

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	02/08/2019 11:49
Date Of Accident	01/08/2019 17:35
Exact Location Of Accident	ALONG LOYANG AVE TOWARS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP6222U
Insured/Policyholder	
Name Of Registered Owner	TEO WUI BENG
NRIC No	S1237944G
Email Address	PETER.TEO1957@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96276357
Alternative Phone No	OFFICE-96276357

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN054886
Cover Note Number	

Driver

Name of Driver	TEO WUI BENG
NRIC No	S1237944G
Date Of Birth	31/12/1957
Occupation	INDOOR
Date Of Driving Pass	11/10/1978
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96276357
Fax Number	
Contact Number	OFFICE-96276357
Email Address	PETER.TEO1957@GMAIL.COM

Address	BLK 206C COMPASSVALE LANE #10-115
Postcode	
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: : GEORGE RAJA MOGAN GENDER: : MALE

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 ATTACHED

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	YM9229J
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD HAIQAL BIN SELAMAT
NRIC/Passport Number	S9738732Z
Contact Number	87499613
Address	BLK 350 TAMPINES ST 33 #04-444
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PA4314Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	GEORGE RAJA MOGAN
Approximate Age	
Injuries Sustain	ABOVE THE HIP PAIN
Injured person in which vehicle?	SGP6222U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan

Describe Circumstances of the Accident

Driving along Layang Ave towards TPE, lorry (YM 9229 J) approached my vehicle (SGP 6222 U) from behind, causing a collision between me and the mini bus in front (PA 4314 Z)

* Require AXA to do recovery

Declaration

We declare the foregoing particulars are true in every respect.

 02.08.2019
Policyholder's Signature / Date &
Time 12.00pm.

Driver's Signature (if driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel

Accident Sketch Plan

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.

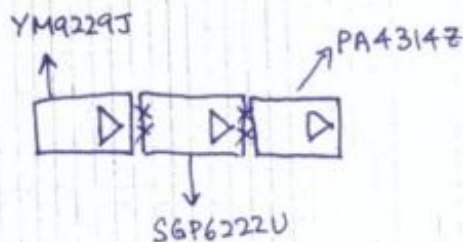
 02/02/19
Policyholder's Signature / Date &
Time 12:00 pm.

Driver's Signature (if driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel



Sketch Plan



Accident Sketch Plan

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel: 1800 8804888
Website: www.axa.com.sg
GST Registration Number : 199903512M
customer.care@axa.com.sg



Original

Agent Code: **08260**

Policy No.(if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **CN054886**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	TEO WUI BENG
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI AVANTE 1.6 4DR AUTO ELITE
VEHICLE REGISTRATION NO.	TBA
YEAR OF MANUFACTURE	2019
ENGINE NO.	G4FGKU200844
CHASSIS NO.	KMHD841CMLU965647
ENGINE CAPACITY/TONNAGE	1591
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	NIL
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 12/07/2019 TO: 11/07/2020
EXCESS (\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by Rosnani BTE MOHAMAD NOOR on 12/07/2019 2:49 pm

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged :
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

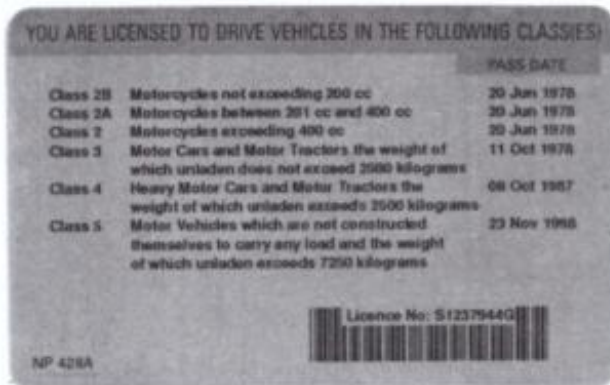
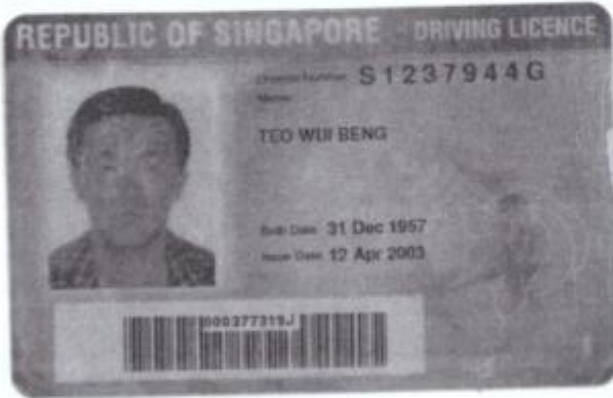
For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

