# 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.

| ACCIDENT STATEMENT | |
|---|---|
| Date Of Report | 28/08/2019 17:56 |
| Date Of Accident | 28/08/2019 14:50 |
| Exact Location Of Accident | ALONG 16 COLLEGE RD (BLK 5 SGH) |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SLA868R |
| **Insured/Policyholder** | |
| Name Of Registered Owner | ONG SOON KEE |
| NRIC No | S7609374A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-88188895 |
| Alternative Phone No | OFFICE-88188895 |
| **Vehicle Particulars** | |
| Manufacturer | HONDA |
| Model | VEZEL |
| 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 |
| **Insurance Company** | |
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | GA314272 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | ONG SOON KEE |
| NRIC No | S7609374A |
| Date Of Birth | 24/03/1976 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/07/1996 |
| Driving Experience | 23 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88188895 |
| Fax Number | |
| Contact Number | OFFICE-88188895 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 394 BUKIT BATOK WEST AVE 5 #07-458 |
| Postcode | 650394 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | SIDE SWIPE |
| 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**

ON SAID DATE AND TIME OF THE ACCIDENT, I WAS DRIVING MY CAR SLA868R ALONG 16 COLLEGE ROAD. WHILE I TURNING INTO BLK 5 SGH, MY CAR ACCIDENTALLY GRAZED ONTO LEFT PORTION OF SLG2240G WHICH WAS STATIONARY AT THE JUNCTION.

**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 | SLG2240G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE B |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ONG KIM GEOK |
| NRIC/Passport Number | S0024436H |
| Contact Number | 97693796 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

## SKETCH PLAN

## IMPORTANT NOTICE

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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.

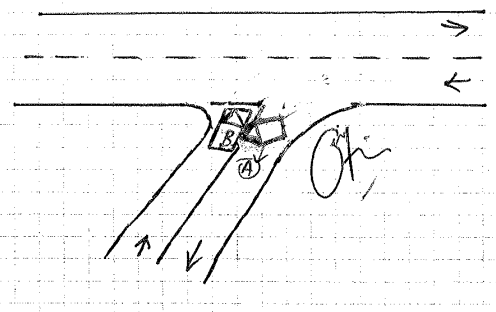
   (e) the information so collected under (d) above may be shared / disclosed:

   (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<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: 28/8/19 | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |

**SKETCH PLAN**




(A) SLA 8G8R

(B) SLG 2240G

Along 16 College Road (Blk 5 SGH).

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On said date & time of the accident, I was driving my car (SLA 8G8R) along 16 College Road. While turning into the Blk 5 SGH my car accidently grazed onto left portion of SLG 2240G whom was stationary at the junction.

**DECLARATION**

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

| Policyholder's Signature | Driver's Signature | Reporting Centre Personnel's Signature |
|---|---|---|
| Date & Time: | (If driver is not the policyholder) | Name: |
| | Date & Time: 28/8/19 | NRIC/FIN No.: |

# LETTER OF UNDERTAKING

Soon Kee , the owner of vehicle no. SJA 868R

**My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, Precise Auto Service .

Signed and Acknowledge by:

S7609374A

Nric no. and signature of policyholder

Company Stamp

28/8/19

Date

**Driving License**


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

# Certificate of Insurance

account number
04196

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Traffic Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1965 (Malaysia)

## Policy details

| | | | |
|---|---|---|---|
| Policyholder name | DNG SOON KEE (WENG SHUNQI) | Certificate number | GA314272 / 1 |
| Cover | Comprehensive | Chassis number | RJ11106836 |
| Plan name | Flexi | Engine number | 113B4006836 |
| NCD applicable | 30% | | |
| Vehicle registration number | SLA868R | | |
| Period of insurance | from 20/01/2019 to 19/01/2020 (both dates inclusive) | | |
| Finance loan company | MAYBANK | | |

## Persons or classes of persons entitled to drive*

(a) The Policyholder
(b) Any Named Driver as stated in the Policy:
1. CHARINE CHAN HUI YEIN
(c) 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.
This 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 route 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 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | | |
|---|---|---|
| EXCESS | Basic Own Damage Excess | S$ 600.00 |
| | Windscreen Excess | S$ 300.00 |

An Additional Excess is application as follows:
1. S$500 for uninsured *Authorised Driver*
2. S$600 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 provisions 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 reminded 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 Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).
The Premium Warranty Clause requires the premium to be paid in full within a specified period, failing which, there would be no liability under the policy, whether or not notice of cancellation has been given.

SUNMEX ENTERPRISE
8 ENGOOR STREET
#24-02
SINGAPORE 079718
TEL: 6220 5977 FAX: 6220 1698



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

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**