

## 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 ability.
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 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	19/02/2016 15:14
Date Of Accident	17/02/2016 14:40
Exact Location Of Accident	AIRPORT T3 SLIP RD TO AIRPORT BLVD (TWDS CITY).
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL3728X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-63336333

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	Commercial Vehicle

### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1651321
Cover Note Number	

### Driver

Name of Driver	LINDA WATI
NRIC No	S7380624J
Date Of Birth	19/07/1973
Occupation	Indoor
Date Of Driving Pass	07/05/2002
Driving Experience	13 Years And 9 Months
Gender	Female
Mobile Number	(Local) +65-98633766
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	2 BISHAN ST 25 #15-05
Postcode	573973
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER
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 (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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

I WAS DRIVING ALONG AIRPORT T3 SLIP ROAD TWDS AIRPORT BOULEVARD (CITY) ON THE RIGHT LANE OF A 2 LANES ROAD. SOMEWHERE BEFORE ENTERING AIRPORT BOULEVARD (CITY), AS I WAS DRIVING STRAIGHT IN MY LANE, I SUDDENLY FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED FROM MY VEHICLE AND SAW THAT VEHICLE B HAD COLLIDED ONTO THE REAR PORTION OF MY VEHICLE HENCE I WAS INVOLVED IN AN ACCIDENT 2 VEHICLES.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF655J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	NEO THIAM HUAT
NRIC/Passport Number	S1573766B
Contact Number	87271297
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	LINDA WATI
Approximate Age	
Injuries Sustain	BODILY INJURIES
Injured person in which vehicle?	SKL3728X

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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6. 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 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.
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.



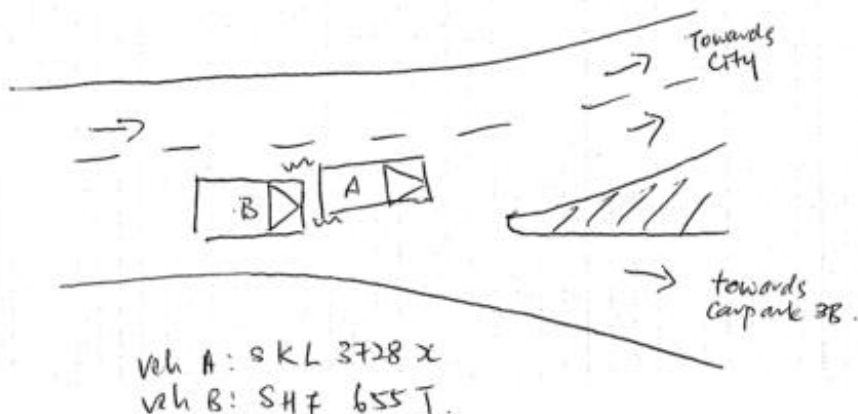
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Airport Terminal 3 Slip Road to Airport Boulevard (towards City)



## Accident Sketch Plan

### Describe Circumstances of the Accident

I was driving along Airport Terminal 3 Slip Road toward Airport Boulevard (City) on the right lane of a 2-lane road. Somewhere before entering Airport Boulevard (City), as I was driving straight in my lane, I suddenly felt a strong impact from the rear portion of my vehicle. After the accident, I alighted from my vehicle and saw that Vehicle B had collided into the rear portion of my vehicle. Hence I was involved in an accident of 2 vehicles.

Veh A : SKL 3728X

Veh B : SHF 655J.

### Declaration

We declare the foregoing particulars are true in every respect.

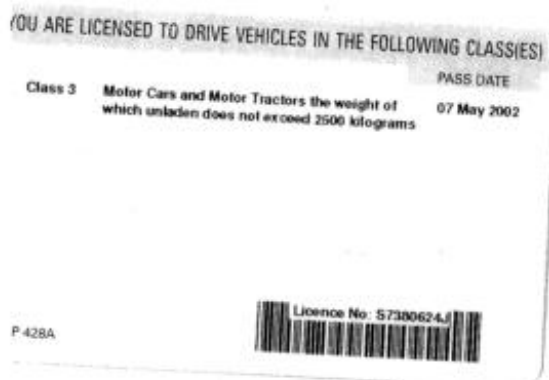
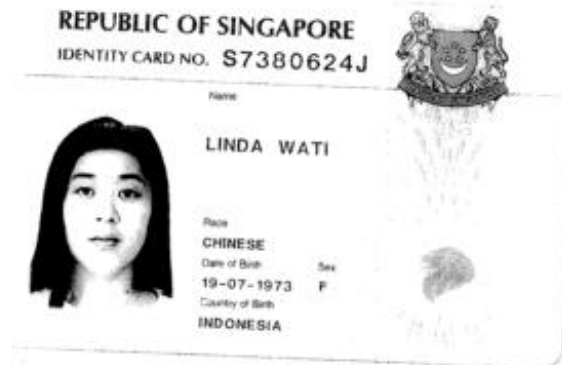


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# Accident Sketch Plan



## Accident Sketch Plan

**AXA INSURANCE SINGAPORE PTE LTD**  
18 Shenton Way, #27-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel:(65)63387288 Fax:(65)63382522  
Website:www.axa.com.sg  
GST Registration Number: M2-0009922-2  
customer.care@axa.com.sg



## CERTIFICATE OF INSURANCE

■ 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. : VFX/PL651321 Account No. : 10837  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : SKYWAY MOTOR PTE LTD  
Vehicle Registration No. : SKL3728X  
Period of Insurance : From 08/08/2015 To 07/08/2016 (Both Dates Inclusive)

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

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.

