#### 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 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	29/04/2019 14:46
Date Of Accident	26/04/2019 18:50
Exact Location Of Accident	JALAN BENAAN KAPAL AFTER LAMP POST NO 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF477X
Insured/Policyholder	
Name Of Registered Owner	KHOO RAYMOND SIAW HONG
NRIC No	G6489224Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81572344
Alternative Phone No	OFFICE-60000000
Vehicle Particulars	
Manufacturer	LEXUS
Model	RX270-2.7 (A)
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	GA109675/1
Cover Note Number	
Driver	

Name of Driver ADELINE HOE SIEW KHIM

NRIC No S7624680G Date Of Birth 18/08/1976 Occupation **INDOOR** Date Of Driving Pass 11/11/1998

**Driving Experience** 20 YEARS AND 5 MONTHS

**FEMALE** Gender

Mobile Number (LOCAL) +65-91116790

Fax Number **Contact Number** 

**EMail Address NOEMAIL** 

336 CHANGI ROAD #05-01 Address

Postcode

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 SIDE SWIPE Weather Conditions AFTER RAIN

Road Surface WET

#### 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

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**

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

Report 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**

EP182P Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR 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

### SKETCH PLAN

#### IMPORTANT NOTICE

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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
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- 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.
- S. 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 (all 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 Singaporo, 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, invastigation 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 Signatura Date & Time: Orlver Signature

(If driver is not the policyholder)

Date & Time:

Reporting Contro Personnel's Signature

Name:

NRIC/FIN No.:

57/3/2056

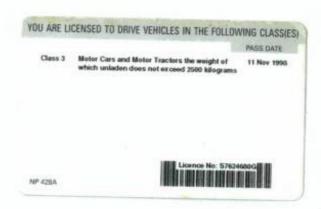
# Sketch Plan #2

SKETCH PLAN		
Jakon	Bengan Kapal	
	Taple,	
	BDS	
	1 10	
000		
Lomp Aut		
Lomp Post		
No. 2		
DESCRIBE CIRCUMSTANCES	COTUS ACCIDENCE	
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Bengan Kap	al after Lomp Post	No. 2 . I was travelling
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and the above	4 1 1	1 11 1 111
on the apove	mentioned road or	nd suddenly a Vehicle
		J
(B) on my	Left regard into	ng Path without caution
J	J. Jack Mo	ng rain withow caution
- 1 :// 1	1 1 1 1	9
and without	proper lookout hence	e collided outomy
Left Poor 1	Participal and state	1 (01)
The state of	orner g my ven	ide (A) cousing damage
1		
to my vehic	le . After the inc	ided, vehicle (B)
	11/10 11/10	ciero, conide (s)
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orcur rejuse	ed to exchange par	ticular and refused to
		, , ,
come out fre	om the reliefe and	attack // / / / /
come ou gre	IN THE VENERE and	
11		CA, SKF H77 X
taken video	from his vehicle.	(B) EP 182P
Note: Please note that yo	ur insurer may have 14 days time fro	ame for you to submit an Own Damage Claim
under your own comprehe	ensive policy. Please check your pol	lander or you to submit an Own Damage Claim
DECLARATION	policy. I lease check your pol	icy for more information.
We declare the foregoing partic	ofor on the lands	
while integrals partic	siera el e tiue in every respect.	
	M K I	1
	* [ ]	5
	Driver's 3 snature	Reporting Centre Personnel's Signature
olicyhoider's Signature Pate & Time:	Driver's Senature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 871319056

### **Driving License**



Driver SEF 477X







AXA Insurance Pte Ltd 2 1800 880 4888 (Within Singapo (65) 6880 4888 (International) 惠 (65) 6880 4740 ☑ customer.care@axa.com.sg www.axa.com.sg

# **Certificate of Insurance**

account number 04139

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)

#### Policy details

Policyholder name

RAYMOND KHOO SIAW HONG Comprehensive

Certificate number

GA109675 / 1

Cover Plan name

Peace 50%

Chassis number Engine number

JTJZA11A702412600 1AR0559043

NCD applicable Vehicle registration number

SKF477X

Period of Insurance

from 25/10/2018 to 24/10/2019 (both dates inclusive)

Finance loan company

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy
  - 1. ADELINE HOE SIEW KHIM (ADELINE HE XIUQIN)
- (c) 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.

### 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, pace-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, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transcort Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Windscreen Excess

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared 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 (Malaysia).

#### AXA Insurance Pte Ltd

Authorised signature

#### Important note

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-Parry Risks and Compensation Act (Cap. 189).

The Premium Warrancy 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,

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

1 of 3















