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 <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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/06/2019 10:23
Date Of Accident	14/06/2019 18:40
Exact Location Of Accident	BOUNDARY ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SME44T
Insured/Policyholder	
Name Of Registered Owner	NG BOON HOON @ NG BOON HOON PANSY
NRIC No	S1245903C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97373263
Alternative Phone No	OTHERS-97373263
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2184597
Cover Note Number	24/08/2018 - 23/08/2019
Driver	
Name of Driver	NG WEI HERN BENJAMIN
NRIC No	S9420916A
Date Of Birth	09/06/1994
Occupation	INDOOR
Date Of Driving Pass	15/07/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97373263
Fax Number	
Contact Number	OTHERS-97373263

WHBENJAMIN@GMAIL.COM

423 SERANGOON CENTRAL Address

#04-344

Postcode 550423

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **RELATIVE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : LAU AH LEE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD5023K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 3. 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>.
- 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. 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centr Name:

NRIC/FIN No.:

BOUNDARY ROAD SCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS DRIVING ALONG POUNDARY ROAD ON 14 06 2019 A OR AROUND 1848 HOURS (N THE MIDDLE LAWE TAXK NUMBER SHD 5023 K BRAKED ABRUPTLY IN FRONT OF ME CAMPIAN OUR VEHICLES TO COLUDE Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my effice accident report to: Any workshop: Immaliaddress: Immyself: Immeliaddress: Wholey Amil Committed and Amil Committed	ly Vehicle A: 🥒 🥄 M र पंपर 🕴	Vehicle B:	SHD5023k	BOUNDARY ROAD Vehicle C:
SCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS DRIVING ALOND BOUNDARY ROAD ON 14 66 2019 A OR AROND 1848 HONRS (N THE MIDDLE LANE, TAXI NUMBER SHO 5023 K BRAKED ABRUPTLY IN FRONT OF IME CAUGING OUR LEALUES TO COLLOC. Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my effile accident report to: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under out wor policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. (If driver is not the policyholder) Reporting Conductive Name:	(ETCH PLAN			
SCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS DRIVING ALOND BOUNDARY ROAD ON 14 66 2019 A OR AROND 1848 HONRS (N THE MIDDLE LANE, TAXI NUMBER SHO 5023 K BRAKED ABRUPTLY IN FRONT OF IME CAUGING OUR LEALUES TO COLLOC. Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my effile accident report to: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under out wor policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. (If driver is not the policyholder) Reporting Conductive Name:				,
SCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS DRIVING ALONG POUNDARY, ROAD ON 14 66 2019 A OR AROMNO 1848 HONRS (N THE MIDDLE LANE, TAXI NUMYSER SHO 5023 K BRAKED ABRUPTLY IN FRONT OF INTE CAMOINT OUR VEHICLES TO COLLIDE Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to submit own damage claim under our own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. Cycholder's Signature is time: (If driver is not the policyholder) Reporting Canhol Plant Parks's Signature Name:				
SCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS DRIVING ALONG POUNDARY, ROAD ON 14 66 2019 A OR AROMNO 1848 HONRS (N THE MIDDLE LANE, TAXI NUMYSER SHO 5023 K BRAKED ABRUPTLY IN FRONT OF INTE CAMOINT OUR VEHICLES TO COLLIDE Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to: invalidatess: who beginnin a grain was a cident report to submit own damage claim under our own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. Cycholder's Signature is time: (If driver is not the policyholder) Reporting Canhol Plant Parks's Signature Name:	and the second s	The second secon	argeneries in conferente complex in the contract constitution of the contract constitution of the contract cont	and the second districts and the second seco
