### 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 <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.	sont to the drollinning of this report at the control and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	04/08/2020 13:10	
Date Of Accident	27/07/2020 21:30	
Exact Location Of Accident	JUNCTION OF HOUGANG AVE 3 / LORONG AH SOO	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SBB1919J	
Insured/Policyholder		
Name Of Registered Owner	TE KOK CHIEW	
NRIC No	S1195762E	
Email Address	RONALD@HUANYONGCAPITAL.COM.SG	
Mobile Phone No	(LOCAL) +65-96339211	
Alternative Phone No	OFFICE-NOPHONE	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	S350-3.0 (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?	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	
B # 11 1	V/4.4/Q.4.400000	

Policy Number VA1/GA180039

Cover Note Number

## Driver

Name of Driver TE KOK CHIEW
NRIC No S1195762E
Date Of Birth 24/11/1956
Occupation INDOOR
Date Of Driving Pass 17/12/1976

Driving Experience 43 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96339211

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address RONALD@HUANYONGCAPITAL.COM.SG

71 NERAM ROAD Address

807769 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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** DRY Road Surface

#### **Other Information**

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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 SLX464B

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

**OWNER** 

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

## **IMPORTANT NOTICE**

VEHICLE NO: SABINATION OF SO

- 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. 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 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:

- 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
- 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.
- 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 NOTE 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

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

CUSTOMCRAFT

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Page 3 of 18

Date & Times

# Sketch Plan #2 Pg. 1

KETCH PLAN		
		81× 4194 8
	The same of the sa	erromanificate
	PIN 982	and the second s
		J
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
hoter to attacket	accident statument	
OWN DAMAGE ( )	3RD PARTY CLAIM ( ) REPORTIN	NG ONLY ( ) OWN WORKSHOP ( )
CLARATION te declare the foregoing par	ticulars are true in every respect.	
	, ·	S CUSTOS A
cyholder's Signatura	 Driver's Signature	CHARN'S CUSTOMCRAFT  Reporting Centre Personnel's Signature
e & Time:	(If driver is not the policyholder)  Date & Time:	Name: NRIC/FIN No.:
3-20 PM		

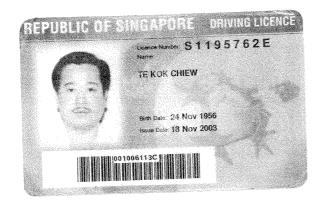
## Sketch Plan #3 Pg. 1

Accident happened on 27/07/2020 about 21:30 pm, at junction of Hougang Ave 3 and Lorong Ah Soo, I slightly hit the car (SLX 464 B) in front of me.

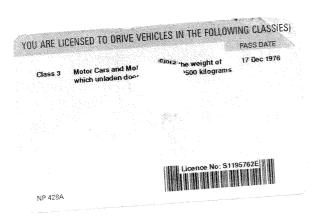
I received a letter from AXA last Thursday and ask me to make an accident report at reporting centre.

Te Kok Chiew S1195762E 9633 9211 SBB 1919 J

## Identification Card Pg. 1











nsideals

# POLICYHOLDER ACKNOWLEDGEMENT FORM

Da	ite: _	- 10 a 7				
То	: Ow	rner of Vehicle Number: 286 1919				
Th	e fol	Howing has been advised to you via your workshop, Chan's Custom cuff through their staff,				
Ρle	ease	tick the applicable box if you had been advised on any of the following:				
Y	1	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 replaced and any part that needs to be replaced will be replaced using <b>any combination</b> 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 <u>Own Damage repairs</u> 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				
Sig	ned	and acknowledged by:				
Te Kok Chiew						
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.						
Na	me a	and signature of workship personnel including company stamp				





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 00914

Mace Weenes (flood Party Reks and Compressment Act, Cooper 189). Motor vets less that Party Risks and Compressment Rules, 1989. Road fundport Act, 1987 (Marays or Mace whiches (flood Party Rosks.) Rules, 1989 (Malaysia).

#### **Policy details**

Policyholder name TE KOK CHIEW Certificate number GA180039 / 1 W002221322A038355 Cover Comprehensive Chassis number 64286141531516 Flexi Plan name Engine number NCD applicable 10%

Period of Insurance from 27/03/2020 to 26/03/2021 (both dates included)

Finance lean company

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

SBB1919J

Vehicle registration number

#### 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 carnage 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

\* Lendamors rendered anguerative by Section 8 of the Month Vehicles (Third-Party Fig.ks and Compensation) 4ct, (Chapter 189) and Section 95 of the Read franction 4ct, 1981 (Malaysia), are not by the included under these headings.

SGD 800.00

SGD 100.00

- An Additional Excess is applicable as follows:
  - 1. \$\$500 for unnamed Authorised Driver 2. S\$500 for declared Young and Inexperienced Driver

Basic Own Damage Excess

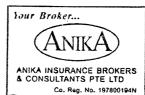
3. \$\$6,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium

## Additional clauses & endorsements to your policy

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 metor venicle 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 Standory Declaration to the effect must be made. Fasure to comply with this obligation is an offence under the Motor Velocite (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warrarry Clause requires the premium to be paid to full within a specific period taking which there would be no hability under the policy renewal carbinate

AXA insurance Pte Ltd (199903512M) 8 Shenton Way #24-01, AxA Tower, Singapore 068811 Customer Centre, #81-01

1 of 3



















