

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	16/07/2019 13:40
Date Of Accident	15/07/2019 17:45
Exact Location Of Accident	TELOK BLANGAH RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9193K
Insured/Policyholder	
Name Of Registered Owner	GWEE WAN YI
NRIC No	S9041974I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81684438
Alternative Phone No	OTHERS-97598519

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (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	GA422659/1
Cover Note Number	13/12/2018 - 15/12/2019

Driver

Name of Driver	GWEE YEW SENG
NRIC No	S1435941I
Date Of Birth	08/02/1960
Occupation	INDOOR
Date Of Driving Pass	20/04/1983
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97598519
Fax Number	
Contact Number	OTHERS-81684438
EEmail Address	GWEE1998@YAHOO.COM

Address	264E COMPASSVALE BOW #03-80
Postcode	548264
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	2
Was any body injured in the Accident?	NO
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)	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

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	SHC2119T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

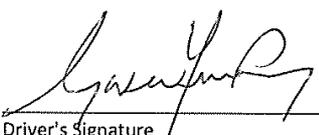
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

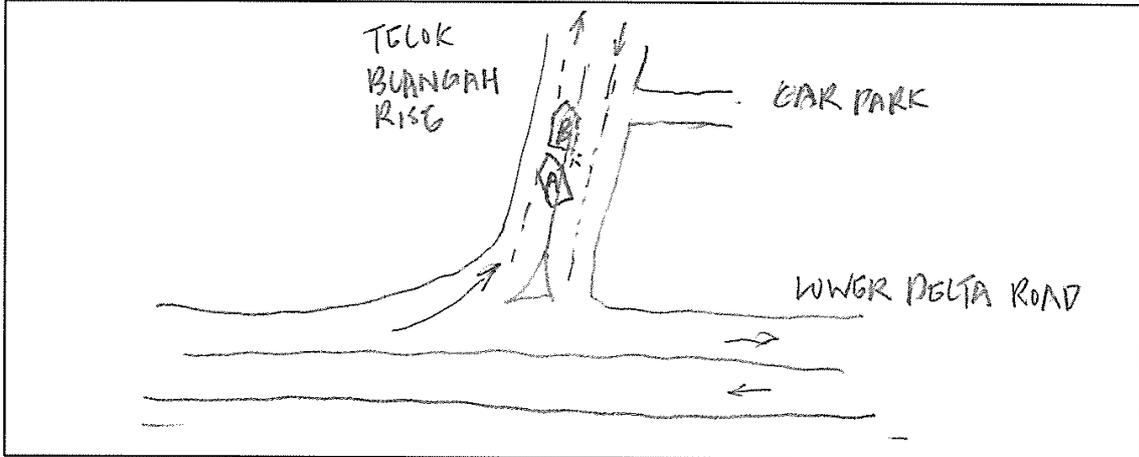


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 15/07/19 Time: 17:45 Location: TELOK BANGAH RISE
 My Vehicle A: SJL 9193K Vehicle B: SUC 2119T Vehicle C: /

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front vehicle is trying to turn right to enter the carpark. I was trying to overtake front vehicle but I ~~accidentally~~ accidentally hit onto the rear of the right portion of car B.

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 : gwee1998@yahoo.com

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:

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

[Signature]
 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
 01403

Certificate of Insurance

• Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
 • Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

Policy details

Policyholder name	GWEE WAN YI	Certificate number	GA422659 / 1
Cover	Comprehensive	Class of motor vehicle	AP05 638-9107650007
Plan name	For Her	Equipment	AZB117901
NCD applicable	0%		
Vehicle registration number	SJL9193R		
Period of insurance	from 13/12/2018 to 15/12/2019 (both dates inclusive)		
Finance loan company	Nil		

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 regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of law, or by a court-martial, or by a provincial or other tribunal, or that he or she is not disqualified by the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Private Hire use only.
 The policy does not cover - use for hire or reward, racing, processions, parades, funerals, or other public or private occasions, or use or otherwise, as in or on, a racing track, circuit, route, course or any other roads by whom ever so named, or use for any other purpose, or for any other special purposes.

* Limitations rendered inoperative by Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Act, 1989 (Malaysia) and Part IV of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	NCD Excess
	Windscreen Excess	20% Excess

An Additional Excess is applicable as follows:
 1. S\$500 for unnamed *Authorised Drivers*
 2. S\$500 for declared *Young and Inexperienced Drivers*
 3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is subject to Part IV of the Road Transport Act, 1987 (Malaysia) and Part IV of the Road Transport Act, 1987 (Malaysia) and clause (AXA Premium Workshops).

