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 <u>truthful</u> and <u>accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/09/2019 14:57
Date Of Accident	27/08/2019 14:00
Exact Location Of Accident	NORTH BRIDGE ROAD RAFFLES CITY CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD9245M
Insured/Policyholder	
Name Of Registered Owner	ONG HOCK TEE
NRIC No	S1485776A
Email Address	JASON@NETLINEGROUP.COM
Mobile Phone No	(LOCAL) +65-96364651
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 COUPE-2.0 (R17) (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?	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	GA131321
Cover Note Number	

Driver

Name of Driver

LI YING

NRIC No

G0720062K

Date Of Birth

Occupation

Date Of Driving Pass

LI YING

G0720062K

109/11/1983

1000R

1000R

Driving Experience 2 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97289292

Fax Number

Contact Number

EMail Address NOEMAIL

Address 41 PASIR PANJANG HILL

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES

NO

1

2

NO Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] JURONG NPP

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded? NO

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKP7846R

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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.
- 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 malling 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 detention, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insureres 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 requirments under any regulations, laws or court orders.

Policyholdor's Signature

Date & Time

Driver's Stonature

(if driver is not the policyholder)

Date & Time

COMFORTDELGRO ENGINEERING PTE LTD EXTERNAL RUSINESS DAY, PANDAM ERANCH

NAME & SIGNATURE:

DESIGNATION:...

Reporting Centre Personnel's Signature Name:

мате:

NRIC / Fin No.:

Page

Sketch Plan #2 Pg. 1

SKETCH PLAN	8 . W		
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	5409044		1111

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- AA A	NCES OF THE ACCIDENT		
Refer to	Police Report.		
00-01-7100-La			
		,	
			-
* TO II	Time die	of Oak Had Too	
	ling was friends	of Ony Hoele Tee who	given
omther to	die the following with	ld SLD 9245M	
3.20	era tra dollowal New	IK SUN (1145 M.	
(17)			***************************************
Annual Control of the			
UPORTANT NOTE			
Inder General Condition -	Conduct of Claim of the Motor Policy, you ha	ave to decide within 21 days of occurrence	
r discovery of damage whet	ther or not to claim under the policy. Please cl	neck your policy for more information.	
ECLARATION	74.		
Ve declare the foregoing partic	ulars are true in every respect.	COMFORTDELORO ENGINEERING PTE LTD	
	41_ (EXTERNAL BUSINESS DIV. PANDAN BRANCH	
	4. 花	NAME & SIGNATURE: OATE: SO/ON/ IN	
		The state of the s	
icyholder's Signature e & Time	Driver's Signature (if driver is not the policyholder)	Reporting Centre Personnel's Signature Name:	-
		inaiti⊕;	
	Date & Time	NRIC / Fin No.:	





Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

1 of 3 Report No. T/20190917/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2019 19:19			Vide Report No.:		Station Diary No.: 51	
Informant	's Particul	ars				
Name of Ir	nformant:	v	Address: 26 LORONG 11 GEYLANG SINGAPORE 388718			
ID Type / ID No.: FIN NO / G0720062K			Contact No.: Home/Office: Mobile: 97289292			
Nationality: CHINESE			Email:			
Sex: Female	Age: 35	Date of Birth: 09/11/1983	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Na		/ School Name:	
Occupation Executive		nsultant	Driving Licence Information: Class: 3	Date of Ex	piry:	

	NI 1	T Duite le	Deta/Times of	Tune of Leastin
Type of	Non-Injury	Drink	Date/Time of	Type of Location
Accident:	Others	Drive:	Accident:	Car Park
Accident.		No	27/08/2019 14:0	00
Location:				
Along Road 1				
NORTH BRIDG	GE ROAD		×	
Raffles City Ca	rpark			
Weather:		Road Surface:		Road Speed Limit:
Clear	v .	Dry		*
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision	on:			Anyone conveyed by
	ng Vehicles - Head ī	To Rear		ambulance:
DerMCCLI MOAII	ig verileies - i lead	i o ricai		No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKP7846R	Car				Slightly	0
					Damaged	
SLD9245M	Car				Slightly	1
			200		Damaged	MANAGER





