#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Contact Number** 

**EMail Address** 

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/05/2020 14:27
Date Of Accident	04/05/2020 10:00
Exact Location Of Accident	TURT CITY CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFD86K
Insured/Policyholder	
Name Of Registered Owner	ALICE CHOO LAY HONG
NRIC No	S1842610B
Email Address	CLAIEC@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96882813
Alternative Phone No	OFFICE-96882813
Vehicle Particulars	
Manufacturer	AUDI
Model	A7 SB 3.0 TFSI QU (5-SEATER)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA512646/1
Cover Note Number	09/12/2019-08/12/2020
Driver	
Name of Driver	ALICE CHOO LAY HONG
NRIC No	S1842610B
Date Of Birth	13/10/1966
Occupation	INDOOR
Date Of Driving Pass	14/06/1999
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96882813
Fax Number	
Contact Number	OFFICE 00000042

OFFICE-96882813

CLAIEC@YAHOO.COM.SG

78 CHUAN TIN ROAD Address

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 COLLISION - MAJOR/MINOR RD

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

YES Was any other material or property damaged?

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

NO

NO

1 Number of Passengers (Including Driver)

**Details of Police Action** 

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** 

REFER TO SKETCH PLAN

Attachment(s)

Remarks/ Reasons:

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

VIDEO WITH OWNER

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMC3973C Vehicle Registration Number Vehicle Make/Model/Colour NISSAN

**Details Of Properties** 

Vehicle Category PRIVATE CAR

KOH SOON HUA BRYANN Name of Driver

S8323366D NRIC/Passport Number Contact Number 83322990

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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
- 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)
  - (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 Name: NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

## Accident Sketch Plan Pg. 2

SKETCH PLAN	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was writing from company to main roan	d. Due to blind suf on my
right, vehicles on the reported & vehicle	d. Due to blind spot on in
Niscan was travelling straight	ight formy One red
while I was going to turn with	The accident pappined
Joseph John John Migh	٦. "
,	
` .	
nportant:	- Reporting Only
ou have been advised by the workshop that in the event that you wish to	- Claim OD
aim against your own policy (OD CLAIM), There is a FOURTEEN (14)  AYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame	- Claim TP
om the day of the occurrence.	
ECLARATION	- Claim OD/智 at other workshop
WE declare the foregoing particulars are true in every respect.	
0	

Driver's Signature

Date & Time

(if driver not the policyholder)

Policyholder's signature

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.





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

# **Certificate of Insurance**

account number 17120

-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

ALICE CHOO LAY HONG

Comprehensive Flexi

Plan name NCD applicable Vehicle registration number

30%

SFD86K

Period of Insurance Finance loan company

from 09/12/2019 to 08/12/2020 (both dates inclusive) TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Certificate number GA512646 / 1 Chassis number WAUZZZ4G2EN066548 Engine number CGW082185

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

(a) The Policyholder

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

1. CHERYL SIM YIN CHING

(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 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

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium

## 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

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,

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

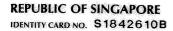
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## POLICYHOLDER ACKNOWLEDGEMENT FORM

_	:04/05/2020		TXIVI
		To: Owner of Vehicle Number:	
The R	following has been advised to yo AKESWARAN ANAND .	u via your workshop, ETHOZ PROTEC	CT PTE LTD through their staff
Pleas	se tick the applicable box if you had	been advised on any of the following:	
4	You had been advised by the w	orkshop that in the case that you wish to cla whereby the claim must be made within the	aim against your own policy, there stipulated timeframe from the day
	You had been advised by the wo	orkshop on the liability and merits of the cas	se accordingly.
( )	You had been advised by the wo due to this accident.  if fire damage and However, there will  if fire damage and	orkshop on the claims procedure for the typ you claim under your own insurance, any a l be <u>no recovery prospect</u> and NCD will be l you are claiming against the Third Party, very is not guaranteed, and AXA will not b	e of claim that you will be making applicable excess will be waived.
( )	There will be delay to your vehic option except to indent it from ov	No repair due to the	parts locally and there is no other
( )	There will be no cancellation/with placed. If you wish to cancel/wit incurred directly &/or indirectly to	hdrawal of the Own Damage claim once the thdraw the claim, you shall bear all costs, the procurement of the spare parts.	e order of spare parts have been expenses &/or related charges
( )		OR Chara parts to a	The estimated
( )	You will be driving the vehicle out may not be road worthy.	despite being advised by the workshop mec	hanic/ personnel that the vehicle
( )	For vehicles below three (3) years use only original parts to repair yo	s old or under warranty with a local distribut our vehicle.	or, your insurance company will
	For vehicles above three (3) years company will be carrying out repa part that needs to be replaced we equipment manufacturer (OEM) pa	s old and no longer under warranty with a irs where any damaged part that can be re will be replaced using any combination of arts and/or second-hand parts.	local distributor, your insurance paired will be repaired and any of original parts and/or original
)	You had been advised by the wo workmanship related to the accide	orkshop of the Twelve (12) months warrant	ty for <u>Own Damage repairs</u> on
)	For vehicles that are under warrant with your local distributor on any ef	ty with a local distributor, you have been adv ffect to your warranty prior to making this Ov	vised by the workshop to check
) (	Others	_	I amago dami.
lia	nd acknowledged by:		
ancan	u signature of policyholder/ auth	orized driver* and company stamp (whe	re applicable)
enmitted	ed driver to either the named drive drivers who are permitted to drive t	ers as per motor insurance policy or in the the insured Vehicle.	case of commercial vehicles,
	•		
me and	signature of workshop personn	nel including company stamp	
		• •	

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ALICE CHOO LAY HONG





