#### 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.

|  | alorodala.   |                              |
|--|--|------------------------------|
|  |  | ACCIDENT STATEMENT           |
|  | Date Of Report   | 17/12/2019 16:24             |
|  | Date Of Accident   | 16/12/2019 18:30             |
|  | Exact Location Of Accident   | PAYA LEBAR ROAD AFTER CALTEX |
|  | Country/State of Loss  | SINGAPORE                    |
|  | DETAILS OF OWN VEHICLE   |                              |
|  | Vehicle Registration Number  | SLX9261K                     |
|  | Insured/Policyholder   |                              |
|  | Name Of Registered Owner   | WEE MEOW LEE                 |
|  | NRIC No  | S1770993C                    |
|  | Email Address  | NOEMAIL                      |
|  | Mobile Phone No  | (LOCAL) +65-82005633         |
|  | Alternative Phone No   | OFFICE-60000000              |
|  | Vehicle Particulars  |                              |
|  | Manufacturer   | TOYOTA                       |
|  | Model  | WISH-1.8 (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                                       | 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  | GA505878/1                   |
|  | Cover Note Number  |                              |
|  | Driver   |                              |

#### Driver

Name of Driver WEE MEOW LEE
NRIC No S1770993C
Date Of Birth 09/06/1966
Occupation INDOOR
Date Of Driving Pass 03/05/1994

Driving Experience 25 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82005633

Fax Number

Contact Number OFFICE-60000000

EMail Address NOEMAIL

**5A SIAK KEW AVE** Address

348044 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**

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** DRY Road Surface

#### **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

NO

YES 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) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## NO

## **Circumstances of Accident**

Report please refer to Sketch Plan

## 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**

SJS5877K Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

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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 Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

RONNIC

57131309 6

Sketch Plan #2 SKETCH PLAN 4 PIECCHAY B lenicle A: SLX97612 VUMU B: SOS 5877K. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT date the stated time, I, vehicle 4. k stated venue due to red light. stationary tov about WAL 30 seconds when vehicle B. SJSS877K, Corlided onto while's mu Stationary reorv portion DECLARATION

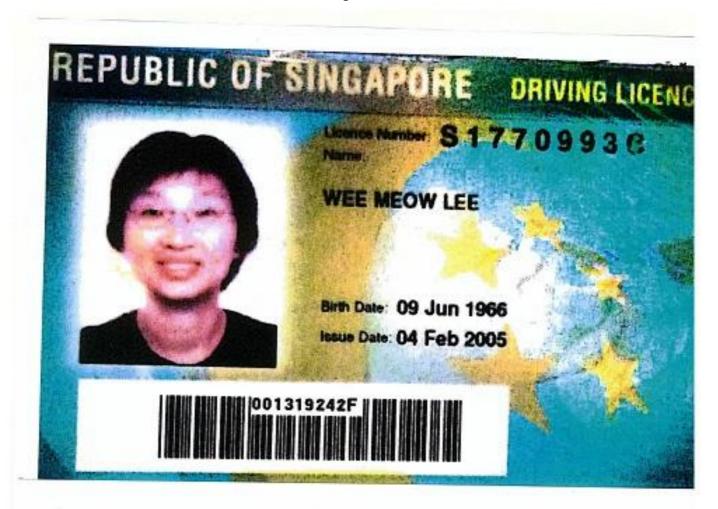
> Policyholder's Signaturi Date & Time:

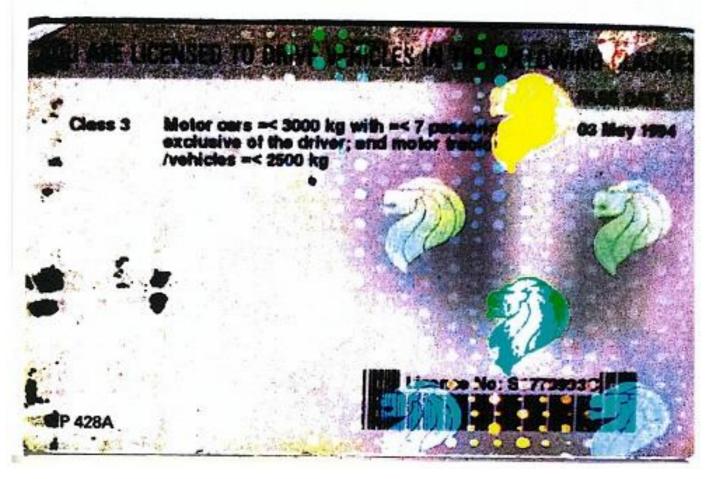
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: ROMMIE

NRIC/FIN No.:

571313096







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

Autor 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)

Engine number

#### Policy details

Policyholder name Cover Plan name NCD applicable Vehicle registration number Period of Insurance

Essential 50% SLX9261K from 17/10/

WEE MEOW LEE

from 17/10/2019 to 16/10/2020 (both dates inclusive)

Certificate number GA505878 / 1
Chassis number JTDGG20W20

JTDGG20W20J008945 2ZR0A60896

#### Persons or classes of persons entitled to drive\*

(a) The Policyholder

Finance loan company

(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 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

Windscreen Excess

Not Applicable

5/10

100

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 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 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

N

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).

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, #81-01

1 of 3





















#### **Addendum Sheet**



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : malp 19166197 \_\_\_\_\_Vehicle Registration No: 5L× 9261 k Name(as shownin NRIC): wt c MEOW LEC \_NRIC/FIN/Passport No : \_\_\_\_ 5 177 0 993C (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : 54 SIAK KEW AVE Address Singapore(3+3°+4 Contact (Tel) :\_\_\_\_\_\_ Mobile No.: 8 2 00 5633 **Email Address** Date of Accident :\_ 16 / 12 / 2019 Time of Accident: 18 · 30 LEBAR Place of Accident : PAYA ROAD DET CALTEX AXA Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: ACCIDENT AMEND DATE Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: ROMME NRIC/FINNo.: 571313096

Date:

GIARMC appendumform, V.