

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 withholding 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	02/07/2019 17:26
Date Of Accident	01/07/2019 16:15
Exact Location Of Accident	BLK 482 PASIR RIS DR 4 OSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH2832C
Insured/Policyholder	
Name Of Registered Owner	SOH FOOK SENG
NRIC No	S7222602Z
Email Address	ALVINSOHFS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91860068
Alternative Phone No	OTHERS-91860068

Vehicle Particulars

Manufacturer	DAIHATSU
Model	TERIOS-1.5 4WD (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	GA345111
Cover Note Number	05/06/2019 - 04/06/2020

Driver

Name of Driver	SOH FOOK SENG
NRIC No	S7222602Z
Date Of Birth	26/06/1972
Occupation	INDOOR
Date Of Driving Pass	18/05/1994
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91860068
Fax Number	
Contact Number	OTHERS-91860068
EEmail Address	ALVINSOHFS@GMAIL.COM

Address	133 PASIR RIS GROVE #08-23
Postcode	518131
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) involved in the accident	3
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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PURINA GENDER: : FEMALE

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

REFER TO THE SKETCH PLAN BY DRIVER

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	SMH2297B
Vehicle Make/Model/Colour	
Details Of Properties	
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	SJB6144A
Vehicle Make/Model/Colour	
Details Of Properties	
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	SOH FOOK SENG
Approximate Age	
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	SGH2832C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1


SKETCH PLAN

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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.

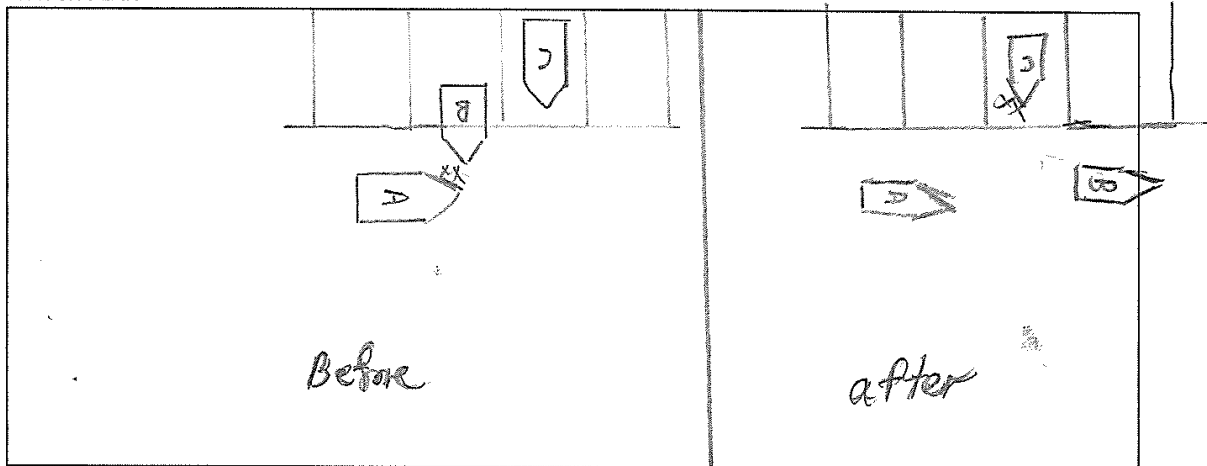

Policyholder's Signature
Date & Time: 02/07/2019
1550hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 01/07/2019 Time: 16⁵17 hrs Location: BLK 482 Passer's Drive 4^{open space} carpark.
 My Vehicle A: SGH 2832C Vehicle B: SMH 2297B Vehicle C: SJB 6144A
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the main road of the carpark of BLK 482 passer's Drive. Out of a sudden, vehicle B came out from a parking lot and hit onto the front left portion of my vehicle. Due to the impact, vehicle B veered to his left and scratched onto the front portion of vehicle C.

☒ 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:

My workshop :
 Email address :
 & myself :
 Email address :

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.

