# 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.

	ACCIDENT STATEMENT
Date Of Report	27/05/2019 13:06
Date Of Accident	26/05/2019 14:15
Exact Location Of Accident	X JUNCTION OF GENTING RD & TANNERY RD
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJA3627Z	
Insured/Policyholder		
Name Of Registered Owner	CHEW PECK YAM	
NRIC No	S7011779G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98710795	
Alternative Phone No	OFFICE-98710795	
Vehicle Particulars		

Manufacturer	TOYOTA
Model	WISH-1.8 (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 GA294799/1

Cover Note Number

# **Driver**

Name of Driver CHEW PECK YAM NRIC No S7011779G

Date Of Birth 10/04/1970
Occupation INDOOR
Date Of Driving Pass 07/04/1999

Driving Experience 20 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98710795

Fax Number

Contact Number OFFICE-98710795

EMail Address NOEMAIL

BLK 794 WOODLANDS DR 72 #06-17 Address

Postcode 730794

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 - MAJOR/MINOR RD** 

Weather Conditions **CLEAR** Road Surface DRY

## Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

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**

ON THE ABOVE MENTION DATE AND TIME. I WAS TRAVELLING ALONG THE X-JUNCTION BETWEEN GENTING ROAD AND RANNERY ROAD, I WAS AT GENTING ROAD AND WANTS TO CROSS OVER STRAIGHT TO TANNERY ROAD, WHEN I WAS CROSSING BY SLOWLY, SUDDNENLY A VEHICLE B DRIVING STRAIGHT AT THE MAIN ROAD COLLIDED ONTO MY VEHICLE AND DRAGGED ME TOWARD HE'S VEHICLE.

### Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number **GBG9219S** 

Vehicle Make/Model/Colour

**Details Of Properties** 

YANG YING ZHE

**COMMERCIAL VEHICLE** Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **SKETCH PLAN**

# **IMPORTANT NOTICE**

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- 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.
- 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:
  - 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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: CYS Automobile Services Pte Ltd 38 Woodlands Industrial Park East 1 400-17 Admirally Industrial Park 9 Ingapore 757700 Tel: 8219 2098 (3lines) Fax: 6219 2096

**車服務私人有限公司** 

1

Reporting Centre Personnel's Signature

NRIC/FIN No.:

**SKETCH 2** SKETCH PLAN M 7 68692195 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT on the Above MENTION TATE & time I WAS TRAVELLY Ruan ? hetween Gentin HOLL ROAM ROAD and hands Tonnery CRUSS straigna CROSSIN MAS Straigna DRIVE Collided arel h-e Unto whice hels 進友成其車服務科人有限公司 CYS Automobile Services Pte Ltd 28 Woudland Industrial Park East 1 World Admiratory Industrial Park Simpapore 757700 Tot: 6819 2090 (Nines) Fax: 6219 2096 DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Name: 5 HTCP IM NRIC/FIN No.: Policyholder's Signature Driver's Signature (If driver is not the policyholder) Date & Time: Date & Time: GIARME SkeichPlanForm, V3



# POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: _	
To: Ow	ner of Vehicle Number: STA 3627 Z
The foll	owing has been advised to you via your workshop, Cyc Automobile through their Services Pt LTP.
Please	tick the applicable box if you had been advised on any of the following:
( )	In the event that you wish to claim against your own policy, there is a time limit whereby the claim must be made within fourteen (14) days from the day of accident.
5	You had been advised by the workshop on the liability and merits of the case accordingly.
(4	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
( )	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
( )	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.
( )	You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
( )	For vehicles below three (3) years old, your insurance company will use only genuine original parts to repair your vehicle.
-	For vehicles above three (3) years old, your insurance company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
14	You had been advised by the workshop of the twelve (12) months warranty on workmanship for Own Damage repairs related to the accident.
( )	For vehicles below three (3) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
( )	Others
Signed	f and acknowledged by:
× .	
Name	and signature of policyholder/ authorized driver* and company stamp (where applicable) and driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers
who are	permitted to drive the insured Vehicle.
411	Emel Lim.
Name	and signature of workshop personnel including company stamp
X	進友成汽車服務私人有限公司 CYS Automobile Services Pte Ltd 38 Woodlands Industrial Park East 1 #07-17 Admirally Industrial Park Singapore 757700 Tel: 6219 2098 (3lines) Fax: 6219 2096