I WAS DRIVING ALONG BOUNDARY ROAD ON 14 66 2019 A OR AROUND 1848 HOWRS (N THE MIDDLE LAWE, TAXI NUMBER SHD 5023 K BRAKED ABRUPTLY IN FRONT OF ME, CAWING OUR LEHILLES TO COLUDE Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: Along workshop: Imail address: Imail		BOUNDA	try Roal	
I WAS DRIVING ALONG BOUNDARY ROAD ON 14 66 2019 A OR AROUND 1848 HOWRS (N THE MIDDLE LAWE, TAXI NUMBER SHD 5023 K BRAKED ABRUPTLY IN FRONT OF ME, CAWING OUR LEHILLES TO COLUDE Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: Along workshop: Imail address: Imail	B-In-colorous majorie	det typester typ, yn differiae d y feidd feffiddion o COO Stockey Domes yn o ywys yn o cyngol yn o cyngol y chwys	المراكبة ال المراكبة المراكبة ال	State Concessing gaps .
I WAS DRIVING ALONG BOUNDARY ROAD ON 14 66 2019 A OR AROUND 1848 HOWRS (N THE MIDDLE LAWE, TAXI NUMBER SHD 5023 K BRAKED ABRUPTLY IN FRONT OF ME, CAWING OUR LEHILLES TO COLUDE Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: Along workshop: Imail address: Imail	Secretaria de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos	TA> 18		
The proving Along Boundary Road on 14 6 2019 A or Areanio 1848 hours (N The Middle Lane, Taxi Numysen SHD 5023 k Braced Abruptly IN Front of the Cawing onk Length (ST Coulde) Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: In all address: It mail address: It mail address: When it was a day timeframe for you to submit own damage claim under rou own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. Proviolder's Signature Oriver's Signature (If driver is not the policyholder) Reporting Centre Internation of the policyholder of the control of the contr	.gr=" **majoritys quidicadorit			or many
The proving Along Boundary Road on 14 6 2019 A or Areanio 1848 hours (N The Middle Lane, Taxi Numysen SHD 5023 k Braced Abrupty IN Front of the Camino our Lehicles To Collide Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In mail address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern and a copy of my efile accident report to: In all address: When a modern			and the second s	The contract of the contract o
The proving Along Boundary Road on 14 6 2019 A or Areanio 1848 hours (N The Middle Lane, Taxi Numysen SHD 5023 k Braced Abruptly IN Front of the Cawing onk Length (ST Coulde) Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: In all address: It mail address: It mail address: When it was a day timeframe for you to submit own damage claim under rou own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. Proviolder's Signature Oriver's Signature (If driver is not the policyholder) Reporting Centre Internation of the policyholder of the control of the contr	** najpodražavi (Cu-lig y Jano ngo najpodrađa (u lig y Lig) (Lig			
The proving Along Boundary Road on 14 6 2019 A or Areanio 1848 hours (N The Middle Lane, Taxi Numysen SHD 5023 k Braced Abruptly IN Front of the Cawing onk Length (ST Coulde) Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: In all address: It mail address: It mail address: When it was a day timeframe for you to submit own damage claim under rou own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. Proviolder's Signature Oriver's Signature (If driver is not the policyholder) Reporting Centre Internation of the policyholder of the control of the contr		The second secon	والمسترية والمسترية والمراقب المسترية والمسترية والمسترية والمسترية والمسترية والمسترية والمسترية والمسترية والمسترية	MCC - value make per -
The proving Along Boundary Road on 14 6 2019 A or Areanio 1848 hours (N The Middle Lane, Taxi Numysen SHD 5023 k Braced Abruptly IN Front of the Cawing onk Length (ST Coulde) Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: In all address: It mail address: It mail address: When it was a day timeframe for you to submit own damage claim under rou own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. Proviolder's Signature Oriver's Signature (If driver is not the policyholder) Reporting Centre Internation of the policyholder of the control of the contr				