DECLARATION

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

Policyholder's Signature

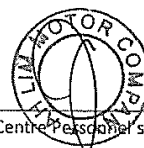
Date & Time: 02/07/2019

15 50 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY



redefining / insurance

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

account number
 05185

Certificate of Insurance

-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	SOH FOOK SENG (SU HUCHENG)	Certificate number	GA345111 / 1
Cover	Comprehensive	Chassis number	JDAJ210G001007070
Plan name	Essential	Engine number	1601391
NCD applicable	0%		
Vehicle registration number	SGH2832C		
Period of Insurance	from 05/06/2019 to 04/06/2020 (both dates inclusive)		
Finance loan company	MAYBANK		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (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	SGD 600.00
	Windscreen Excess	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. 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

Nil

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.



redefining / insurance

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

SOH FOOK SENG (SU HUCHENG)
 133 PASIR RIS GROVE
 #08-23
 SINGAPORE 518131

Renewal

date
31/05/2019

your servicing distributor
B.A.S. ENTERPRISE / 05185

your servicing distributor contact
6749 2112

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	SOH FOOK SENG (SU HUCHENG)	Policy number	VA1 / GA345111
Cover	Comprehensive	FIN / NRIC	S7222602Z
Period of Insurance	from 05/06/2019 to 04/06/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD 1,407.33
Total Discounts	- SGD 149.54
7% GST	SGD 0.00
Final Premium	SGD 1,345.84

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

Vehicle details

Make & Model of Vehicle	DAIHATSU TERIOS 1.5	Year of manufacture	2006
Vehicle registration number	SGH2832C	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	1495
Seating capacity (excl driver)	4	Engine number	1601391
Off-Peak car	No	Chassis number	JDAJ210G001007070

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	MAYBANK

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

Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 100.00

Drivers details

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

Driver type	Driver name	Date of birth	Driving experience
Main Driver	SOH FOOK SENG (SU HUCHENG)	26/06/1972	25 year(s)

Additional clauses & endorsements to your policy

Nil

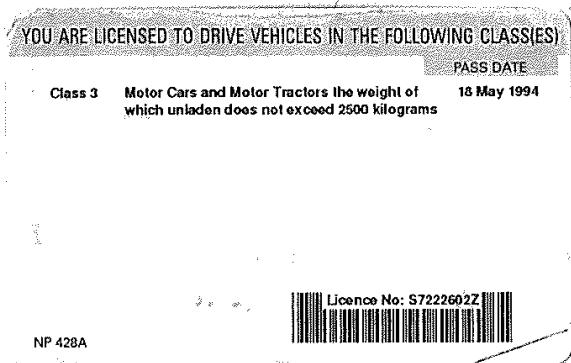
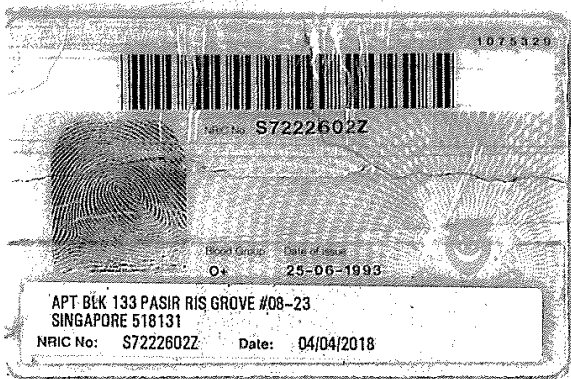
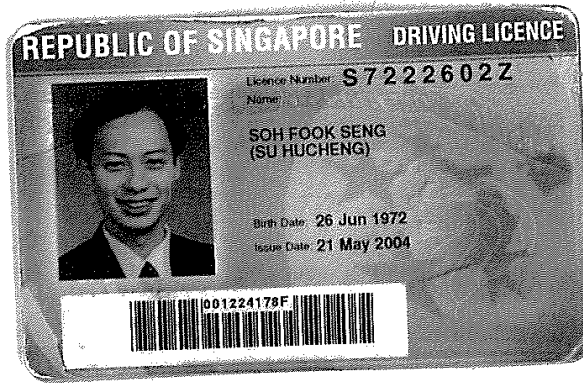
What you should do

- Keep this Policy Schedule as record of insurance cover for your vehicle
- This Schedule should be read in conjunction with the Terms and Conditions of the Policy Wording

AXA Insurance Pte Ltd

This is an auto-generated document and hence no signature is required







POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 02/01/14

To: Owner of Vehicle Number: SGH12032 C

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, ZILA/EILEEN/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 claim TP

Signed and acknowledged by:

[Signature]
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 who are permitted to drive the insured Vehicle.