Certificate number

Chassis number

Fodine number

AXA Insurance Pte Ltd 28 1890 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 customer.care@axa.com.sg yww.axa.com.sg

account number 08028

GA294799 / 1

1772970713

ZNE100382163

# **Certificate of Insurance**

Motor Vehicles (Third-Party Risks and Compensation) Act. (Chepter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960-Road Transport Act. 1987 (Motor Vehicles (Third-Party Risks and Compensation) Rules. Motor Vehicles (Third-Purty Risks.) Rules, 1959 (Malaysia)

# Policy details

Policyholder name Cover

Plan name NCD applicable

Vehicle registration number Period of Insurance Finance loan compony

CHEW PECK YAM Comprehensive Essential 50%

SIA3627Z

DICKSON CAPITAL PTF LTD.

from 21/11/2018 to 20/11/2019 (both dates inclusive)

# Persons or classes of persons entitled to drive\*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. PEK FOO YONG

(c) Any person who is driving on the Pulicyholder'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 only for social, domestic and pleasure purposes and for the Policyholder's business,

The policy does not cover - use for hire or reward, racing, page-making, reliability trial, speed testing, 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, routo, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

Limitations renduced 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 (Mahyara), are not to be included under these resultings.

**EXCESS** 

Basic Own Damage Excess

Windscreen Excess

SGD 300,00 SGD 100.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for doclared Young and Inexperienced Driver
- 3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

# Additional clauses & endorsements to your policy

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 (Molaysia),

# AXA Insurance Pte Ltd

Authorised signature

Policyholders are warned that no the sole 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 Pisks and Compensation Act (Cop. 189).

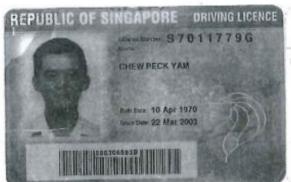
The Previous Worranty Clause requires the previous to be poid in full within a specific period failing which there would be no liability under the policy, renewal certificate, andersoment etc.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Oustomer Centre, #81-01

