

## 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	07/02/2020 11:56
Date Of Accident	06/02/2020 15:15
Exact Location Of Accident	JUNCTION OF CHANGI ROAD / LORONG 101 CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL1381H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KIM SAN ANTHONY
NRIC No	S1287096E
Email Address	ANTHONY.LEEKS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86606989
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	VPA/P2246390
Cover Note Number	

### Driver

Name of Driver	LEE KIM SAN ANTHONY
NRIC No	S1287096E
Date Of Birth	30/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1984
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86606989
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	ANTHONY.LEEKS@GMAIL.COM

Address	BLK 752 JURONG WEST STREET 74 #13-20
Postcode	640752
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 - 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?	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)	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	SH1296P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	8113 1879
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**SKETCH PLAN**

**IMPORTANT NOTICE**

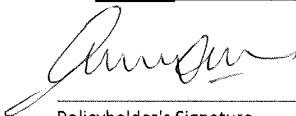
VEHICLE NO: SDL1381H  
ACCIDENT DATE: 06/02/2020 @ 15:15

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

**NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.**

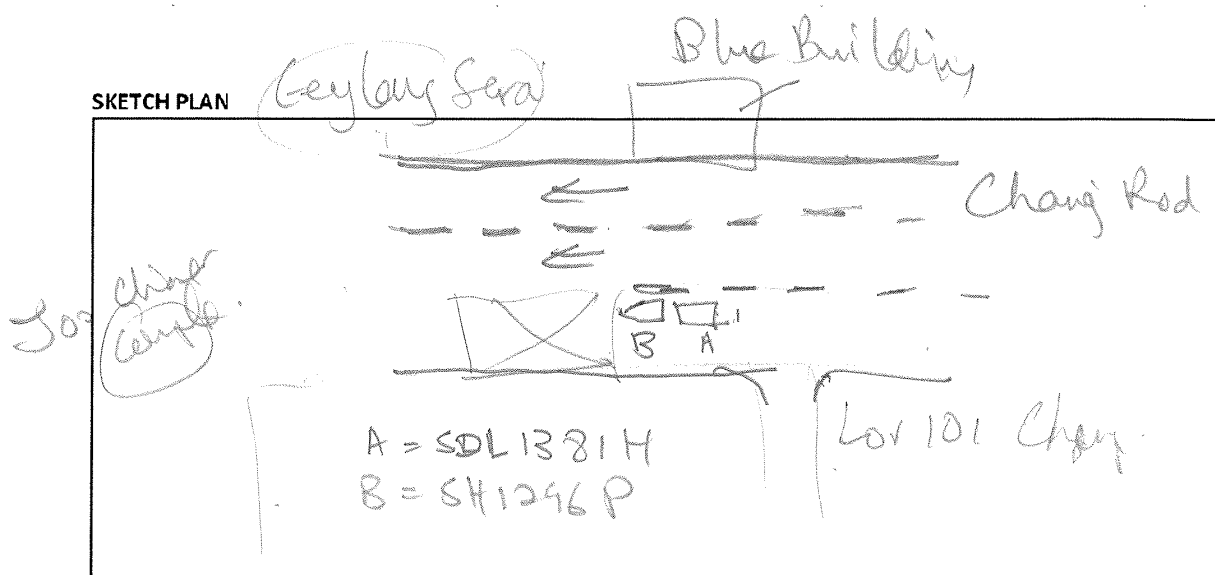


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date : 6/2/2020 Time : 3:15 pm (Above).

I was driving along Chang Road towards Lorong 101 Changi.

My Vehicle SDL 1381H was at the yellow Box in a stop position. I had a sneeze and next I could realise my vehicle had collided with the front vehicle SH 1296P.

My vehicle was not damaged but SH 1296P had a dented bumper.

OWN DAMAGE ( ) 3RD PARTY CLAIM ( ) REPORTING ONLY ☒ OWN WORKSHOP ( )

DECLARATION

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

Policyholder's Signature

Date & Time:

6/2/2020  
4:28pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Identification Card Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1287096E



Name  
LEE KIM SAN ANTHONY


李金山

Race  
CHINESE


Date of birth  
30-12-1958

Sex  
M


Country/Place of birth  
SINGAPORE



5294201



NRIC No. S1287096E



Date of issue  
27-03-2014

Address  
APT BLK 752 JURONG WEST STREET 74  
#13-20  
SINGAPORE 640752


Driving License Pg. 1

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S1287096E**  
Name: **LEE KIM SAN ANTHONY**

Birth Date: **30 Dec 1958**  
Issue Date: **27 Sep 2003**

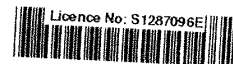
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**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

	PASS DATE
<b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	<b>01 Nov 1984</b>

NP 428A



# Certificate Of Insurance Pg. 1

## AXA INSURANCE PTE LTD

8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Centre #01-21  
Tel: 1800 8804888 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/P2246390	Account No. :	08260
Coverage	: Comprehensive		
Sum Insured	: Market Value At The Time Of Loss		
Name of Policy Holder	: LEE KIM SAN ANTHONY		
Vehicle Registration No.	: SDL1381H		
Period of Insurance	: From 22/01/2020 To 21/01/2021 (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 : NIL

An Additional Excess is applicable as follows:  
S\$500.00 for Unnamed Authorized Driver  
S\$2,500.00 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).

### N.B. :

Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOMOHA on 21/01/2020

### 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.

Policyholder Acknowledgement Form Pg. 1



**POLICYHOLDER ACKNOWLEDGEMENT FORM**

Date: 06/07/2020  
To: Owner of Vehicle Number: SDL1881 H  
The following has been advised to you via your workshop, Chorn's Customcraft through their staff,  
ESTHER.

Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others \_\_\_\_\_

Signed and acknowledged by:

Anthony Lee

**Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)**

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

**Name and signature of workshop personnel including company stamp**





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