21a [Stamp]
Name and signature of workshop personnel including company stamp

Ah Lim Motor Company Reporting Accident Info sheet

Vehicle No	SGH2832C
Registered Owner Name	SOH Fook SENG
NRIC/ Fin/ Reg No/Passport	S7222602Z
Owner HP	91860068
2nd number (Office/Home)	

Make of Car	Daihatsu Terios
Car Model	Terios
Purpose of usage	Private / Commercial / Hire & Reward / Private Hire
Are you claiming	Yes / No . If no Action to be taken
Own Insurance	Claim Third Party / Reporting Only

Insurance Company	AXA
Type of Coverage	Comprehensive / Third Part Fire & Theft / Third Party Only
Policy No	VA1/GA345111
Policy Coverage period	05/06/2019 to 04/06/2020

Driver's name	SOH Fook SENG
NRIC/ Fin/ Passport No	S7222602Z
Date of Birth	26/06/1972
Occupation	Indoor / Outdoor
Driving Licence Pass Date	21 May 1994 Class : 2 / 2A / 2B / (3) / 3A / 3C / 4 / 5
Gender	Male / Female
HP no	91860068
Email Address	alvinshfs@gmail.com or NOEMAIL (pls circle)
Address	Apt B1k133 #08-23 Pasir Ris Grove D'Nest s/pne 518131

Driver's relationship with Owner -	Owner / Spouse / Parent / Children / Siblings / Employee / Relatives / Friend / Others -
------------------------------------	---

Weather	Clear & Dry / Raining & Wet / After Rain & Wet / Others
Any Injury	Yes / No . If Yes any conveyance to Hospital Yes / (NO) owner/driver chest pain
No. of Passengers	21 Nunchalee Purina. (P)
Accident Reported to Police	Yes / (No)
Any Video available	Yes / (No)

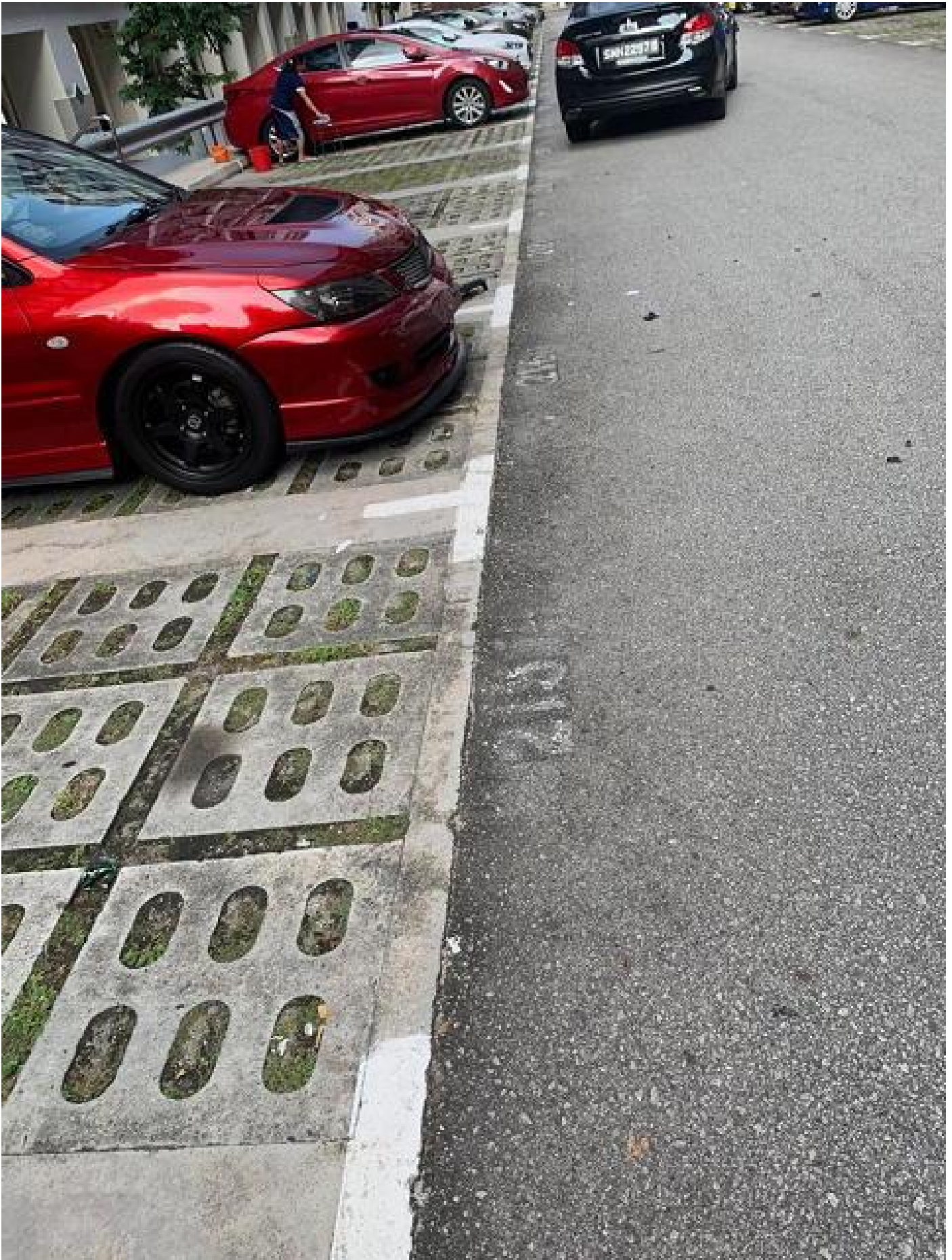
Third Party vehicle B		Third Party Vehicle C	
Make / Model		Make / Model	
Driver's Name	Ye Hui Shein	Driver's Name	Samuel Lim Yong Rong
Driver IC		Driver IC	
Driver HP		Driver HP	
No. of Pax in Car		No. of Pax in car	

