### 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 and 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

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	ACCIDENT STATEMENT
Date Of Report	06/08/2019 14:16
Date Of Accident	04/08/2019 14:00
Exact Location Of Accident	158A JALAN TECK WHYE LOT 132 DECK 3B
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF2342M
Insured/Policyholder	
Name Of Registered Owner	WEE JIN SHUN ROY
NRIC No	S8327282A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90292484
Alternative Phone No	OTHERS-90292484
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
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	VPA/P1244255
Cover Note Number	
Driver	

Name of Driver WEE JIN SHUN ROY

 NRIC No
 \$8327282A

 Date Of Birth
 08/09/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 23/04/2003

Driving Experience 16 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90292484

Fax Number

Contact Number OTHERS-90292484

EMail Address NOEMAIL

Address 158 JALAN TECK WHYE #11-103 SPORE 680158

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

\_

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)

0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,

**COUNTRY**: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### **Circumstances of Accident**

refer to sketch plan/police report

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?
Remarks/ Reasons:

VIDEO WITH OWNER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLN5998Y

Vehicle Make/Model/Colour HONDA / ODYSSEY 2.4 EXV-S CVT SR

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

SKETCH PLAN	VEHICLE NO .:	
INSURER	INSURER :	
	SKETCH PLAN	INSURER :

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- 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.
- The 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.
- 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.
- B. 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 insurers) 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:
  - 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 detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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

Driver's Signature

(If driver is not the policyholder)

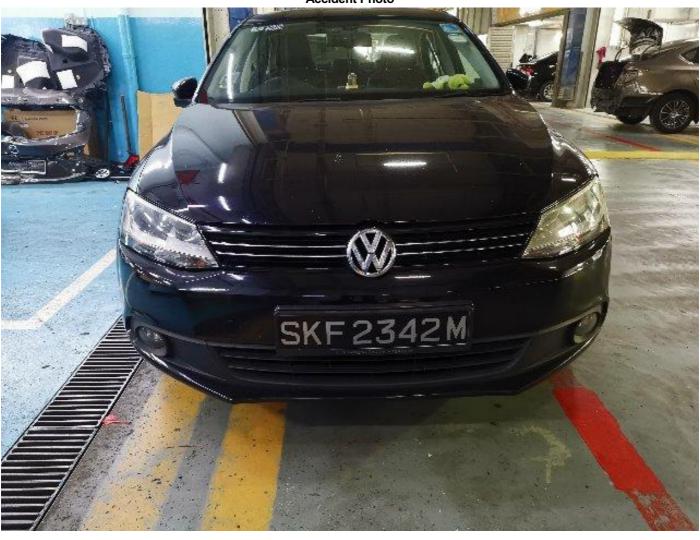
Date & Time:

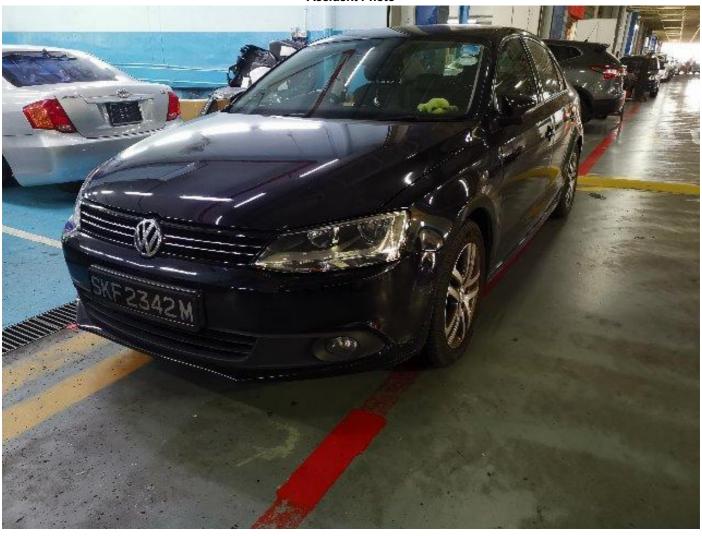
Reporting Centre Personnel's Signature

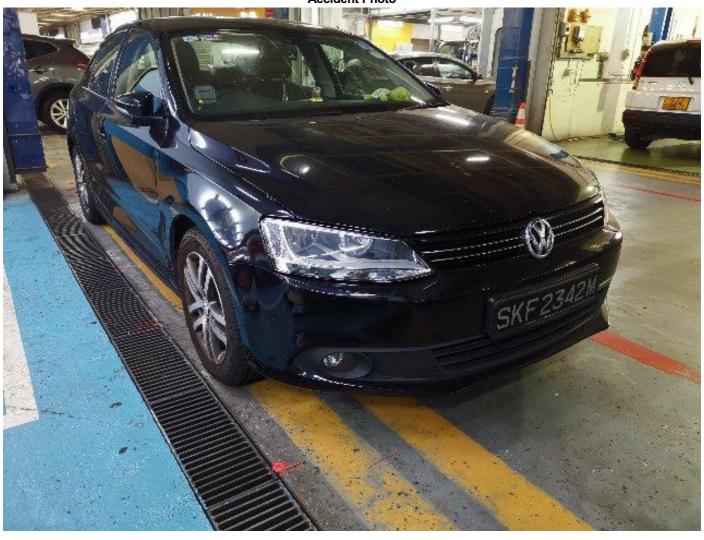
Name: Sukumi

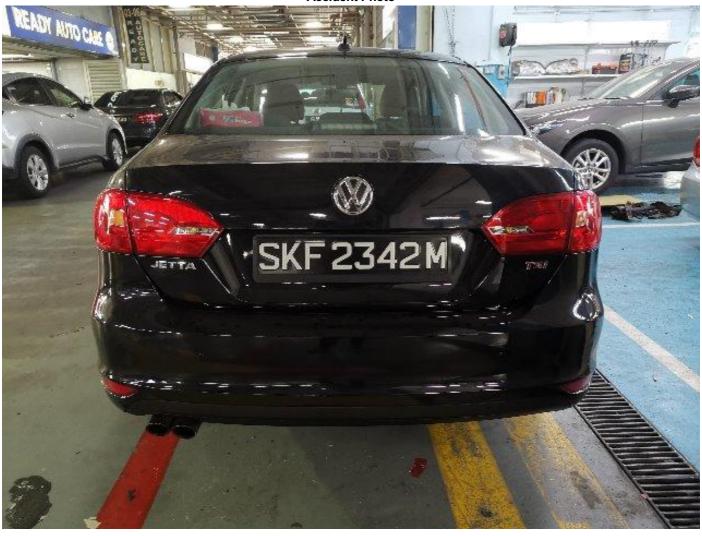
## Sketch Plan #2

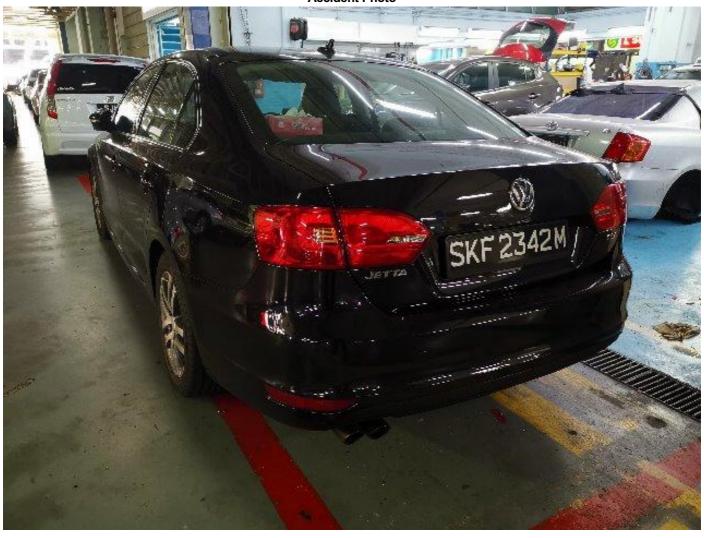
SKEICHPLAN		
BIK 158A Jakn To	eck Whye	
Lot 132 Deck	. 3B	Vehicle A: SKF 2342 M
		L Vehicle B: SLV 5998 Y
		1 where b. any
	1	
All and the state	18/	
ESCRIBE CIRCUMSTANCES OF THE	CO SECURITION .	
Refer to p	olice report.	
		- V
sta - Plassa note that your income	er mau bana 444ana Tina	5
		Frame for you to submit an Own Damage Claim with your policy for more information.
LARATION		with your policy for more illion sation.
declare the foregoing particulars are	true in every respect.	
- Tgc	- Cyn.	A
holder's signature Dr	river I Signature	Reporting Centre Personnel's Signature
& Time: (if	f driver is not the policyholder) ste & Time:	Name: Subuc My
( ) Claim Own		NRIC/FIN No.:

