## 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 <u>truthful and accurate</u> 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

aforesaid.	cent to the dronwing of this report at the confic and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	24/01/2019 10:35
Date Of Accident	23/01/2019 14:55
Exact Location Of Accident	UPPER HOKKIEN STREET
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU1066B
Insured/Policyholder	
Name Of Registered Owner	LOW HOU CHEN, DON
NRIC No	S9023313J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91122384
Alternative Phone No	OTHERS-91122384
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE

Fleet Policy NO

Policy Number VPA/P2031117

Cover Note Number

**Driver** 

Name of Driver

NRIC No

S1237937D

Date Of Birth

12/04/1957

Occupation

Date Of Driving Pass

LOW SUI KUEN

S1237937D

INDOOR

26/04/1994

Driving Experience 24 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92961200

Fax Number

Contact Number

EMail Address MCALPTELTD@YAHOO.COM.SG

BLOCK 33 BISHAN STREET 11 #28-07 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - UNKNOWN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : MARIA DA SILVA

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

**Circumstances of Accident** 

PLEASE REFER TO THE ATTACHED SKETCH PLAN & VIDEO FOOTAGE FOR THE CIRCUMSTANCE OF ACCIDENT. ADDENDUM ATTACHED

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 SFH8333Z Vehicle Make/Model/Colour **BMW** 

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LINDA

NRIC/Passport Number

**Contact Number** 96950333

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

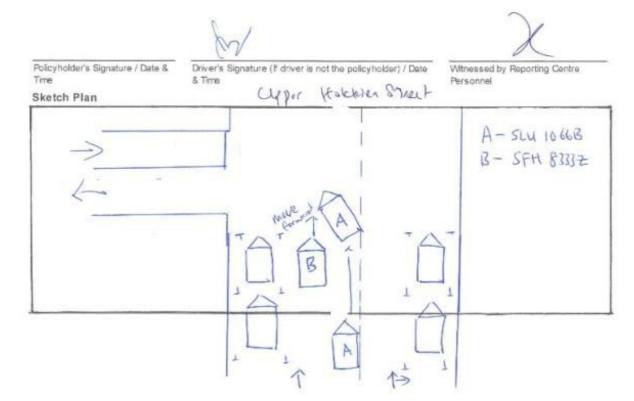
#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- information provided must be as <u>truthful and 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.
- 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.
- 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 law yers/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;
- (Fi) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



## **Accident Sketch Plan**

scribe Circu	umstances of the Accident
I drive	straight along Upper Hokkien Street and there stationary vehicle BMW SFH8333Z with hazzard lights. Signalled to get into the car park, Hong Lim Complex rover, car park. While I was turning left into the suddenly the stationery BMWSFH8337Z Moved forver onto my vehicle left front side.
was a	Stationom vehicle BMW SFH8333Z with hezzard lights.
nen I s	signalled to get into the car park, Hong Lim Complex
nulti st	rover car part. While I was turning left into the
car park	- suddenly the stationery BMWSFHR 2377 Moved fixuer
& hit o	onto my ve hir le left front side.

Policyholder's Signature / Date & Time

IWWe declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

## **Accident Sketch Plan**

# AUTHORIZATION LETTER

24	-1 0						
Date:	0.						
To: AX	A						
Cc : Borneo Mo	otors (S) Pte Ltd						
Attn: To Whom	It May Concern						
Dear Str / Madar	71,						
	ation to Act on						
I, (full name)	Lon Han	Chen	Dan	HRIC	No. 5902331	35	hereby
authorized my	(relationship) _	Annt	(fut	name)	Low Sui	loven	
HRIC No. SIN	1379370	to exem	dise and ess	verta ko ele	an all / any ma		
documentation p	artaining to my	onnieron de	e vekter	rans to an	Our to//	cessary or	ansaction
							95   am
	T-1-1 - 400		Iles / away f	rom Singapo	re on duty overse	favors es	
currencly naving t	light official busin	ess sched				PR - 54 St. 7 D L+	
Please do not hes							
Ptease do not hes Thank You Yours truly							
Please do not hes Thank You							
Ptease do not hes Thank You Yours truly							

#### LETTER OF AUTHORIZATION

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: 199903512M customer.service@axa.com.sg



## 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 NO. : VPA/P2031117

Account No. : 14885

Coversor

: Comprehensive (SmartDrive Toyota Prestige)

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: LOW HOU CHEN DON

Vehicle Registration No. : SLU1066B

Period of Insurance

: From 23/11/2017 To 22/11/2019 (Both Dates Inclusive)

## PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder

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

(b) Any other person who is driving on the Policyholder's order or with his 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.