I WAS DRIVING ALONG BOUNDARY ROAD ON 14 66 2019 A OR AROUND 1848 HOWRS (N THE MIDDLE LAWE, TAXI NUMBER SHD 5023 K BRAKED ABRUPTLY IN FRONT OF ME, CAWING OUR LEHILLES TO COLUDE Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: Along workshop: Imail address: Imail	SCRIBE CIRCUMSTANCES OF THE	ACCIDENT		
SHD 5023 K BRAKED ABRUPTLY IN FRONT OF ME CAMINATOR OUR LEHILUES TO COLUMB Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only temarks: Please forward a copy of my efile accident report to: My workshop: Imail address: Imail addre				
SHD 5023 K BRAKED ABRUPTLY IN FRONT OF ME CAMINATOR LEHILUES TO COLUMB Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only temarks: Please forward a copy of my efile accident report to: My workshop: Imail address:	1 WITS DKIVING	HONG Bour	JOANY RO	AD ON 14/06/2019 A
SHD 5023 K BRAKED ABRUPTLY IN FRONT OF ME, CAWING OUR LEHICUES TO COULDE Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only temarks: Please forward a copy of my efile accident report to: My workshop: My workshop: Manial address: K myself: Manial address: My benjamin a grail a mail address: My self: Maliaddress: Mote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every report. Driver's Signature 1 driver is not the policyholder's Reporting Centre Pints For Signature Name:	OR AROUND 1840	HOURS (N	THE MIDDL	E LANE. TAXI NUMBER
OUR VEHICLES TO COULDE Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: Ny workshop: Imail address: Rayself: Imail address: Whole: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. Expholder's Signature Claim OD/TP at other workshop Reporting Only	SHD 5023K B	RAKED ABRU	PTLY IN FRO	ont of me causing
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: All workshop: Imail address: Imail				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				The state of the s
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:	· · · · · · · · · · · · · · · · · · ·			
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:				
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:	Claim OD/TB at Ab Lim Mad		les	
My workshop: Imail address: Imail ad				kshop AReporting Only
Imail address: Imail		of my efile accident r	eport to :	
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. Driver's Signature a & Time: (If driver is not the policyholder) Reporting Centure Principle's Signature Name:	Email address :			
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under rou own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. Cyholder's Signature Driver's Signature (If driver is not the policyholder) Reporting Centure Principle's Signature Name:	& myself :			
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under rou own policy. Kindly check with your own insurer for more information. CLARATION e declare the foregoing particulars are true in every respect. Cyholder's Signature Driver's Signature (If driver is not the policyholder) Reporting Centure Principle's Signature Name:	Email address: whbenjan	in @ g mail. w	m.	
cyholder's Signature a & Time: CLARATION Driver's Signature (If driver is not the policyholder) CLARATION Reporting Central Privaries Signature Name:				to submit own damage claim and an
e declare the foregoing particulars are true in every respect. cyholder's Signature a & Time: (If driver is not the policyholder) Reporting Central Personnel's Signature Name:	ou own policy. Kindly check with	your own insurer fo	r more information	n.
e declare the foregoing particulars are true in every respect. cyholder's Signature a & Time: (If driver is not the policyholder) Reporting Central Personnel's Signature Name:	CLARATION			
cyholder's Signature Driver's Signature Reporting Central Pinson Pel's Signature Reporting Central Pinson Pel's Signature Name: Name:		true in every respect.		(ALL)
2 & Time: (If driver is not the policyholder) Name:		- J///		COMPA
2 & Time: (If driver is not the policyholder) Name:		()A),		(E((\tau))\)E)
2 & Time: (If driver is not the policyholder) Name:	licyholder's Signature	Oriver's Signature		Reporting Con Control VIII
	· -		older)	
Date & Time: 15 06 2019 NRIC/FIN No.:				
ON O U -		1 1		их Тийдо Тобой Ягори