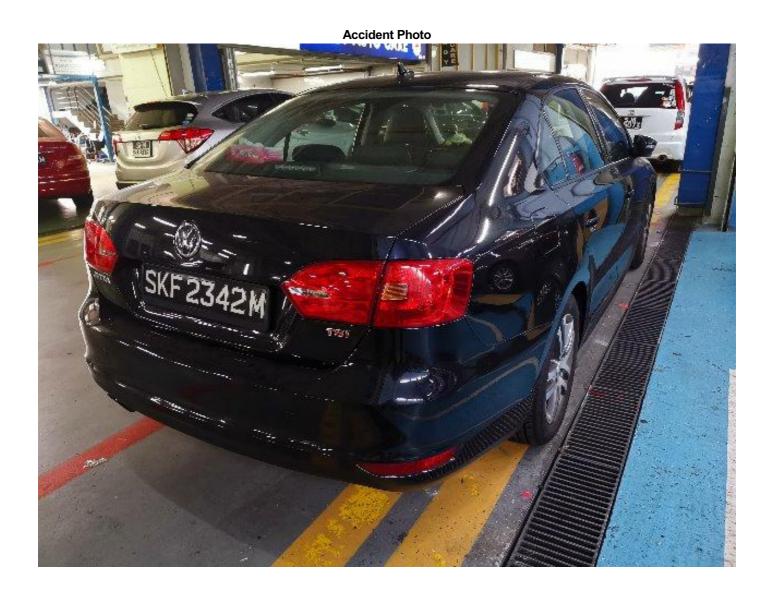


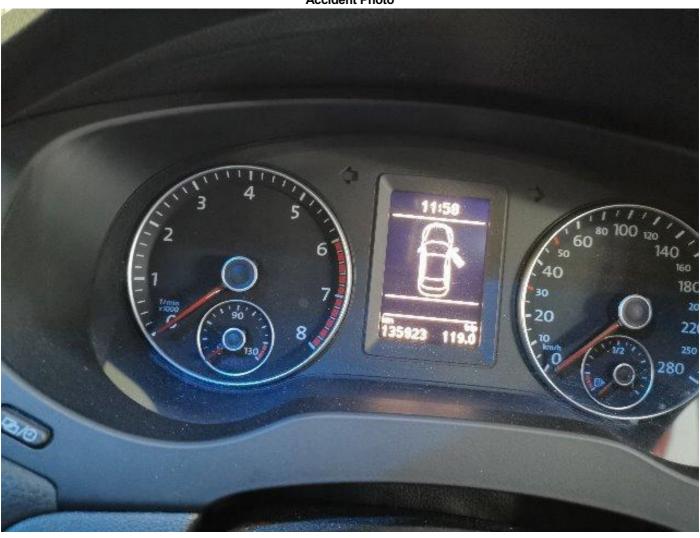








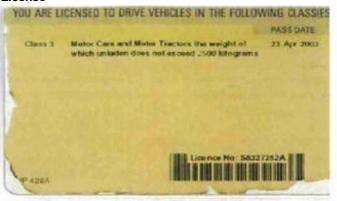






## **Driving License**





#### Insurance policy

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



## 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)

CERTIFICATE NO.