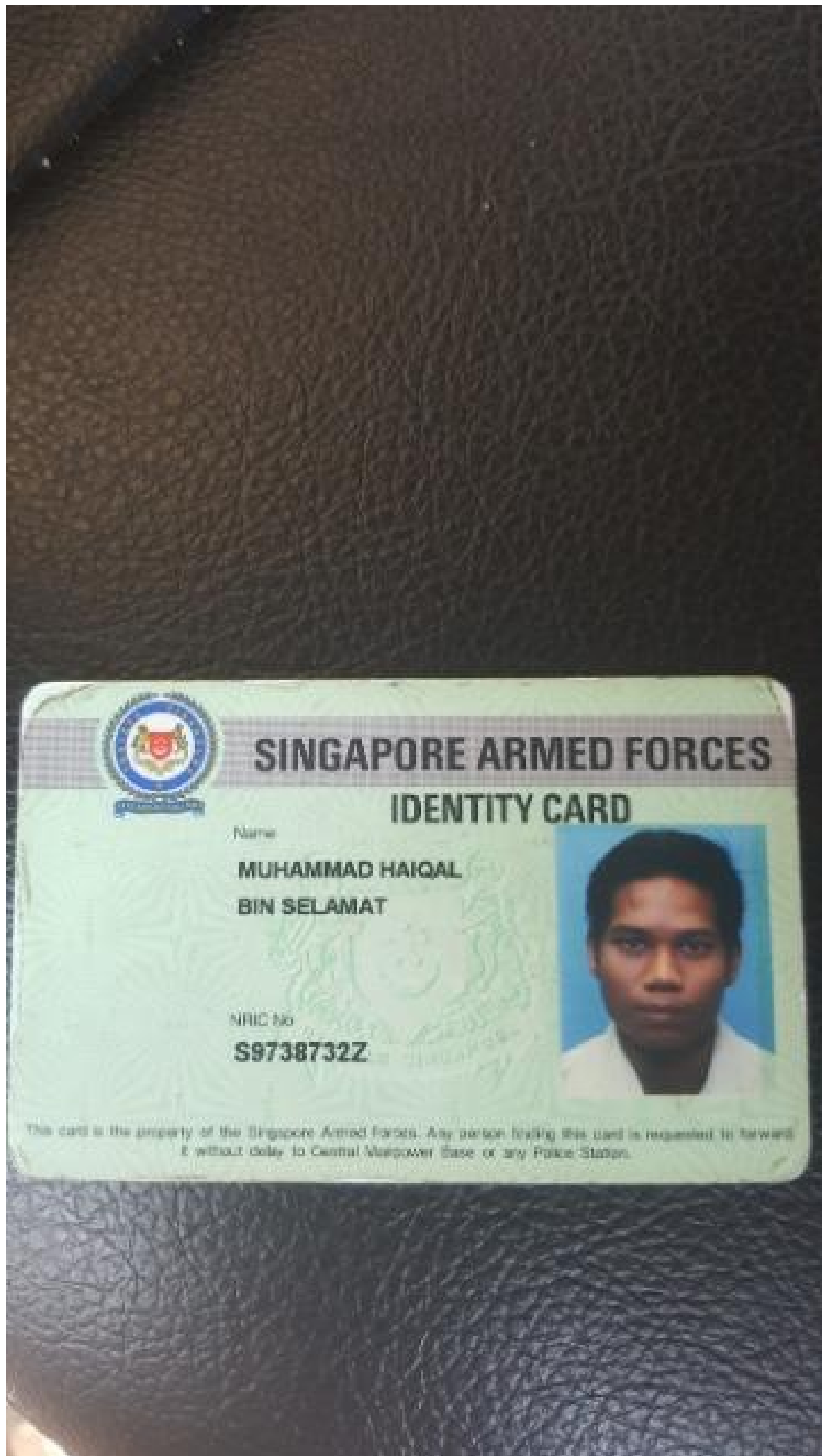
Accident Sketch Plan



Accident Photo



Accident Photo



