

TYPE OF CLAIM: ☒ OD ☐ OD/UL ☐ DS

MCA: Carine Yeo

MOTOR ACCIDENT REPORT

Date Of Report: 1/4/19 Time: 10:20 Date Of Accident: 24/3/19 30/3/19 Time: 2:55pm
Exact Location Of Accident: Upper Cross Street / Eu Tong Senq junction
Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SKK 319 T Co. Reg. No (for Co. Vehicle)/NRIC/PP/FIN No: 199706 27KH
Name Of Registered Owner: ST Engineering
Mobile Number: 9678 6091 Alternative No: Email Address: cskwa@stengg.com

Vehicle Particulars

Manufacturer: Toyota ☐ Lexus ☒ Suzuki ☐ Hino ☐ Model:
Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):
Are you claiming under your own insurance policy for repair to your vehicle? Yes ☒ Reporting Only ☐ Third Party ☐
Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

Insurance Company

Name of Insurance Company: AXA
Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐
Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No:

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: KWA CHONG SENG NRIC/Passport/FIN No: S 0234644C
Date Of Birth: 20/10/1946 Occupation: Indoor ☒ Outdoor ☐
Date Of Driving Pass: 7/4/1964 Gender: Male ☒ Female ☐
Mobile Number: 9678 6091 Fax No: Alternative No:
Address: Postal Code:
Email Address: cskwa@stengg.com
Was driver an employee of the Insured's Company? Yes ☒ No ☐ State relationship of the driver with the insured:
Vehicle Registration Number of Driver's Own Vehicle (if applicable):
Insurance Company of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Bumper damage when reversing (Rear)
Number of Passengers in the above vehicle (Including Driver): 2 / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: Betty Kwa Gender: Male ☐ Female ☒
Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):
Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):
Was any body injured in the Accident? No ☒ Yes ☐
Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐
Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:
Number of vehicles involved in the accident: 2
Was there any witness? No ☐ Yes ☒ If yes, please furnish witness details column below BETTY KWA
Witness Name: | Contact No.: | Email:
Was there any other vehicle or property damaged? No ☐ Yes ☒
Was there any video captured by Car Camera? No ☐ Yes ☒ Are accident scene photos available for attachment? No ☐ Yes ☐
Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):
Was notice of Intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: SBV 61J Vehicle Make/Model/Colour: Daihatsu
Details Of Properties Damage in Accident: Rear bumper / front corner of other car
Vehicle Category: Saloon
Name of Driver:
NRIC/Passport/FIN Number: Contact Number: 9628 9309
Address: Postal Code:
Insurance Company Name:
Nature Of Damage: (front) 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 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. 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 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)

I understand, acknowledge, agree and consent that:


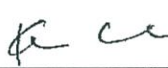
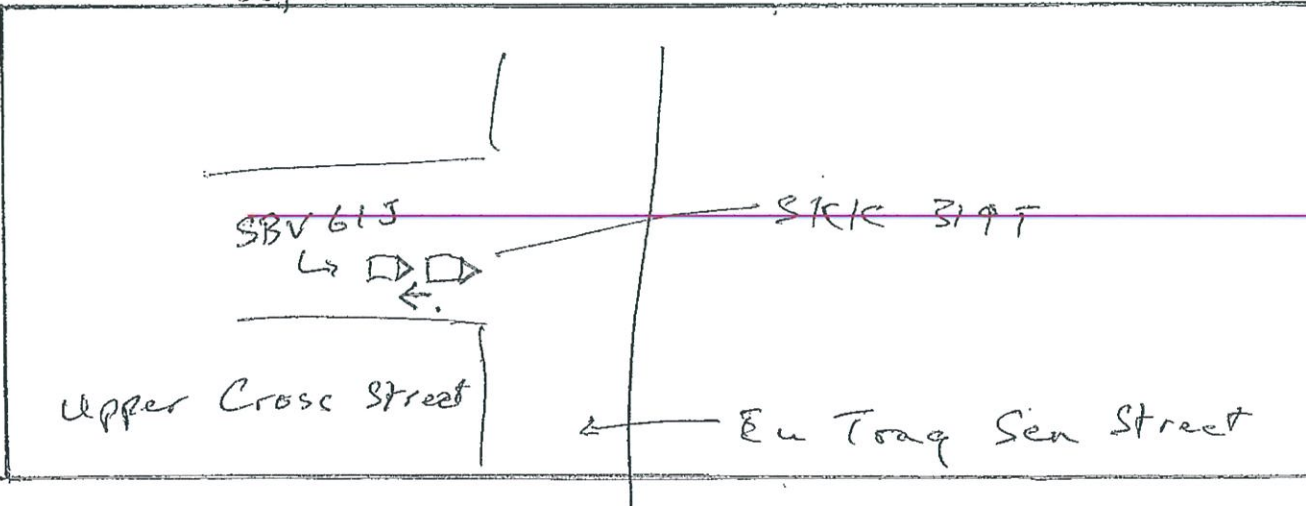
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 Policyholder's Signature / Date & Time 1 Apr. 2019 1:30 pm	 Driver's Signature (If driver is not the policyholder) / Date & Time 1/4/19 10:35 am	Witnessed by Reporting Centre Personnel
<p>Sketch Plan</p> 		

