

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 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.
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	23/12/2019 12:52
Date Of Accident	21/12/2019 16:20
Exact Location Of Accident	ORCHARD RD INFRONT OF MANDARIN GALLERY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6155T
Insured/Policyholder	
Name Of Registered Owner	SAM YUIN SING
NRIC No	S1611303D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88228728
Alternative Phone No	OTHERS-88228728

Vehicle Particulars

Manufacturer	AUDI
Model	A6 2.0T FSI MU CVT ABS D/AIRBAG GAS/D
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	GA149684/1
Cover Note Number	

Driver

Name of Driver	SAM YUIN SING
NRIC No	S1611303D
Date Of Birth	30/11/1963
Occupation	INDOOR
Date Of Driving Pass	19/04/1991
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88228728
Fax Number	
Contact Number	OTHERS-88228728
EEmail Address	NOEMAIL

Address	30B CRESCENT ROAD SPORE 439320
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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

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

Vehicle Registration Number	SHA983M
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN7912G
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Vehicle Make/Model/Colour	TOYOTA / PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SAM YUIN SING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLG6155T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

27/12/2019

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

Reporting Centre Personnel's Signature
Name: J. G. M.
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

1A1 - 3LG6155T

1B1 - SHA983M

1C1 - SLN792G

C A B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along Orchard road and came to a stop behind a Prius SLN 7912 G at traffic light waiting to turn left. Suddenly felt a great impact with my car jerking forward and me and my passengers thrown forward. Came out of the car & realized it was a chain collision caused by a taxi hitting the back of my car. The taxi plate number is SHA 983 M.

DECLARATION

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

Policyholder's Signature

Date & Time:

23/12/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: S. K. N.

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



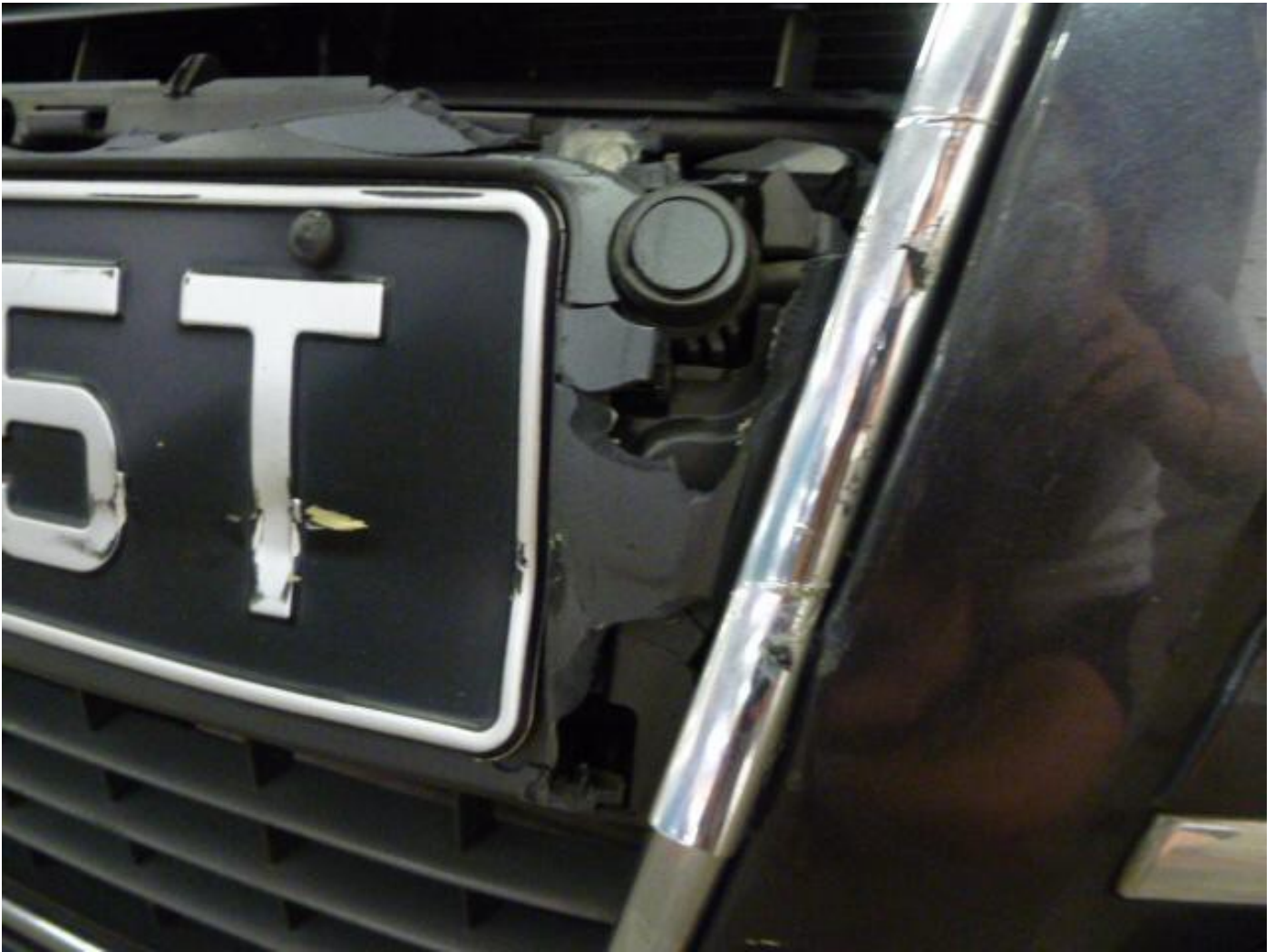
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Accident Photo



