

## 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	13/04/2020 11:12
Date Of Accident	11/04/2020 09:45
Exact Location Of Accident	ST GEORGE'S RD TWDS SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG160D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO SEOW HUI
NRIC No	S0085932Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98279018
Alternative Phone No	OFFICE-98279018

### Vehicle Particulars

Manufacturer	BMW
Model	X1
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	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	P1610461
Cover Note Number	

### Driver

Name of Driver	HE LIYING GINA
NRIC No	S8849529B
Date Of Birth	12/12/1988
Occupation	INDOOR
Date Of Driving Pass	06/12/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94563493
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	18 LIMAU TERRACE
Postcode	465812
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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)	3
Passenger 1	NAME: : YU SHENG JIE TREVOR GENDER: : MALE
Passenger 2	NAME: : AVILA MARJORIE NATAD GENDER: : FEMALE

#### 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

ON 11/04/2020 AT AROUND 9.45AM, I WAS DRIVING ALONG ST GEORGE'S ROAD TOWARDS SERANGOON ROAD. I AM IN STATIONARY POSITION BEHIND A FEW CARS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. OUT OF SUDDEN, A CAR (SLZ8820T) KNOCKED FROM BEHIND HIT MY REAR PART CAUSING SERIOUS DAMAGES.

#### 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	SLZ8820T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 HE LIYING GINA  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKG160D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name YU SHENG JIE TREVOR  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKG160D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

DETAILS OF INJURED PERSON 3

Name AVILA MARJORIE NATAD  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKG160D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan

### 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:

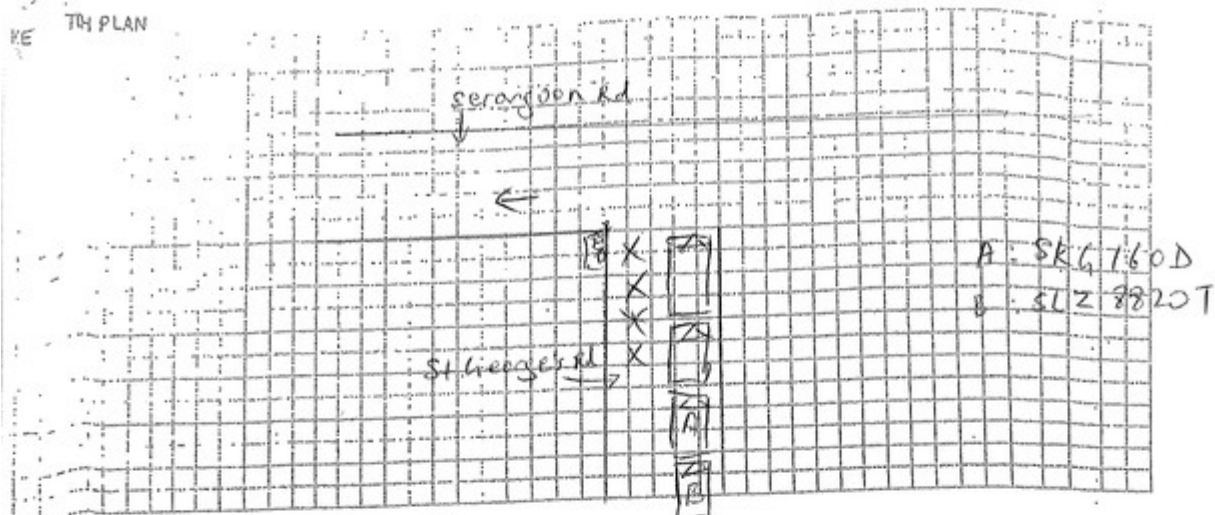
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

X  
Policyholder's Signature  
Date & Time:

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

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

TH PLAN



DESCRIPTION OF THE CIRCUMSTANCES OF THE ACCIDENT

On 11/04/2020 @ around 9.45 am I was driving along St. George's Rd toward Serangoon Rd, I am stationary positioned behind a few cars waiting the traffic light to turn green, out of sudden a car (SLZ 8820T) knock from behind hit my rear part cause serious damage.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

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

13/4/2020


## LETTER OF UNDERTAKING

I/We, Ho SEOW Hui, the owner of vehicle no. SKG 160 D

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:

  
.....  
Nric no. & signature of policyholder

.....  
Company stamp

13/04/2020  
.....  
Date



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



SKG 160D 27R2  
CERTIFICATE OF INSURANCE  
2021

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/P1610461 Account No. : 14235  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : HO SEOW HUI  
Vehicle Registration No. : SKG160D  
Period of Insurance : From 14/06/2019 To 13/06/2021 (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  
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.

(01)

Basic Own Damage Excess : SGD 600.00

An Additional Excess is applicable as follows:  
S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.  
S\$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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIFLYP2 on 08/05/2019

**IMPORTANT :**  
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, covernote and endorsement etc.



Accident Photo



Accident Photo



Accident Photo





Accident Photo

