## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- 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 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

foresaid.	
	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
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV9778Y
Insured/Policyholder	
Name Of Registered Owner	LIOW KET FUI
NRIC No	\$77858531
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	\$77858531
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

ANDYLIOW@HOTMAIL.COM

Address BLK 467 ADMIRALTY DRIVE

#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?

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? 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

#### 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.
- 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 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:
  - 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:
  - 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

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Keluin Kino

NRIC/FIN NO .: 68768902 L

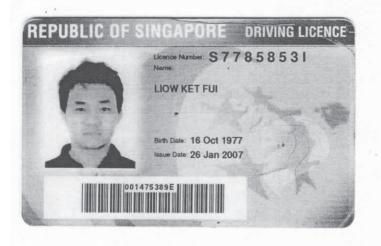
# Sketch Plan #2

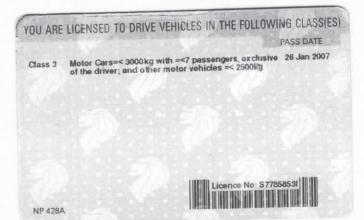
SKETCH PLAN		. 1 1
	7 8 1	A-S1v97787 B-S1v97787
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
No persons inju	to traffic light and hit by co	
DECLARATION  I/We declare the foregoing particular  Additional in the control of	ars are true in every respect.	VI O
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Kcl vin Klyco NRIC/FIN No.: GEF 65900 C

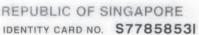
11:55 am

Page 4 of 14











LIOW KET FUI



国





CHINESE

Date of birth 16-10-1977 Country/Place of birth

MALAYSIA

M

\$77858531

6045011



NRIC No. S77858531



Date of issue

16-10-2018

APT BLK 467 ADMIRALTY DRIVE #10-183 SINGAPORE 750467



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

**Policy Schedule** 

Your SmartDrive Comprehensive Essential

**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

Renewal

date

03/04/2019

your servicing distributor

ANIKA INS BROKERS & CONSULTANTS P L/00914

your servicing distributor contact 6672 9988

Your policy snapshot

Policyholder name

Period of Insurance

LIOW KET FUI

Policy number FIN / NRIC

VA1 / GA335599 \$77858531

Comprehensive from 20/03/2019 to 09/03/2020 (both dates inclusive)

Premium breakdown

Gross Premium after 50% NCD

7% GST

**Final Premium** 

SGD 937.47 SGD 65.62 SGD 1,003.09

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 Vehicle registration number

Body type

Seating capacity (excl driver)

Off-Peak car

AUDI A6 2.0 TFSI MU

**SLV9778Y** SALOON

Year of manufacture

Type of Use Engine capacity (c.c.) Engine number

Chassis number

2014

Private use 1984

CDN416939

WAUZZZ4G1EN200935

Insured's Estimated Market Value Limitation to use

Finance Loan Company

Market Value at the time of Loss (including accessories and spare parts) As per Certificate of Insurance

TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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

Windscreen Excess

Not Applicable

## **Drivers details**

Your Broker ... ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD Co. Reg. No. 197800194N

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