## 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.   | sent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
|  | ACCIDENT STATEMENT  |
| Date Of Report   | 18/04/2019 09:50  |
| Date Of Accident   | 16/04/2019 19:35  |
| Exact Location Of Accident   | PASIR RIS FLYOVER   |
| Country/State of Loss  | SINGAPORE   |
| T. C.                                    | DETAILS OF OWN VEHICLE  |
| Vehicle Registration Number  | SJM1804D  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | TAY KAI TZE   |
| NRIC No  | S7804243E   |
| Email Address  | PLEYEL78@GMAIL.COM  |
| Mobile Phone No  | (LOCAL) +65-93686503  |
| Alternative Phone No   | OFFICE-81137914   |
| Vehicle Particulars  |   |
| Manufacturer   | TOYOTA  |
| Model  | COROLLA ALTIS-1.6 (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? | 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/P2016860  |
| Cover Note Number  |   |
|  |   |

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Name of Driver CANEDA VANESSA

NRIC No S8516447C

Date Of Birth 11/06/1985

Date Of Birth 11/06/1985

Occupation INDOOR

Date Of Driving Pass 16/05/2014

Driving Experience 4 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81137914

Fax Number
Contact Number

EMail Address CLARVAN@GMAIL.COM

Address 68 FLORA ROAD #02-15

Postcode 506913

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - HEAD TO REAR

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

2

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 1

**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?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN

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
SKH8830X

Vehicle Registration Number SKH8830X
Vehicle Make/Model/Colour VOLKSWAGEN

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver WILLIAM SNG

NRIC/Passport Number

Contact Number 98184643

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

### SKETCH PLAN

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- 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w crkshop 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

Pasir Ris Flyover

- (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.

Policyholder's Signature / Date Time

17/4/2019 1:400 ature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

White Sands

## **Common Statement**

| I was exiting TPE turning left onto Clips Road. It was not mining. I was behind vehicle SKH8830X. As I turned left when the onceming traffic was clear, behind vehicle SKH8830X causing a damney on the lower night side of the rear of theircar. The accident also counted damage to the left side of the front of y car (SIM18040). |
|---|
| E hit SKH8830X causing a damage on the lover right side of the rear of the scarcing a damage to the left side of the front of y car (SIM18040).   |
| thirtear. The accident also counted domage to the left side of the front of my car (SIMISOUD).  |
| thircar. The accident also counted domage to the left since of the first of   |
| ry car (SJM1804D).  |
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| Declaration   |
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| IWe declare the foregoing particulars are true in every respect.  |
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|   |
| 2 13/04/19 1/ A 13/04/19  |
| ( Must 1,402m Korost 1,402m   |
| Driver's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre   |
| Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date & Personnel   |

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/P2016860 Account No. : 14888

Coverage : Comprehensive (SmartDrive Toyota Prestige)

Sum Insured : Market Value At The Time Of Loss

Name of Policy Holder : TAY KAI TZE Vehicle Registration No. : SJM1804D

Period of Insurance : From 11/11/2017 To 10/11/2019 (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\*

Ose 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, specitesting, 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 500.00