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this certificate relates complies with the requirements 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 advise the motor insurer of the change of ownership. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made and the motor insurer's obligations will terminate 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 specified period. Failure to do so could be a liability under this policy, a new certificate, endorsement etc.

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S14359411



Name
GWEE YEW SENG

魏有成

Race
CHINESE

Date of birth
08-02-1960

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S14359411

Name

GWEE YEW SENG

Birth Date: 08 Feb 1960

Issue Date: 05 Mar 2003



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NRIC No. S14359411



Date of issue
03-02-2017

Address
APT BLK 264E COMPASSVALE BOW
#03-80
SINGAPORE 548264

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	20 Jan 1988
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Apr 1983

NP 428A



License No: S14359411



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 16/7/19

To: Owner of Vehicle Number: PSL 9193K

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 Reporting only.

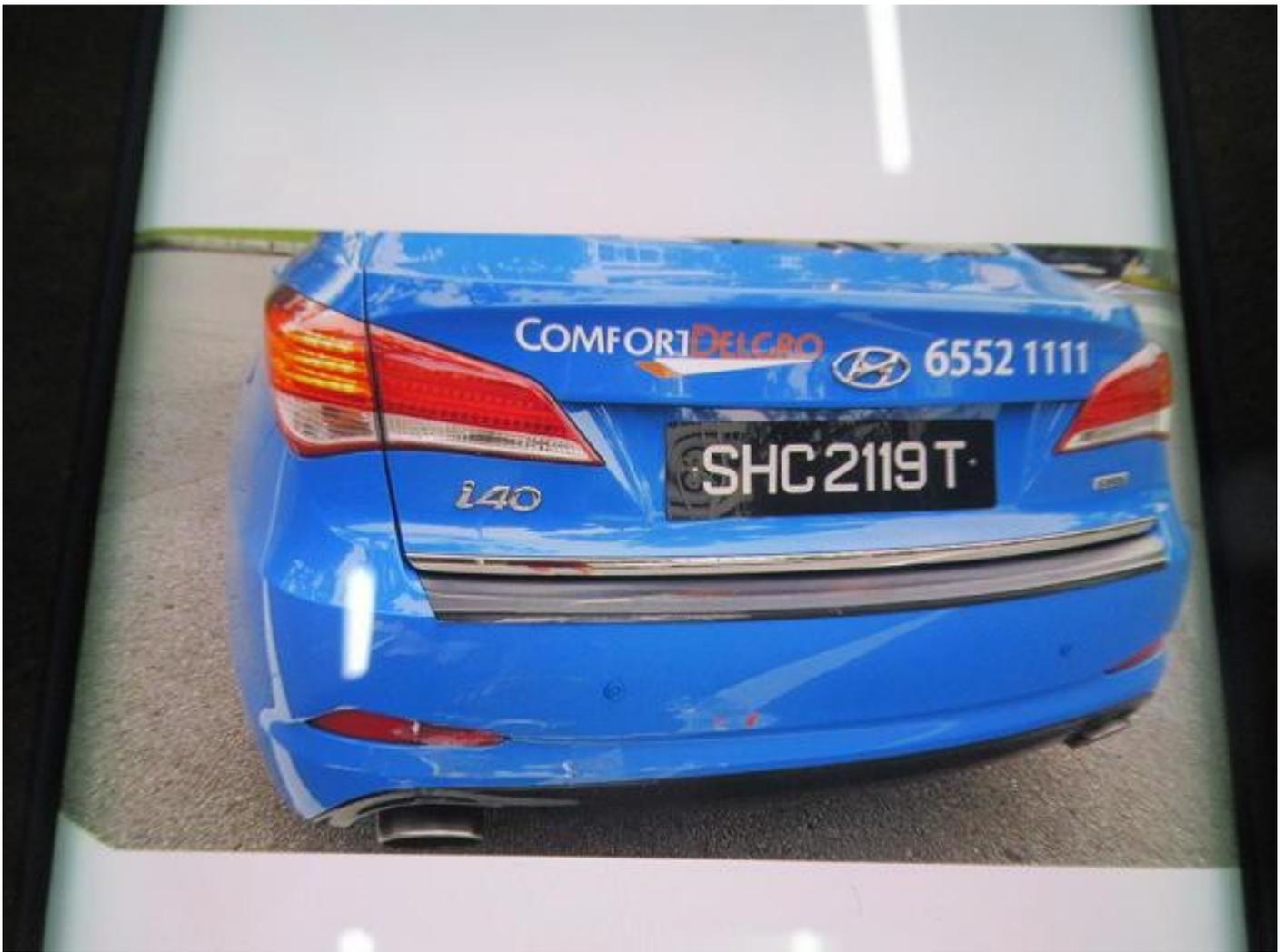
Signed and acknowledged by:

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 who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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