#### LIMITATIONS 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, 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 600.00

An Additional Excess is applicable as follows: \$\$2,500.00 for Young or Inexperienced Driver. Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

(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 - SGOAGPH on 27/11/2017

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.

## **NRIC & DRIVING LICENCE**









## **OWNER'S NRIC**









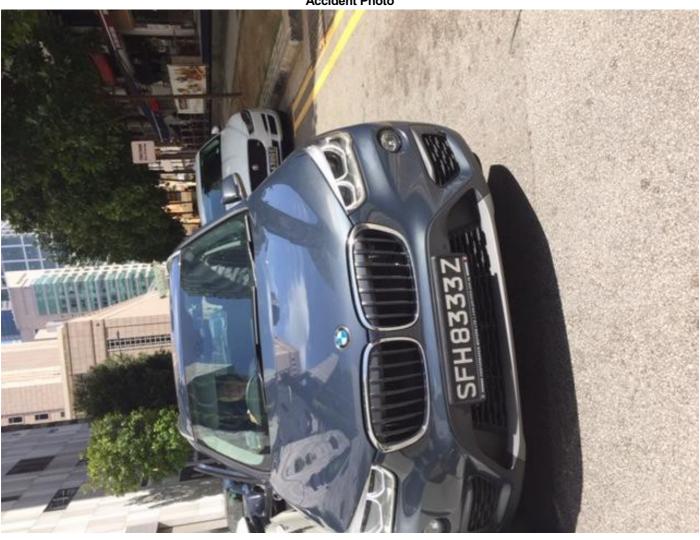


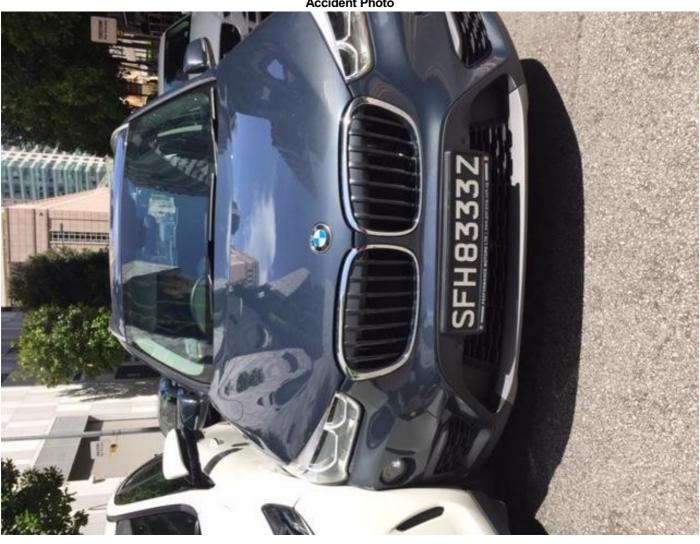












#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GSY Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: WBM 219011444 Vehicle Registration No: Scu 106613. Name(asshownin NRIC): Low How Chen Don NRIC/FIN/PassportNo: 590233137. (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : 23 Bisher Street 11 #25-07 8 Singaporel 5+6029 : 92961200. Mobile No.: 91122364. Address Contact (Tel) Email Address : 25/1 /1a \_\_\_\_\_Time of Accident: \_\_\_\_\_ 14:55pw. Date of Accident Place of Accident : Upper Holckien Street. AXA . Inc Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: then recovery later

olieuboldez / Deiusele Cianatura	D 1 C 1 D 1 C 1
olicyholder / Driver's Signature	Reporting Centre Personnel's Signature
ate:	Name:

NRIC/FIN No.: Date: