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 aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/12/2019 13:26
Date Of Accident	16/12/2019 12:50
Exact Location Of Accident	BUKIT TIMAH U TURN TO DUNEARN RD NEAR NANYANG SCH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCW8733J
Insured/Policyholder	
Name Of Registered Owner	KWA SER KOON
NRIC No	S0143438A
Email Address	PAULKWASK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98168311
Alternative Phone No	OFFICE-98168311
Vehicle Particulars	
Manufacturer	TOYOTA

Manufacturer TOYOTA Model WISH-1.8 (A)

Exact Purpose for which vehicle was being used at

time of accident

NORMAL USAGE

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

AXA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA459122

Cover Note Number

Driver

Name of Driver KWA SER KOON NRIC No S0143438A Date Of Birth 19/09/1952 Occupation **INDOOR Date Of Driving Pass** 27/09/1976

Driving Experience 43 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98168311

Fax Number

Contact Number OFFICE-98168311

EMail Address PAULKWASK@GMAIL.COM

5 EVERGREEN AVE Address

Postcode 468921

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** 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?

Was any injured conveyed to hospital by ambulance?

NO

NO Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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 SJH9197X

Vehicle Make/Model/Colour MIT LANCER

Details Of Properties MINOR REAR DAMAGE

PRIVATE CAR Vehicle Category Name of Driver **UI YU MING** NRIC/Passport Number S8242207B

Contact Number

Address BLK 464 JURONG WEST ST 41 #06-620

Postcode 640464

Insurance Company Name

Nature Of Damage SLIGHT REAR SCRATCHES & DAMAGE

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Kwa Jer Koon	auf.	
Policyholder's Signature / Date & Driver's Time 17/12/19 1/22 & Time	s Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan	a la Selver.	\
Dunearn Road	B. A Uturn	Timah Road

Sketch Plan #2 Pg. 1

Descrit	be Circumstances of t	ne Accident	0 11 5 . 0	from B	arkit Timah
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Pallet	yholder's Signature / Date &	Driver's Signs	alure (if driver is not the police	yholder) / Date	Wilnessed by Reporting Centre
Time	/ 0	& Tîme			Personnel
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ı	7/12/2019		•		
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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

date

16/12/2019

policy number VA1 / GA459122

account number

14888

-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 Cover Plan name KWA SER KOON Comprehensive Toyota Prestige 50%

Certificate of Insurance

Certificate number Chassis number Engine number GA459122 / 1 JTDGG20W10J004126 2ZR1762759

NCD applicable Vehicle registration number Period of Insurance

50% SCW8733J from 16/05/2019 to 15/05/2020 (both dates inclusive)

Authorized Drivers

(a) The Policyholder

Finance loan company

(b) Any Named Driver as stated in the Policy:

(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 of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passengers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cover:

- Use for commercial hire or reward, or for racing, pace-making, reliability trail, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle
- * 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 500.00 Not Applicable

Young/Inexperienced driver excess

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the Insured MotorCar is being driven by any driver aged below 23 years old and /or has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and/ or Inexperienced driver shall mean any person who:

- Is less than 23 years old , and/or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

Additional clauses & endorsements to your policy

Ni

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

W

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre. #B1-01 1 of 3

Identification Card Pg. 1





