: VPA/P1244255

Account No. : 13820

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: WEE JIN SHUN ROY

Vehicle Registration No. : SKF2342M

Period of Insurance

: Prom 10/05/2019 To 09/05/2020 (Both Dates Inclusive)

# PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a

hire purchase agreement or otherwise) to him or his employer or his partner (b) Any other person who is driving on the Policyholder's order or with his 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.

## LIMITATIONS AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business Ose only for social, domestic and pleasure purposes and for the Policyholder's busing the policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, 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.

### Basic Own Damage Excess

(01)

An Additional Excess is applicable as follows: \$\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver. \$\$5,000.00 for Undeclared Young and Inexperienced Driver. (Please refer to your policy on the terms & conditions)

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.

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).

N.B : (Private Car Only)

You have signed an Undertaking to use exclusively AXA Premium Workshops for all your accident repairs insured by AXA.

Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:

- Nil Excess . 50% NCD

. 0% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - sgovkRs

on 29/04/2019

Participant:

Folicyholders 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.

1897. 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, covernote and endorsement etc.

### **Police Report**





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 1 of 3 Report No. T/20190805/2133

Tel No: 1800-7659999

#### REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Station Diary No.: Vide Report No.: 05/08/2019 19:39 168 Informant's Particulars Name of Informant: Address WEE JIN SHUN ROY APT BLK 158 JALAN TECK WHYE #11-103 SINGAPORE 680158 ID Type / ID No .: Contact No.: NRIC NO / S8327282A Home/Office: Mobile: 90292484 Nationality: Email: SINGAPORE CITIZEN Sex Age: Date of Birth: Type of Informant: 35 Male 08/09/1983 Vehicle Owner Race: Institution / School Name: Language: Chinese English Occupation: Driving Licence Information: SERVICE ENGINEER Class: 3 Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/08/2019 14:00	Type of Location: Car Park	
Location: Along Road 1 JALAN TECK	WHYE	Deck 3B			
		Road Surface:		Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
One Way					

Details of V	ehicle Invo	lved		March Street	y de la company	pay the later and
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKF2342M	Car					0
SLN5998Y	Car					0

Details of Person Involved	1.003
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

### **Police Report**





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 2 of 3 Report No. T/20190805/2133

#### CONTINUATION OF REPORT

Vehicle Owner	A STATE OF THE PARTY OF THE PAR				
Name	WEE JIN SHUN ROY				S8327282A
Related Vehicle	SKF2342M (Car)		Conta	ct No.	90292484
Hospital/Clinic	NIL			of g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL		

### Brief Details.

On 03/08/19 at about 1930hrs, I parked my vehicle at Blk 158A Jalan Teck Whye, Deck 3B, Lot 132, and everything was intact.

On 05/08/19 at about 1400hrs, I went back to my vehicle and noticed scratches and paint drop on the front left bumper, and some chipped plastic on the cover of my left headlight. I have an in-car camera recording and immediately went to make a check. I discovered that on 04/08/19, somewhere in the afternoon, a vehicle, bearing a registration plate number SLN5998Y, drove to deck 3B and the vehicle drove to a lot near the left side of my vehicle. SLN5998Y then started reversing, wanting to enter the lot opposite where I parked and collided onto the left front side of my bumper. The driver of SLN5998Y acted like nothing happened and proceeded to park his vehicle, made a check on his vehicle, and left the scene.

I wish to state that the timing of my in-car camera showed the time to be 11:17am, but the timing is wrong on my camera.

### **Police Report**





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 3 of 3 Report No. T/20190805/2133

CONTINUATION OF REPORT

### Sketch Plan

NP168

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 LAM SIANG LIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2019 19:39
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No. 65476902	Classification Of Case:
Authentication Stamp	