

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 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. 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	29/04/2019 10:35
Date Of Accident	27/04/2019 15:00
Exact Location Of Accident	KALLANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4290S
Insured/Policyholder	
Name Of Registered Owner	LOW CHAN SENG
Co Reg No	22063900X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96553247
Alternative Phone No	OFFICE-62971763

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P1965377
Cover Note Number	

Driver

Name of Driver	LEE SUI ENG
NRIC No	S1842356A
Date Of Birth	17/05/1950
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1973
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96553247
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	36 LORONG 31 GEYLANG #05-02
Postcode	388034
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LOW MENG KWEE GENDER: : MALE

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 SKETCH PLAN

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	SDP1991B
Vehicle Make/Model/Colour	HYUNDAI ELANTRA RED
Details Of Properties	RIGHT FRONT
Vehicle Category	PRIVATE CAR
Name of Driver	CHEE
NRIC/Passport Number	
Contact Number	94881837
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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.

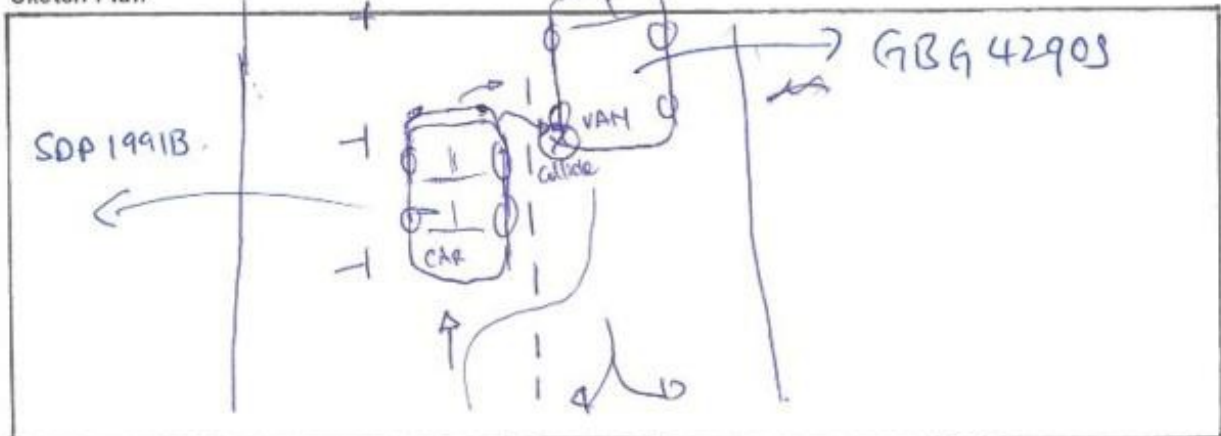
LOW CHAN SENG
101 KALLANG AVENUE #01-14
VICTORIA WHOLE SALE CENTRE
SINGAPORE 339508
Reg No. 22063900X
TEL: 6297 1763, 6297 2340

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement

Describe Circumstances of the Accident

At Kallang ave, a red car ~~was~~ suddenly brake with no signal. As there are ~~empty~~ empty slots on left side, it's assumed that the red car is going to park. I honk a car two times & overtake it. But while overtaking, a car suddenly signal right & turn with one second. Which during that, it collide with a back of the my van.

劉贊成

101 加冷連廊多利亞批發中心門牌#01-14

Declaration

LOW CHAN SENG

101 KALLANG AVENUE #01-14

VICTORIA WHOLE SALE CENTRE

SINGAPORE 339566

Reg No. 22063900X

TEL: 6297 1763, 6297 2340

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Authorization Letter

AUTHORIZATION LETTER

Date : 29/4/19

To : AXA Insurance

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) Low Chan Seng NRIC No. 220 68900X hereby
authorized my (relationship) Employee (full name) Lee Rui Feng,
NRIC No. S1842356A to exercise and execute to sign all / any necessary transaction
documentation pertaining to my registration vehicle number 6BC 42901 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, **劉贊成**
101 加冷連維多利亞批發中心門牌#01-14
LOW CHAN SENG
101 KALLANG AVENUE #01-14
VICTORIA WHOLE SALE CENTRE
SINGAPORE 339508
Reg No. 22063900X
TEL: 6297 1763 / 6297 2340

Signature : _____

Name : _____

Contact No: _____



AXA INSURANCE PTE LTD
 8 Shenton Way #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #81-01
 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, 1955 (Malaysia)

CERTIFICATE NO. : VCA/P1965377 Account No. : 14885
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : LOW CHAN SENG
 Vehicle Registration No. : GBG4290S
 Period of Insurance : From 03/08/2018 To 02/08/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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.

LIMITATIONS AS TO USE*

- (a) Use in connection with the Policyholder's business
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- (c) Use for social, domestic and pleasure purposes

This Policy does not cover

- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

EXCESS :

Own Damage Excess : SGD 900.00

An Additional Excess is applicable as follows:


S\$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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 25 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 - SGOGOWT on 02/08/2018

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 And Driving Licence



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