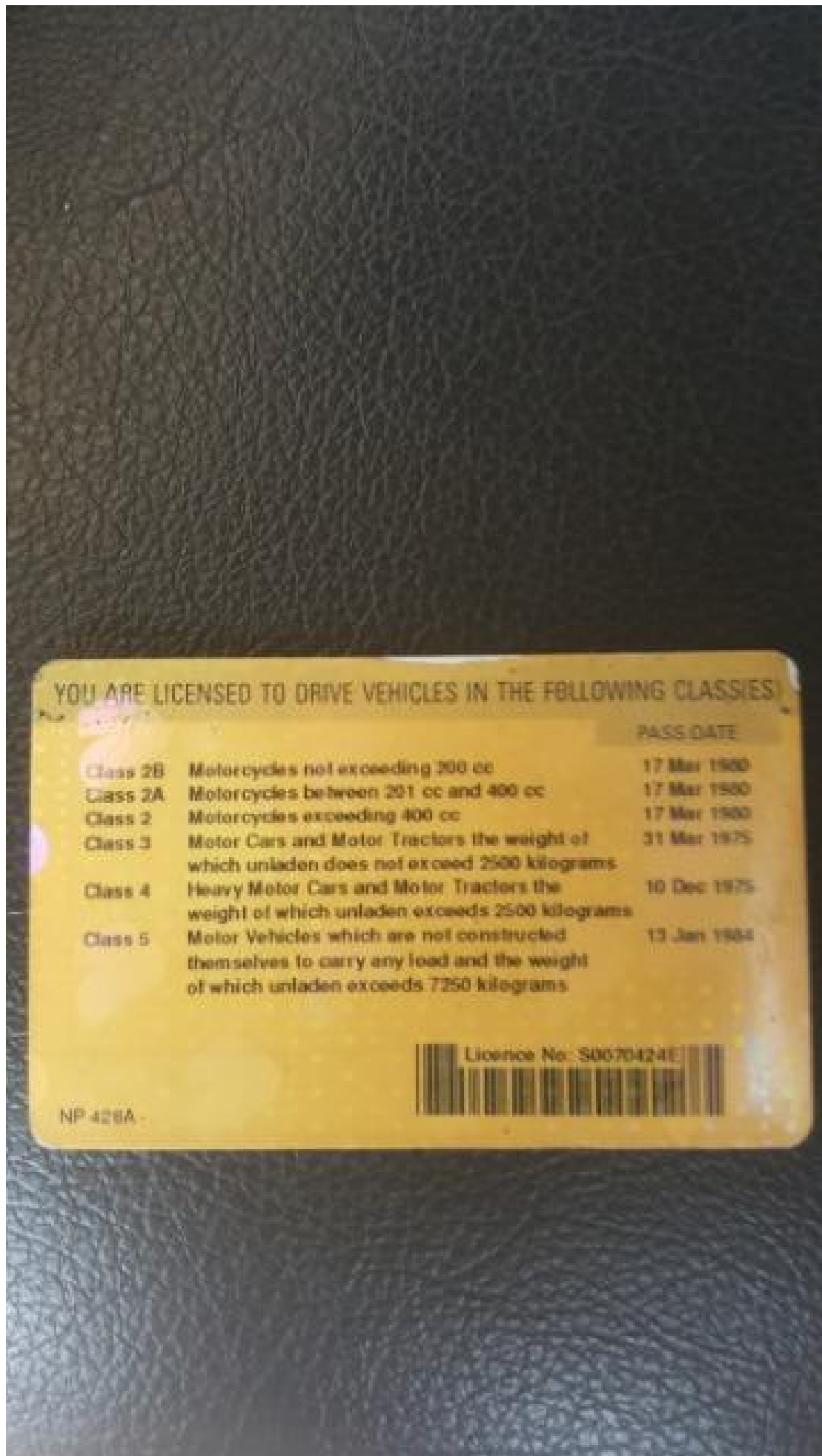
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