PLEASE WRITE CLEARLY AND NEATLY

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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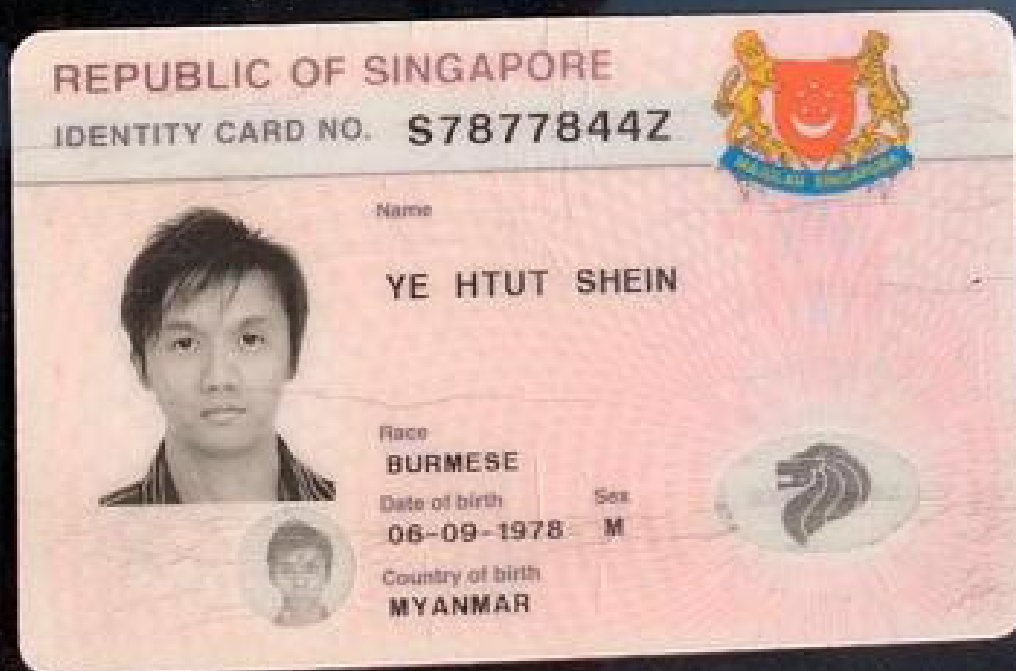


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