1 of 3

Report No. T/20190918/2105

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

REPORT	OF A	TRAFFIC	ACCIDENT
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Date/Time 18/09/2019		ide:	Vide Report No.: Station Diary T/20190917/2161 53		
Informant'	s Particul	ars			
Name of Informant: LI YING			Address: 26 LORONG 11 GEYLANG SINGAPORE 388718		
ID Type / ID No.: FIN NO / G0720062K			Contact No.: Home/Office: Mobile: 97289292		
Nationality: CHINESE			Email:		
Sex: Female	Age: 35	Date of Birth: 09/11/1983	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Executive search consultant			Driving Licence Information: Class: 3	Date of Expiry:	

General Informat	tion of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2019 14:00)	Type of Location: Car Park
Location: Along Road 1 NORTH BRIDGE					
Weather:		Road Surface:		Road	d Speed Limit:
Clear		Dry			
Traffic Flow:		Traffic Control:	,	Traff	fic Volume:
Type of Collision Between Moving	: Vehicles - Head To R	ear			one conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKP7846R	Car				Slightly Damaged	0
SLD9245M	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/2019091 //2161

2 of 3

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Report No. T/20190917/2161

Tel No: 1800-2659999

CONTINUATION OF REPORT

Brief Details.

On the 27/8/2019 at about 1420hrs, I was Raffles City Carpark to park my car (SLD2945M) into one of the lots.

I was reversing the car when I felt an impact from my left rear bumper. I went down to take a look and realised that I had hit onto another car (SKP7846R) rear bumper. To my observation the hit did not cause any damage and there was only a slight scratch.

I then continued parking as normal. On the 30/08/2019 I received a letter from the traffic police regarding an accident however I was outstation at that point of time.

Only today I was able to do this report, I already informed my insurance regarding this matter and I will be paying the other party for the damages.





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999 3 of 3 Report No. T/20190918/2105

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 3 GUNASEELAN RAVESADRAN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	18/09/2019 14:37
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI	N123
Contact No.: 65476151	
Authentication Stamp NP168	





2 of 3 Report No. T/20190918/2105

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158

CONTINUATION OF REPORT

Tel No: 1800-2659999

Driver						
Name	LI YING .			ID No.	:	G0720062K
Related Vehicle	SLD9245M (Car)			Conta	ct No.	97289292
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

I am lodging this report as there is an amendment to the initial report, T20190917/2161. The correct vehicle number should be SLD9245M.





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999 3 of 3 Report No. T/20190917/2161

CONTINUATION OF REPORT

Sketch Plan

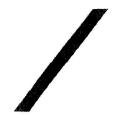
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 1 AHMAD HAIKAL BIN AHMAD FIRDAUS	本装
Signature Of Interpreter:	Date/Time:
Not applicable	17/09/2019 19:19
Officer In Charge Of Case:	Classification Of Case:
TP / GIA /	
Staff Sgt WONG SIEU LUI	T T
Contact No.: 65476151	
Authentication Stamp NP168 Signature:	
Singapore Police Force	

CERTIFICATION OF INSURANCE Pg. 1





AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

Certificate of Insurance

account number 04435

-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

ONG HOCK TEE

Certificate number

GA131321 / 1

Cover Plan name Comprehensive Essential 20% Chassis number Engine number WDD2074482F152601 2/186030381212

NCD applicable Vehicle registration number

SLD9245M

Vehicle registration number Si Period of Insurance fr

from 19/12/2018 to 18/12/2019 (both dates inclusive)

Finance lean company MAYBANK

Persons or classes of persons entitled to drive*

- (a) The usage of the vehicle by the Policy Holder (Insured) is not covered under this policy.
- (b) Any Named Driver as stated in the Policy:
 - 1, LIM SIEW TIN
- (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.

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 600.0

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

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

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).

Farly risks and compensation Act (cap. 199).
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, #61-01 **1** of 3