |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
| Injured persons                                                                                                                                                                                                                            | 10 Name(s), address(es) and approximate age(s) _____                                                                                                                                                                                                                                                                                                         |         | Injuries sustained _____                                                                                             |  | If vehicle occupants, state in which vehicle _____                                                  |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                         |         | Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>              |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
| Damage to property & vehicles (other than vehicles A and B)                                                                                                                                                                                | 11 Name(s) and address(es) of owner(s) _____                                                                                                                                                                                                                                                                                                                 |         | Vehicle registration no. or details of property _____                                                                |  | Nature of damage _____                                                                              |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  | Insurer's name and address (if known) _____                                                         |  |      |         |         |  |  |  |  |  |  |  |  |
| Police action                                                                                                                                                                                                                              | 12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If yes, please state which Police station _____                                                                                                                                                                                           |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If yes, against whom? _____                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
| Accident details                                                                                                                                                                                                                           | 14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____                                                                                                                                                                                                                                               |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____                                                                                                                                                                                                                                                           |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 16 Speed of vehicles: A _____ km/hr B _____ km/hr                                                                                                                                                                                                                                                                                                            |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 17 What warnings were given by driver or other party? _____                                                                                                                                                                                                                                                                                                  |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                  |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 19 What lights were displayed on your vehicle/the other vehicle(s)? _____                                                                                                                                                                                                                                                                                    |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | 20 If your vehicle is commercial, state weight of load carried at time of accident _____                                                                                                                                                                                                                                                                     |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
| 21 State how accident happened, width of roads, speed limits, etc (Refer to attached) _____                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
| 22 State number of Passengers (including Driver) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span> <i>hus &amp; wife</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">F</span> |                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
| Declaration                                                                                                                                                                                                                                | I/We declare the foregoing particulars are true in every respect                                                                                                                                                                                                                                                                                             |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | Policyholder's signature _____ Date _____                                                                                                                                                                                                                                                                                                                    |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                            | Driver's signature (if driver is not the policyholder) _____ Date _____                                                                                                                                                                                                                                                                                      |         |                                                                                                                      |  |                                                                                                     |  |      |         |         |  |  |  |  |  |  |  |  |

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



## CERTIFICATE OF INSURANCE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                     |
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| ■ 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                     |
| CERTIFICATE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | : VPA/P1855458                                         | Account No. : 04460 |
| Coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | : Comprehensive                                        |                     |
| Sum Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | : Market Value At The Time Of Loss                     |                     |
| Name of Policy Holder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | : YAP CHEE CHIANG                                      |                     |
| Vehicle Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | : SJK6035J                                             |                     |
| Period of Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | : From 28/10/2018 To 27/10/2019 (Both Dates Inclusive) |                     |
| <b>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b><br>(a) The Policyholder<br>The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner<br>(b) Any other person who is driving on the Policyholder's order or with his permission<br>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.<br><b>LIMITATIONS AS TO USE*</b><br>Use only for social, domestic and pleasure purposes and for the Policyholder's business<br>The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, 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. (01) |                                                        |                     |
| Basic Own Damage Excess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | : SGD 250.00                                           |                     |
| Windscreen Excess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | : SGD 100.00                                           |                     |
| An Additional Excess is applicable as follows:<br>S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.<br>S\$5,000.00 for Undeclared Young and Inexperienced Driver.<br>(Please refer to your policy on the terms & conditions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                     |
| * 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                     |

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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

Authorized Signature

Issued by - MVUELSIE on 22/10/2018

**IMPORTANT :**

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, covernote and endorsement etc.

# DRIVER NRIC & LICENSE Pg. 1

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S2724546C



Name  
**YAP CHEE CHIANG**  
叶 纪 青  
Race  
**CHINESE**  
Date of birth  
**08-07-1948** Sex  
**M**  
Country of birth  
**MALAYSIA**

S2724546C

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S2724546C**  
Name  
**YAP CHEE CHIANG**  
Birth Date: **08 Jul 1948**  
Issue Date: **23 Jun 2004**



001244152G

8616083



NRIC No. **S2724546C**



Nationality  
**MALAYSIAN**  
Date of issue  
**04-05-2004**

40B LORONG H TELOK KURAU  
SINGAPORE 426029  
NRIC No: **S2724546C** Date: **19/12/2008** No: **6078213**

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

|          |                                                                                                                                                                                                  | PASS DATE   |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Class 2B | Motorcycles not exceeding 200 cc                                                                                                                                                                 | 23 Jun 2004 |
| Class 3  | Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg | 23 Jun 2004 |

NP 428A

Licence No: **S2724546C**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

