

## 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	19/06/2020 16:34
Date Of Accident	19/06/2020 11:30
Exact Location Of Accident	ANG MO KIO GAIN CITY CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3423K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHER WILLIE
NRIC No	S1792531H
Email Address	WILLIECHER@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90280648
Alternative Phone No	OFFICE-90280648

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	3008-1.2 PURETECH (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2053894
Cover Note Number	

### Driver

Name of Driver	CHER WILLIE
NRIC No	S1792531H
Date Of Birth	23/01/1967
Occupation	INDOOR
Date Of Driving Pass	12/02/1990
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90280648
Fax Number	
Contact Number	OFFICE-90280648
Email Address	WILLIECHER@HOTMAIL.COM

Address	100 BRIDPORT AVENUE
Postcode	559390
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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)	2
Passenger 1	NAME: : SHEEN CHER 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

REFER TO ACCIDENT REPORTING 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	EL818K
Vehicle Make/Model/Colour	BMW 740 / GREY
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)	

## Accident 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.

Policyholder's Signature

Date & Time:

19 JUNE 2020  
1630 pm

GIA/MC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19 JUNE 2020  
1630 pm

CHUA SYASYA  
CUSTOMER SERVICE ADVISOR  
ACCIDENT & BODYSHOP



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Centre #01-21  
Tel: 1800 880 4888 Fax:-  
Website: www.axa.com.sg  
GST Registration Number: 199903512M  
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. : VPA/P2053894 Account No. : 11625  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : CHER WILLIE  
Vehicle Registration No. : SLV3423K  
Period of Insurance : From 28/12/2019 To 27/12/2020 (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

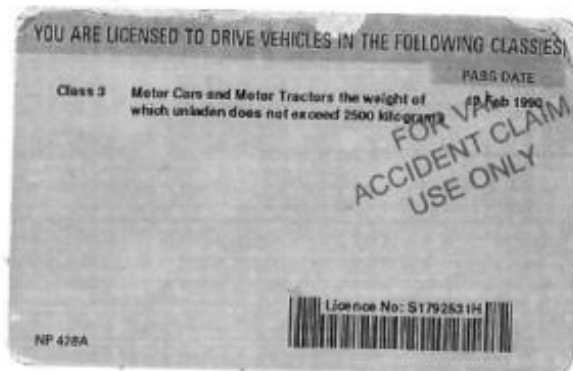
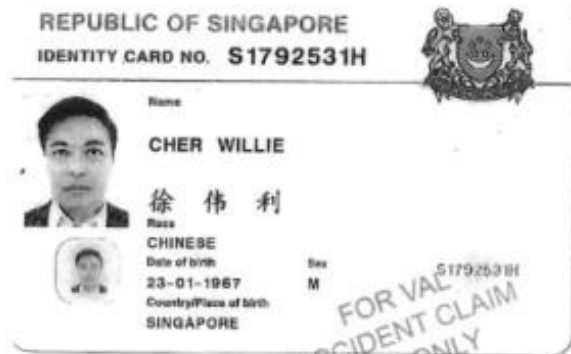
Issued by - SGOVGBP2 on 27/11/2019

## 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).

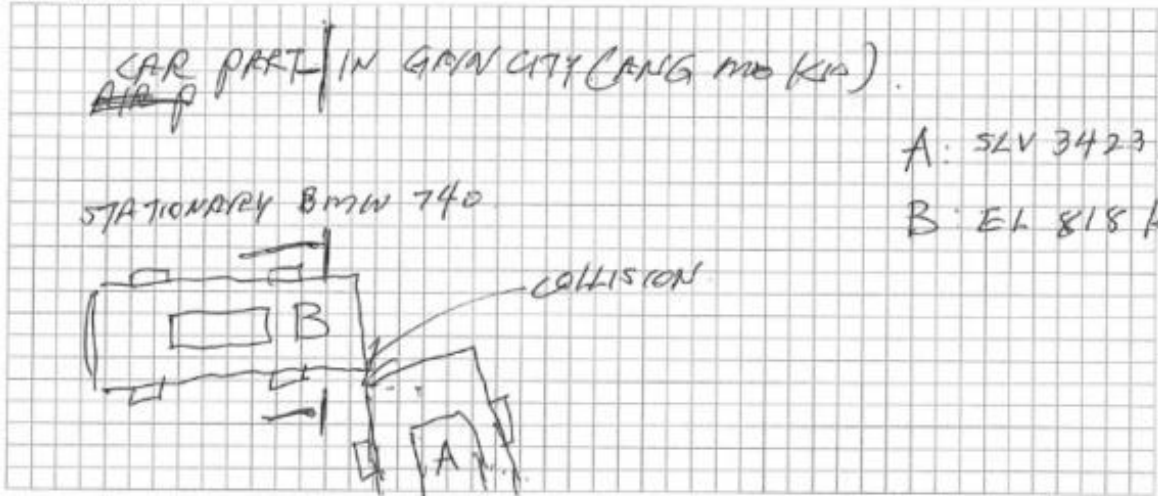
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

# Identification Card



# Individual Statement

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TODAY AT AROUND 11:30 AM, I WAS DRIVING TO GAN CITY (ANG MA KIO) INTENDING TO BUY PRINTER CARTRIDGES. UPON ARRIVING TO GAN CITY CAR PARK, I STARTED TO LOOK INTO THE ENTRANCE (MAIN) TO SEE WHETHER IT WAS OPEN FOR BUSINESS - ONE DAY ONE OF PHASE 2 OPEN.

SOMEWHAT I HEARD A 'BANG' SOUND WITH MY LEFT FRONT BUMPER HITTING THE RIGHT FRONT BUMPER OF A PARKED VEHICLE (EL 818K). THIS WAS DUE TO MY NEGLIGENCE WITH MY CAR SLIGHTLY SKEWED TO THE LEFT WHILE I WAS TURNING MY HEAD TO THE LEFT TO LOOK AT THE MAIN DOOR ENTRANCE.

THE BANG RESULTED IN SCRATCHES CAUSED TO PARTY B (EL 818K) AND SOME DAM. MY (PARTY A) CAR SUSTAINED SCRATCHES AND FRONT BUMPER DISLOCATED.

## DECLARATION

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

Policyholder's Signature

Date & Time:

19 JUNE 2020  
16:30 pm.

GUARMC Sketch Plan Form: 1/2

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19 JUN 2020  
16:30 pm.

CHUA SYASYA  
CUSTOMER SERVICE ADVISOR  
ACCIDENT & BODYSHOP



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



**Accident Photo**



**Accident Photo**



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