Describe Circumstances of the Accident

I was driving on Upper Cross Street towards Eu Tong Sen Street.

I stopped at the traffic light before Eu Tong Sen Street. I had to reverse and lightly ~~hit~~ hit car behind me.

Small damage to her front bonnet. Slight damage to my rear bumper.

Picture attached.

Declaration

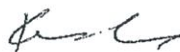
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

1 Apr. 2019
1.30 pm





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

11/4/19
10.35 am

Witnessed by Reporting Centre Personnel



redefining / insurance

AXA Insurance Pte Ltd
☎ 1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
✉ customer.care@axa.com.sg
🌐 www.axa.com.sg

date
21/02/2018

policy number
VA1 / GA324695

account number / sub-code
14886 / BSLL021

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)

Policy details

Policyholder name	SINGAPORE TECHNOLOGIES ENGINEERING LTD	Certificate number	GA324695 / 1
Cover	Comprehensive	Chassis number	JTHB4LFF005001158
Plan name	Lexus Prestige	Engine number	8GR9511840
NCD applicable	50%		
Vehicle registration number	SKK319T		
Period of Insurance	from 12/02/2018 to 11/02/2020 (both dates inclusive)		
Finance loan company	Nil		

Authorized Drivers

(c) 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 of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passengers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cover:

- Use for commercial hire or reward, or for racing, pace-making, reliability trail, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle

* 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	SGD 2,250.00
	Windscreen Excess	Not Applicable

Young/Inexperienced driver excess

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the Insured MotorCar is being driven by any driver aged below 23 years old and /or has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and/ or Inexperienced driver shall mean any person who :

- Is less than 23 years old , and/or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0234644C

Name
KWA CHONG SENG

Race
CHINESE

Date of Birth
20-10-1946

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0234644C

Name:
KWA CHONG SENG

Birth Date: 20 Oct 1946
Issue Date: 01 Jun 2004



001229545B

1825090

NRIC No: S0234644C

Blood Group
A+

Date of issue
25-03-1994

Address
19 VICTORIA PARK ROAD
SINGAPORE 1026



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

	PASS DATE
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	07 Apr 1964

NP 428A

Licence No: S0234644C

AUTHORIZATION LETTER

Date : 11/4/2019

To : Axa Ins

Cc : Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,


RE: Authorization to Act on Behalf for Insurance Claims Documentation

I, (full name) Singapore Technologies Engineering Ltd. NRIC No. hereby authorized my (relationship) employee. (full name) Kwa Chong Beng, NRIC No. S0234644C. to exercise and execute to sign all / any necessary transaction documentation pertaining to my registration vehicle number BKK 319T. as I am currently having tight official business schedules / away from Singapore on duty overseas travel.

Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature : 

Name : BT Engineering Ltd.

Contact No : 6914-5200

