### 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.	u nereby consent to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	29/06/2019 15:00			
Date Of Accident	28/06/2019 17:00			
Exact Location Of Accident	PIE (TUAS) BEFORE ADAM RD EXIT			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLZ9593S			
Insured/Policyholder				
Name Of Registered Owner	YAP JYH SEONG			
NRIC No	S7969020A			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-82687352			
Alternative Phone No	OFFICE-82687352			
William C. I				

**Vehicle Particulars** 

NISSAN Manufacturer Model **QASHQAI** 

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

**Insurance Company** 

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number GA356169

Cover Note Number

**Driver** 

Name of Driver YAP JYH SEONG NRIC No S7969020A Date Of Birth 23/12/1979 Occupation **OUTDOOR Date Of Driving Pass** 15/03/2014

**Driving Experience** 5 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82687352

Fax Number

OFFICE-82687352 Contact Number

**EMail Address NOEMAIL**  Address BLK 855 TAMPINES ST 83 #06-254

Postcode 520855

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

### **Other Information**

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

5

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

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: CHONG EE VEN

: YAP CHEW LING

GENDER: :

: FEMALE

Passenger 2

Passenger 1

NAME: : WONG JIA MIN

GENDER: : FEMALE

Passenger 3

NAME: : WONG JIA WEI

GENDER: : MALE

Passenger 4

GENDER: : FEMALE

### **Details of Police Action**

Was the accident reported to the police?

NO

NAME:

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### **Circumstances of Accident**

I WAS TRAVELLING STRAIGHT ALONG PIE (TUAS) BEFORE ADAM RD EXIT ON THE EXTREME RIGHT LANE. VEHICLE IN FRONT OF ME STOPPED, I FOLLOWED SUIT AND STOP. SUDDENLY, I FELT AN IMPACT. VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. DUE TO THE STRONG IMPACT, MY VEHICLE SURGED FORWARD AND HIT ONTO VEHICLE E. I ALIGHTED AND REALISED THAT THERE WERE A TOTAL OF 5 VEHICLES INVOLVED. AFTER THE ACCIDENT, ME AND MY PASSENGER FELT DISCOMFORT.

### 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**

Vehicle Registration Number

SLB3881B

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHD6950C

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SGB3097H

Vehicle Make/Model/Colour

Details Of Properties VEHICLE D

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SJT5984D

Vehicle Make/Model/Colour

Details Of Properties VEHICLE E
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name YAP JYH SEONG

Approximate Age Injuries Sustain

Injured person in which vehicle? SLZ9593S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?
Address

Postcode

**DETAILS OF INJURED PERSON 2** 

Name CHONG EE VEN

Approximate Age Injuries Sustain

Injured person in which vehicle? SLZ9593S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

**DETAILS OF INJURED PERSON 3** 

Name WONG JIA MIN

Approximate Age Injuries Sustain

Injured person in which vehicle? SLZ9593S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 4** 

Name WONG JIA WEI

Approximate Age Injuries Sustain

Injured person in which vehicle?

SLZ9593S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 5** 

Name YAP CHEW LING

Approximate Age Injuries Sustain

Injured person in which vehicle? SLZ9593S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

### Sketch Plan Pg. 1

### **SKETCH PLAN**

### **IMPORTANT NOTICE**

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- 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 aforesald.
- 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 complie 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 Centre Personnel's Signature

Name:

NRIC/FIN No.

SKETCH PLAN

		A: SLZ95931  B: SLB3881B  C: SHD6950C  D: SGB3097H  E: SIT6984D  PLE (TUAK)  Before Adam 2d  Exit
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling Graight along PIE (Tuas) before			
Adam to exitor the actione high lane.			
vehicle in front of me stopped, I fallowed Burt			
and stopped. Suddenly, I feet an impact. Venice B			
Int onto the rear portion of my reniche and caused			
damages			
9			
Due to the strong impact, my renicle surged forward			
and hit outo vehicle F.			
I aligned and realised that there were a total			
of 5 relicks involved.			
After the accident, me and my parrengers felt			
als confort.			

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

### Sketch Plan #3 Pg. 1

# LETTER OF UNDERTAKING

I/We, Yap Jyn Slong	, the owner of vehicle no	. <u>SLZ 9593</u> 5.
My/Our Insurance is under M/s AXA Insurance laim under my/our Policy or against the This such a claim to M/s AXA Insurance Pte Ltd within 14(fourteen) days of occurrence or	with all relevant facts and	cide whether to shall submit documents
My/Our Third Party claim is handle by my/o		EW Spor Teck
Signed and Acknowledge by:		
Nric no. & signature of policyholder	Company stamp	29/6/19 Date

### REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7969020A





Name

YAP JYH SEONG

叶志雄

Race

**CHINESE** 

Date of birth

Sex

23-12-1979

Country of birth

MALAYSIA

9132781



NRIC No. S7969020A



Nationality

MALAYSIAN

Date of issue

25-07-2011

APT BLK 855 TAMPINES STREET 83 #06-254 SINGAPORE 520855

S7969020A

06/10/2013

### Sketch Plan #5 Pg. 1

## HEMNICH HEALES



Licence Number: **S7969020A** 

Name:

YAP JYH SEONG

Birth Date: 23 Dec 1979

Issue Date: 15 Mar 2014





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

**EFFECTIVE DATE** 

Class 2B Motorcycles =< 200 cc Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S7969020A

### Sketch Plan #6 Pg. 1





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

### **Certificate of Insurance**

account number 08028

-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 Cover Plan name

VAP IVH SEONG Comprehensive Essential

Certificate number Chassis number Engine number

GA356169 / 1 SJNFEAJ11U2232917 HRA2594465A

NCD applicable Vehicle registration number

SLZ9593S Period of Insurance

from 24/05/2019 to 23/05/2020 (both dates inclusive)

Finance loan company UNITED OVERSEAS BANK LIMITED

10%

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

(b) 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 Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS** 

Basic Own Damage Excess

Windscreen Excess

SGD 500.00

SGD 100 00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$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-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty 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, endorsement etc.

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

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