#### 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

	ACCIDENT STATEMENT
Date Of Report	22/03/2019 16:22
Date Of Accident	22/03/2019 15:35
Exact Location Of Accident	FORT ROAD TOWARDS TANJONG RHU BENEATH FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFT8550A
Insured/Policyholder	
Name Of Registered Owner	LOH PENG KEONG
NRIC No	S6945572G
Email Address	PENGKEONG1@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98534533
Alternative Phone No	OTHERS-98534533
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 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	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	GA094785/1
Cover Note Number	
Driver	

#### Driver

LOH PENG KEONG Name of Driver NRIC No S6945572G Date Of Birth 20/12/1969 Occupation **INDOOR** Date Of Driving Pass 18/01/2005

14 YEARS AND 2 MONTHS **Driving Experience** 

MALE Gender

Mobile Number (LOCAL) +65-98534533

Fax Number

Contact Number OTHERS-98534533

**EMail Address** PENGKEONG1@YAHOO.COM Address 10 TOA PAYOH LOR 7 #17-205

Postcode 310010 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

enicle

-

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident COLLISION - CROSS JUNCTION

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

Was any other material or property damaged? YES

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

NO 1

Number of Passengers (Including Driver)

#### **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**

PLEASE REFER TO ATTACHED.

### 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 SKK261A

Vehicle Make/Model/Colour MERCEDES / BENZ

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LAURA TAN SI RU

NRIC/Passport Number S9022862E Contact Number 81137325

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
   Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
   interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

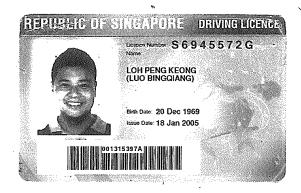
Policyholder's Signature

Date & Time

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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		Marie Carlotte Carlot
L DECLARATION		
I/We declare the foregoing particula	ars are true in every respect.	
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Chomi		
Policyholder's Signature Date & Time: 2003 19	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:



## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$6945572G





LOH PENG KEONG (LUO BINGQIANG)

罗 Race 炳 强

CHINESE Date of Birth
20-12-1969
Country of Birth SINGAPORE



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

NP 428A

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

18-10-1991



**Certificate of Insurance** 



Certificate number

Chassis number

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

account number

04247

-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

LOH PENG KEONG Policyholder name Comprehensive Essential Plan name 50% NCD applicable

Vehicle registration number SFT8550A

from 13/04/2018 to 12/04/2019 (both dates inclusive) Period of Insurance

Finance loan company

GA094785 / 1 ZNE100236909 1777015403

## 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

SGD 300,00 SGD 100.00

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

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

Insure Link Pte Ltd 2 Kallang Avenue #08-16 CT Hub S(339407) Off: 6444 4644

### 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 4 dampany in 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,

1 of 3

Di	ste:	22/03/19		
ī	o: Ov	wher of Vehicle Number: SFT8553H		
The following has been advised by you via your workshop,				
Please tick the applicable box if you had been advice on the content as seen below:				
1	)	You had been advised by the workshop that in the event 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.		
(	)	The Estimation 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 <i>cary combination</i> 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 <u>Own Damage</u> repairs on workmanship related to the accident.		
{	}	For vehicles below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.		
(	}	Others		
Signed and acknowledge by:				
Name and signature of policyhoidar/ authorised driver				
Na	Name and signature of workshop personnel inducting company stamp			













