

## 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             | 17/05/2019 17:40 |
| Date Of Accident           | 16/05/2019 19:45 |
| Exact Location Of Accident | WOODLANDS AVE 12 |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLV9778Y             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LIOW KET FUI         |
| NRIC No                     | S7785853I            |
| Email Address               | ANDYLIOW@HOTMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-93363861 |
| Alternative Phone No        | OTHERS-93363861      |

### Vehicle Particulars

|  |                      |
|--|----------------------|
| Manufacturer   | AUDI                 |
| Model  | A6 C7 2.0 TFSI MU 4G |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE          |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                   |
| If No, Please state action to be taken                                       | THIRD PARTY          |
| Vehicle Category   | PRIVATE CAR          |

### Insurance Company

|                           |                       |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE         |
| Fleet Policy              | NO                    |
| Policy Number             | VA1 / GA335599        |
| Cover Note Number         |                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIOW KET FUI          |
| NRIC No              | S7785853I             |
| Date Of Birth        | 16/10/1977            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 26/01/2007            |
| Driving Experience   | 12 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-93363861  |
| Fax Number           |                       |
| Contact Number       | OTHERS-93363861       |
| Email Address        | ANDYLIOW@HOTMAIL.COM  |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 467 ADMIRALTY DRIVE<br>#10-183 |
| Postcode  | 750467                             |
| 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 | -                                  |
|   | -                                  |
|   | -                                  |
| 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                         | 2   |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### 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

CAR STOPPED NEAR TO TRAFFIC LIGHT AND HIT BY CAR BEHIND SLA3288U. NO PERSONS INJURED.

#### 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         | SLA3288U                 |
| Vehicle Make/Model/Colour           |                          |
| Details Of Properties               |                          |
| Vehicle Category                    | PRIVATE CAR              |
| Name of Driver                      |                          |
| NRIC/Passport Number                |                          |
| Contact Number                      |                          |
| Address                             |                          |
| Postcode                            |                          |
| Insurance Company Name              | ERGO INSURANCE PTE. LTD. |
| Nature Of Damage                    |                          |
| No. Of Passenger (Including Driver) |                          |

## Sketch Plan

### SKETCH PLAN

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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 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)**

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.
- (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:

17/05/19

11:55 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Kelvin Khoo

NRIC/FIN No.: G8763902L



# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car stopped near to traffic light and hit by car behind SLA 3288 U.

No persons injured

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

17/05/19

11:55 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Kelvin Khoo

NRIC/FIN No.: G8768902 C



Accident Photo



REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S7785853I**

Name: **LIOW KET FUI**

Birth Date: **16 Oct 1977**

Issue Date: **26 Jan 2007**

001475389E



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

PASS DATE

Class 3 Motor Cars= $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 26 Jan 2007

Licence No: S7785853I

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7785853I**

Name **LIOW KET FUI**

廖国辉

Race **CHINESE**

Date of birth **16-10-1977**

Country/Place of birth **MALAYSIA**

Sex **M**



6045011

NRIC No. **S7785853I**

Date of issue **16-10-2018**

Address **APT BLK 467 ADMIRALTY DRIVE  
#10-183  
SINGAPORE 750467**







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

LIOW KET FUI  
BLK 467 ADMIRALTY DRIVE  
#10-183  
SINGAPORE 750467

#### Renewal

date  
03/04/2019

your servicing distributor  
ANIKA INS BROKERS & CONSULTANTS P  
L / 00914

your servicing distributor contact  
6672 9988

## Policy Schedule

Your SmartDrive Comprehensive Essential

### Your policy snapshot

|                     |  |               |                |
|---------------------|--|---------------|----------------|
| Policyholder name   | LIOW KET FUI   | Policy number | VA1 / GA335599 |
| Cover               | Comprehensive  | FIN / NRIC    | S77858531      |
| Period of Insurance | from 20/03/2019 to 09/03/2020 (both dates inclusive) |               |                |

### Premium breakdown

|                             |                     |
|-----------------------------|---------------------|
| Gross Premium after 50% NCD | SGD 937.47          |
| 7% GST                      | SGD 65.62           |
| <b>Final Premium</b>        | <b>SGD 1,003.09</b> |

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

#### Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

### Vehicle details

|                                |                     |                        |                   |
|--------------------------------|---------------------|------------------------|-------------------|
| Make & Model of Vehicle        | AUDI A6 2.0 TFSI MU | Year of manufacture    | 2014              |
| Vehicle registration number    | SLV9778Y            | Type of Use            | Private use       |
| Body type                      | SALOON              | Engine capacity (c.c.) | 1984              |
| Seating capacity (excl driver) | 4                   | Engine number          | CDN416939         |
| Off-Peak car                   | No                  | Chassis number         | WAUZZZ4G1EN200935 |

|                                  |  |
|----------------------------------|--|
| Insured's Estimated Market Value | Market Value at the time of Loss (including accessories and spare parts) |
| Limitation to use                | As per Certificate of Insurance  |
| Finance Loan Company             | TOKYO CENTURY LEASING (SINGAPORE) PTE LTD                                |

### Excess applicable (refer to Policy Wording for other applicable Excesses)

Windscreen Excess Not Applicable

### Drivers details