1 of 3







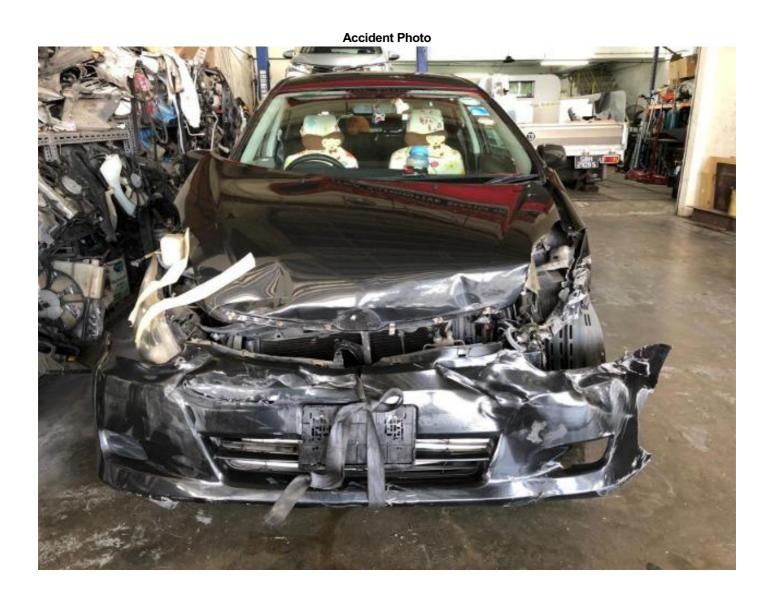


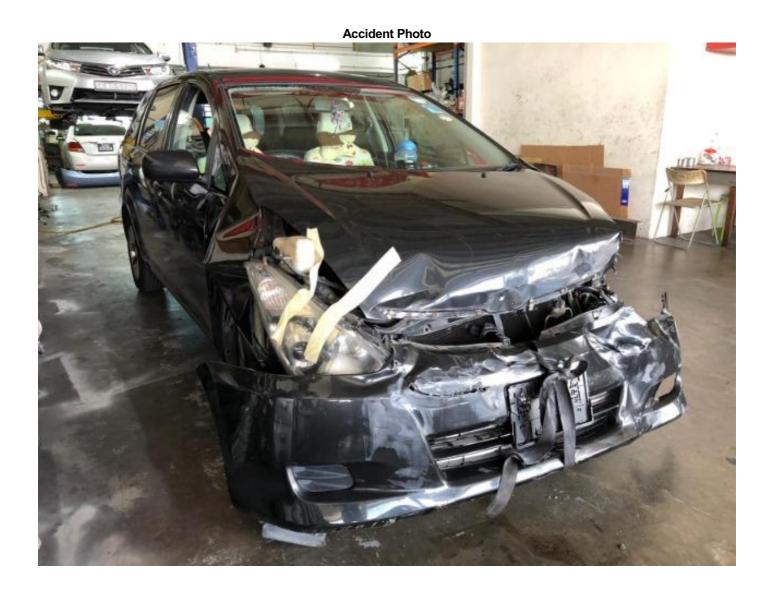


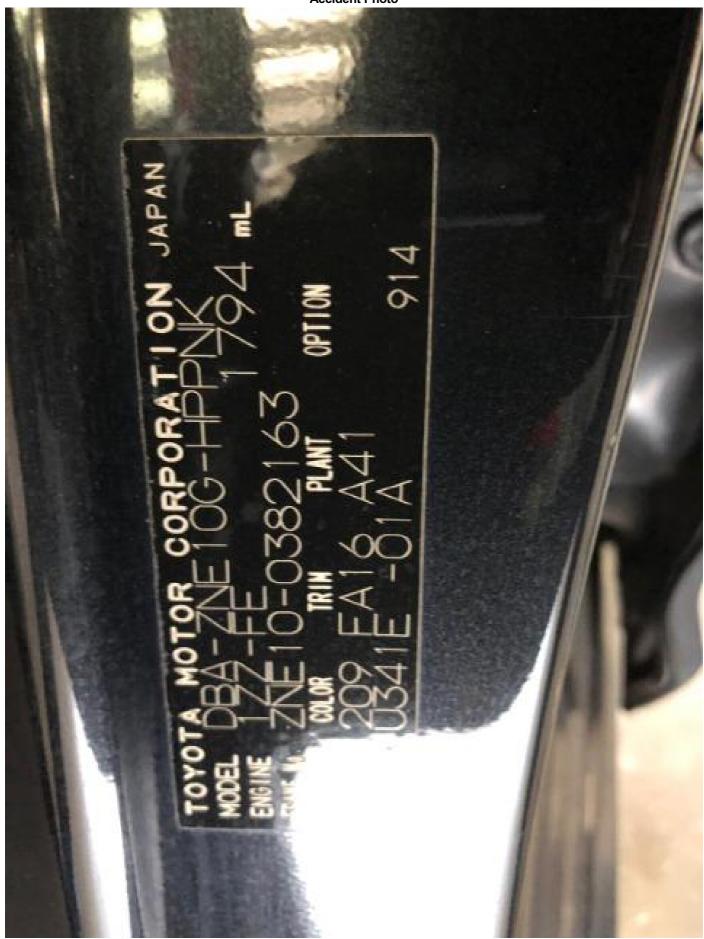




# Accident Photo







# **Accident Photo**



# **Accident Photo**