"NSURANCE PTE LTD "ienton Way, #24-01 "XA Tower, Singapore 068811 Customer Centre #01-21 Tel:1800 8804888 Fax:-Website:www.axa.com.sg GST Registration Number: 199903512M customer.care@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
NEW BUSINESS
Original

POLICY INFORMATION	Policy No.: VPA/P2184597
Source	: (01) 08260 KOMOCO TRADING PTE LTD (HY)
Insured	: NG BOON HOON @NG BOON HOON PANSY
Address	: 329 RIVER VALLEY ROAD #24-01 SINGAPORE 238361
Business/Profession	: PERSONAL ASSISTANT Carrying on or engaged in the business or profession
,	last declared and no other for the purpose of this insurance.
Period of Insurance	:From 24/08/2018 To 23/08/2019 (Both Dates Inclusive)
Any subsequent peri agree to accept a re	od for which the Insured shall pay and the Company shall newal premium.
PREMIUM	
Premium After 0.00 NCD	% : SGD 1,495.33
GST 7.00%	: SGD 104.67
Annual Premium	: SGD 1,600.00
Total Payable	: SGD 1,600.00
RISK DETAILS THE MO	TOR VEHICLE
Type Of Cover	: Comprehensive
Regn No.	: SME44T
Type Of Use	: Private Car
Make/Model	: HYUNDAI ELANTRA AD 1.6 GLS AT
Year of Manufacture	: 2018 Seating Capacity (excl. Driver) : 04
Body Type	: SALOON Engine C.C. : 1591
Engine No.	: G4FGJU237310
Chassis No.	: KMHD841CMJU728701
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)
Limitations as to Us	e : As specified in Certificate of Insurance

Basic Own Damage Excess

Excess Applicable

-

Named Drivers

1 NG BOON HOON @NG BOON HOON PANSY

MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS

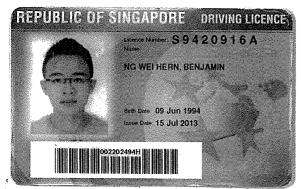
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:

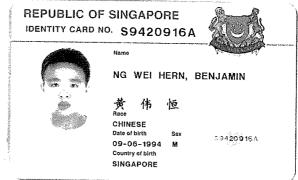
: SGD

Memorandum A

Make & Model : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS)

Page 1





97373263.

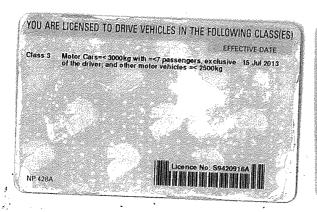
PIC

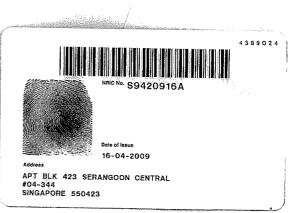
HO WMM.

Yes - OWNER.

299x.

(F) CANAMIER





	Date No.
	To Whom it hay concern
***************************************	· ·
***************************************	Accordent Imorning my behavile Sut 441 on 14/06/2019 with
	Hardent Involving any behove Smt 44 T on 14/06/2019 WHL SHD 5023 K along Bounday Road.
***************************************	1, NO BOOLHOON PANDY NRIC NO. 812459030 OWNER
	of vehicle by, SGG 44D am aware of the accident of my
	of vehicle hs. SGG U4D am aware of the accident of my vehicle on 14/06/2019 while my can was directly No Wol here he BENJAMIN, IC NO. 894229164. I hereby authorize him to
	BENJAMIN, IC NO. 894209164 I hereby authorse him to
	mate the heport.
,	, //
	- Au
	Name: NO BOON HOON PANSY
	Dale: 30 15/06/2019.
,,,,,,	,
•	



POLICYHOLDER ACKNOWLEDGEMENT FORM

POLICYHOLDER ACKNOWLEDGEMENT FORM				
Date: 15/6/19				
To: Owner of Vehicle Number:				
The following has been advised to you via your workshop, <u>AH LIM MOTOR COMPANY</u> through their staff, ZILA/FILEEN/MUI HONG				
Please tick the applicable box if you had been advised on any of the following:				
You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.				
() You had been advised by the workshop on the liability and merits of the case accordingly.				
() 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.				
() There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.				
() 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 or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.				
For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.				
() You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.				
() For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.				
Others Pegoving Duly.				
Signed and acknowledged by:				
Name and signature of policyholder/ authorized driver* and company stamp (where applicable)				
*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers with the permitted to drive the insured Vehicle.				
Name and stonature of workshop personnel including company stamp				