Driving License

Licence Number: **S1611303D**
Name: **SAM YUIN SING**
Birth Date: **30 Nov 1963**
Issue Date: **31 Jul 2003**

000712825H



YOU ARE ENTITLED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Apr 1991

NP 428A

Licence No: **S1611303D**

Insurance policy



redefining insurance

AYA Insurance Pte Ltd
1807 000 4868 (Within Singapore)
(65) 5240 4837 (International)
(65) 9939 4740
Customer: 1199035124
www.aya.com.sg

Certificate of Insurance

Motor Vehicles Third Party Risks and Compensation Act, Chapter 159, and Part IV of the Road Transport Act, 1967 (Malaysia)
Motor Vehicles Third Party Risks and Compensation Act, Chapter 159, and Part IV of the Road Transport Act, 1967 (Malaysia)

9000 Unit Number
04123

Policy details

Policyholder name	ATM YOUNG & CO	Certificate number	04149331/1
Cover	Comprehensive	Chassis number	W4UZZ24K38M115026
Plan name	Essential	Engine number	BPJ09361E
NCD applicable	20%		
Vehicle registration number	S1041557		
Period of insurance	from 17/05/2016 to 16/05/2017 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(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 operative by Section 6 of the Motor Vehicles Third Party Risks and Compensation Act, Chapter 159, and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS Windscreen Excess Not Applicable

An Additional Excess is applicable as follows:

- \$3,500 for unnamed Authorized Driver
- \$8,500 for declared Young and Inexperienced Driver
- \$35,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$12,500 if You have chosen AXA Protection Workshops.

Additional clauses & endorsements to your policy

Nil

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 159, and Part IV of the Road Transport Act, 1967 (Malaysia).

AXA Insurance Pte Ltd

Authorized signature:

Important note

Policies are written that in the case of a motor vehicle being involved in an accident, the Certificate of Insurance and the Policy to which it relates are to be produced to the relevant authorities. The Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles Third Party Risks and Compensation Act, Chap 159.
The Premium Waiver Clause requires the insured to be bound in full with a specific policy being issued and that the Motor Vehicle must be used only for the purpose specified in the policy.

AXA Insurance Pte Ltd (1999035124)
5 Shenton Way, #24-01 AXA Tower,
Singapore 068811
Customer Centre: #61-01

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