### LIMITATIONS AS TO USE\*

- (a) Use for the carriage of passengers or goods in connection with the Policyholder's business  
(b) Use for social, domestic and pleasure purposes and business purpose of any person to whom the vehicle is hired  
The Policy does not cover  
(a) Use for racing, pace making, reliability trial or speed-testing  
(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle  
(c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

(04)

### EXCESS :

Sect I - Used In S'pore Only : SGD 700.00  
Sect I - Used Outside S'pore : SGD 700.00  
Windscreen Excess : SGD 100.00

\* 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 SINGAPORE PTE LTD

Authorized Signature

Issued by - SGIPSHD on 02/09/2015

### 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).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

Accident Sketch Plan

LETTER OF UNDERTAKING

I/We, Skyway Motor Pte Ltd, the owner of vehicle no. SKL 3728X

My/Our Insurance is under M/s AXA Insurance Singapore 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 Singapore 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, N-S7 Automotive P/L

Signed and Acknowledge by:

.....  
Nric no. and signature of policyholder



.....  
Company Stamp



.....  
Date



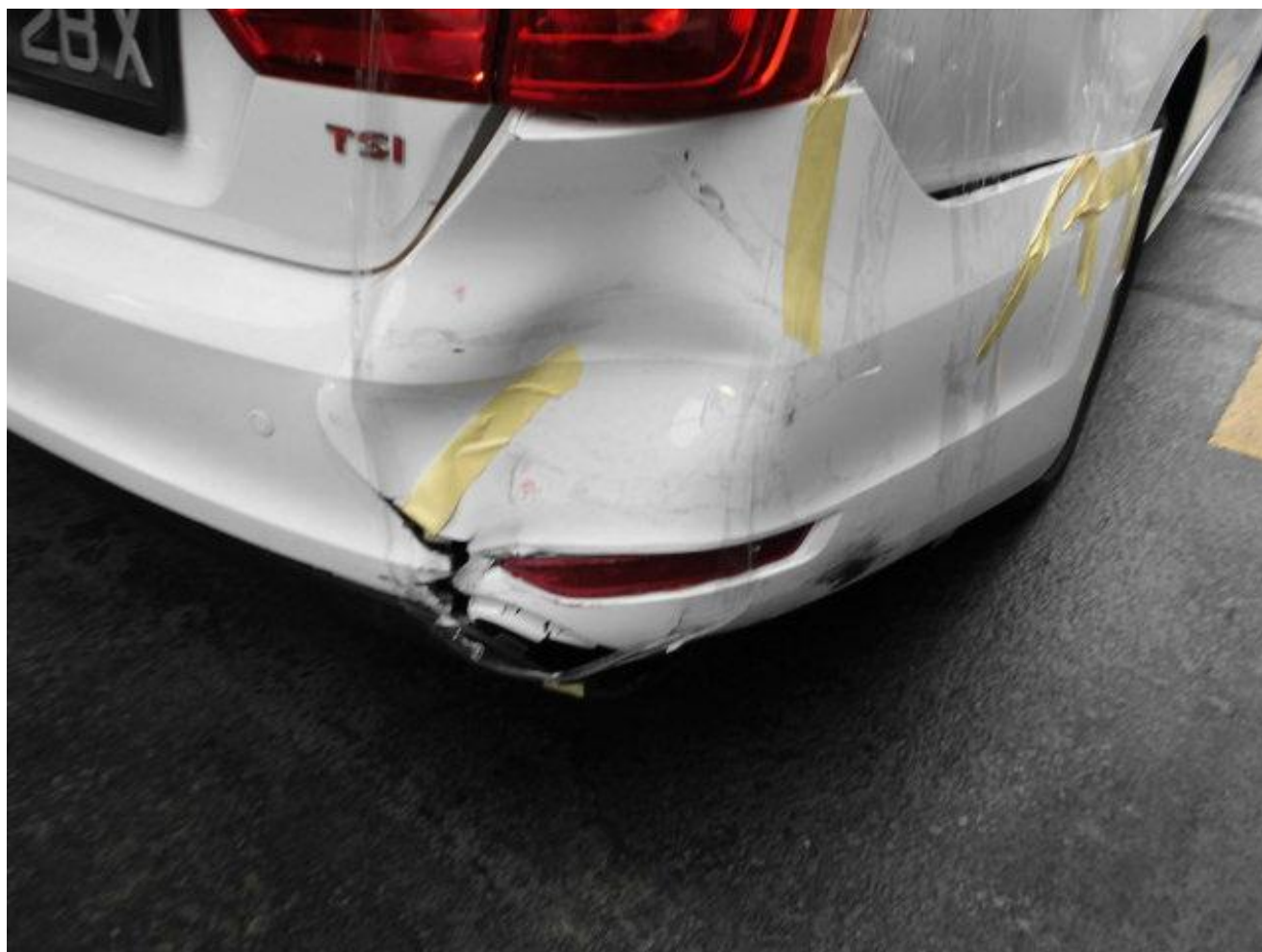
Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

