SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you 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	18/03/2019 12:53
Date Of Accident	17/03/2019 15:40
Exact Location Of Accident	CHOA CHU KANG AVE 4 TOWARDS LOT 1 SHOPPING CENTRE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN5539P
Insured/Policyholder	
Name Of Registered Owner	NG SAY BIN (HUANG SHIMIN)
NRIC No	S7243997Z
Email Address	MAR1125@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96191152
Alternative Phone No	OTHERS-96191152
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ASX 2.0 CVT
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	GA347176/1
Cover Note Number	
Driver	

Name of Driver NG SAY BIN (HUANG SHIMIN)

NRIC No S7243997Z Date Of Birth 25/11/1972 Occupation **INDOOR Date Of Driving Pass** 25/04/1995

Driving Experience 23 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96191152

Fax Number

Contact Number OTHERS-96191152

EMail Address MAR1125@HOTMAIL.COM

BLK 434 CHOA CHU KANG AVENUE 4 Address

#06-545

Postcode 680434

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

COLLISION - MAJOR/MINOR RD Type Of Accident

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 NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : SIESIETHNIN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJU3001Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR CHAY GEOK KHIM Name of Driver

NRIC/Passport Number S7040680B

Contact Number

Address

499 YIO CHU KANG ROAD

#01-01

787082 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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)
 - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

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

SKETCH PLAN	/ / /	
N A: SLN 5539P		
B'. SJU 3001 Z	4	
	IAI	
	1 1	
	i	
DESCRIBE CIRCUMSTANCE	SE OF THE ACCIDENT	Chua Chu Kang Ave 4
Describe circumstand	Mar 2019 1 was drivy	straight along
Chan chy 1	cara Aue 4.	
12 8 NOV	u 30012 come out from	corpor entrepand
hit my	car front left portion	/- /
The time	of accident is around	3:40pm
	2 2 2	
DECLARATION		
I/We declare the foregoing	particulars are true in every respect.	
8	5	
Policyholder's Signature		<u> </u>
Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Certificate Of Insurance





AXA Insurance Pte Ltd 2 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) M, (65) 6880 4740 E customer.care@axa.co WWW.axa.com.ag

account number

15277

Certificate of Insurance

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 number

Chassis number

Engine number

Policy details

NG SAY BIN Comprehensive Flexi+ 10%

SLN5539P

ehicle registration n recipd of Insurance Passot lean company

from 09/05/2018 to 08/05/2019 (both dates inclusive)

UNITED OVERSEAS BANK LIMITED

GA347176 / 1

JMFXTGA2WHZ000223 4B11SD9067

Persons or classes of persons entitled to drive*

(b) An 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 pembed 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*

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 Use only for social, domestic and pleasure purposes and for the Policyholder's business. 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, Bracing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

*Umbasins 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 (Malania), are not to be included under these headings.

FECESS

Basic Own Damage Excess

Windscreen Excess

SGD 500.00 SGD 100.00

An Additional Excess is applicable as follows:

- 3. \$15,000 for undeclared Young and inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

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 Congession) to 100. Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Falchers are warred 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 and the Policy to the insurance company. If the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance and the Policy to the Insurance and the Policy to the Insurance company. If the Certificate of Insurance and the Policy to the Insurance and Ins navance are waited 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 and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the insurance company, if the Certificate of insurance and the Policy to the Insurance company, if the Certificate of insurance and the Policy to the Insurance company, if the Certificate of insurance and the Policy to the Insurance company, if the Certificate of insurance and the Policy to the Insurance company, if the Certificate of insurance and the Policy to the Insurance company, if the Certificate of insurance and the Policy to the Insurance company, if the Certificate of insurance and the Policy to the Insurance company, if the Certificate of insurance and the Policy to the Insurance company, if the Certificate of insurance company, if the Certificat

1 of 2

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7243997Z



Name



NG SAY BIN (HUANG SHIMIN)

黄世民

nace

CHINESE

Date of Birth

Sex

25-11-1972

M

Country of Birth

SINGAPORE





2532546





NRIC No. S7243997Z

Blood Group

Date of issue

0+

25-11-1994

APT BLK 434 CHOA CHU KANG AVENUE 4 #06-545 SINGAPORE 680434

NRIC No:

S7243997Z

Date:

15/09/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 2B

Motorcycles not exceeding 200 cc

23 Sep 1994

Class 3

Motor Cars and Motor Tractors the weight of

25 Apr 1995

which unladen does not exceed 2500 kilograms

| Licence No. 572439972

NP 428A





















CHASSIS NUMBER



ODOMETER READING