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

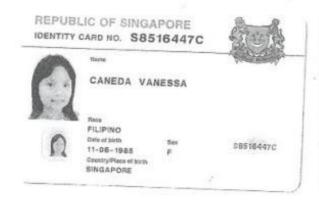
Issued by - SGOAGPH

on 11/07/2017

### 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 Marranty 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

### **Driver Nric And Driving Licence**

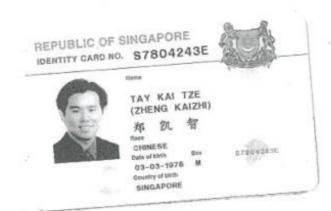








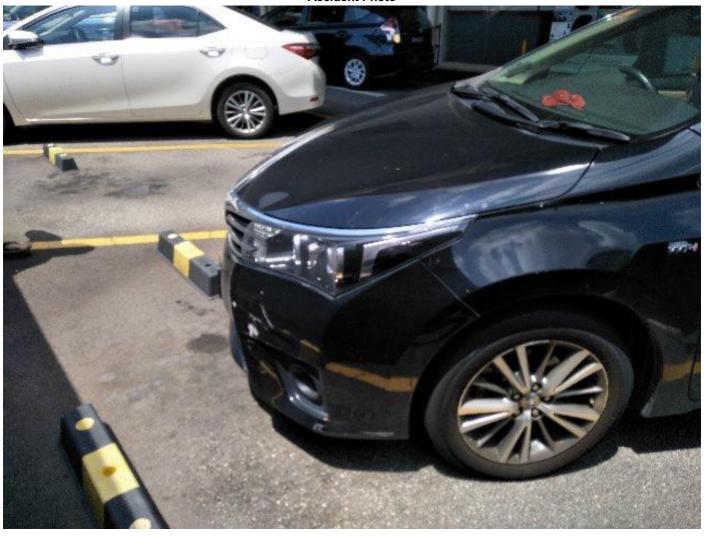
## **Owner Nric**





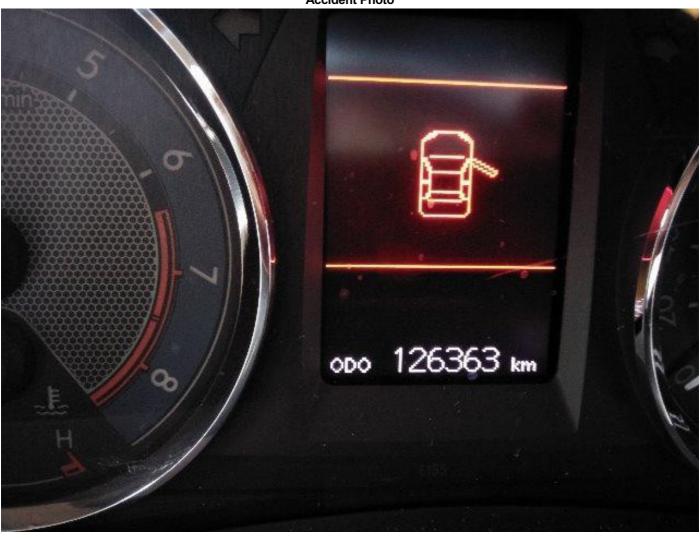




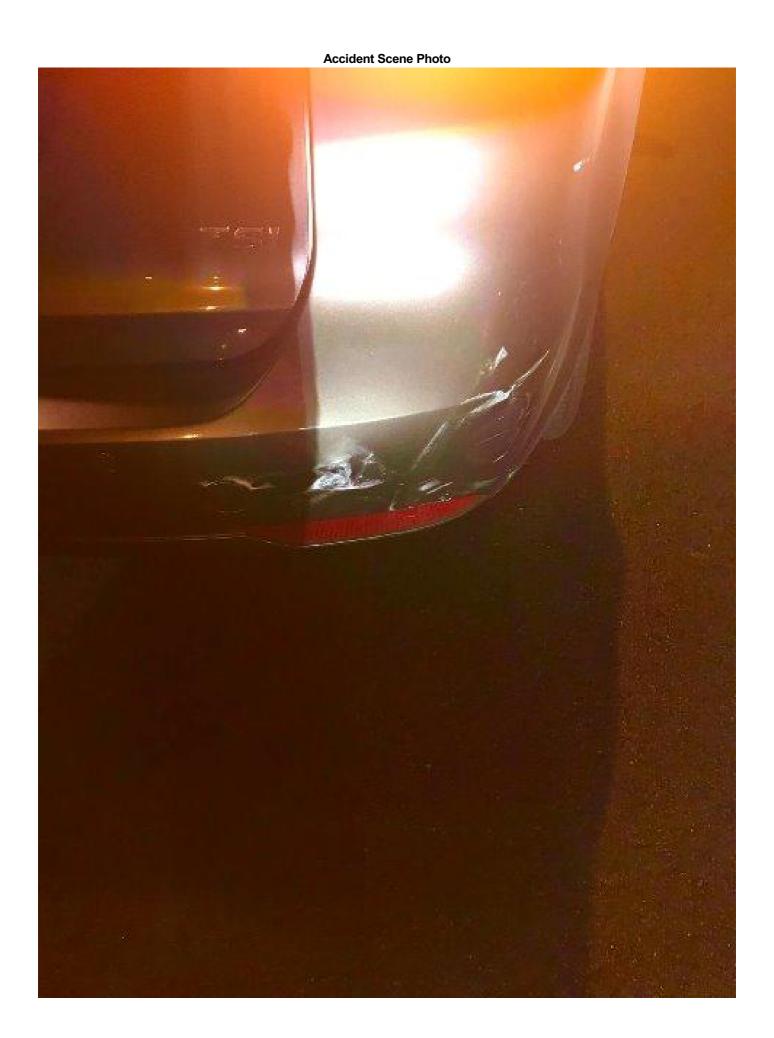












# **Accident Scene Photo**

