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	29/08/2020 11:09
Date Of Accident	28/08/2020 16:50
Exact Location Of Accident	PIE (NEAR EXIT 12)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP9298X
Insured/Policyholder	
Name Of Registered Owner	LOH SIEW LENG
NRIC No	S6841423G
Email Address	JASLOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96266313
Alternative Phone No	OTHERS-96266313
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200 AMG LINE (R18 LED)-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA508444
Cover Note Number	24/10/2019 - 23/10/2020
Driver	
Name of Driver	LOH SIEW LENG
NRIC No	S6841423G
Date Of Birth	16/12/1968
Occupation	INDOOR
Date Of Driving Pass	29/07/1991
Driving Experience	29 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96266313
Fax Number	
Combook Ni wok on	OTUEDO 00000040

OTHERS-96266313

JASLOH@GMAIL.COM

58 ST PATRICK'S ROAD Address

#02-13

Postcode 424218

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

CHAIN COLLISION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

4

NO

NO

YES

NO

2

NO

NO

: PARDEEP FOGAT

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

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 SJJ6918S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 20

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMK5723C

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJT2666S

Vehicle Make/Model/Colour

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)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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:

- (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Sent repersonnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

• 1

GIARMC SkowhOustons [V]

Date of accident: $28/8 20$		
Ny Vehicle A: SJP9298X	Vehicle B: QJJ69185	Vehicle C:SMC5723 C
KETCH PLAN	Vehicle D: SJT 2666S	
		
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Annual	AND THE PROPERTY OF THE PROPER	Character and Character Ch
	[CD. [CD. [CD.]	
substitution of the substi	CD>BD>AD> OD	
		another accident.
		accident.
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
T was Januallo	is along PIE. The vehic	cle in Const of w
	and stop & I follow	
I felt a hug	e impact from behind s	3 the impact
pushed me +	to the front and collid	ed into vehicle (B)
	700-700-700-700-700-700-700-700-700-700	
ocean accident	, I realised total 4 veh	iclac itavaluad :
······································		icles involved in
this incident	•	***************************************
Claim OD/TP at Ah Lim /	Motor Claim OD TP at other wo	orkshop Reporting Only
	opy of my efile accident report to:	
My workshop : Optima M Email address : Lily 1016	VENEZ THE LEDT	
& myself : Jasmine	loh	
Email address : jasloh @	g mail.com	
Note: Please take note that w	our insurer have 14 days timeframe for yo	su to submit own damage claim under
	with your own insurer for more informati	
ECLARATION	-	
ECLARATION We declare the foregoing particular	rs are true in every respect.	
1		ON COMS
Art.	Jul .	(§(X)\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{
olicyholder's Signature	Driver's Signature	Reporting Control Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Reporting Company Resonnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

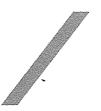
Page 5 of 20

AH LIM MOTOR COMPANY



POLICYHOLDER ACKNOWLEDGEMENT FORM				
Date: 29 8 2620 To: Owner of Vehicle Number: SJP 9298	<u>×</u>			
The fellowing has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, ZILA EILEEN / MUI HONG.				
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 prise a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from 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 due to this accident. if fire damage and you claim under your own insurance, any applicable excess will lead to the However, there will be no recovery prospect and NCD will be affected. if fire damage and you are claiming against the Third Party, your NCD will not be However, the recovery is not guaranteed, and AXA will not be held responsible. 	e waived.			
() There will be delay to your vehicle repair due to the unavailability of spare parts locally and there option except to indent it from overseas.	s no other			
() There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or relate incurred directly &/or indirectly to the procurement of the spare parts.				
() The estimated waiting time for the spare parts to arrive is The arrival time does not include the repair period.	estimated			
() You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that may not be road worthy.	he vehicle			
() For vehicles below three (3) years old or under warranty with a local distributor, your insurance couse only original parts to repair your vehicle.	mpany will			
For vehicles above three (3) years old and no longer under warranty with a local distributor, your company will be carrying out repairs where any damaged part that can be repaired will be replaced part that needs to be replaced will be replaced using any combination of original parts and/equipment manufacturer (OEM) parts and/or second-hand parts.	d and any			
() You had been advised by the workshop of the Twelve (12) months warranty for Own Damage workmanship related to the accident.	repairs on			
() For vehicles that are under warranty with a local distributor, you have been advised by the workshowith your local distributor on any effect to your warranty prior to making this Own Damage claim.	p to check			
() Others Claim Third larg @ Our more may				
Signed and acknowledged by:				
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 stynature of workshop personnel including company stamp				





Certificate number

Chassis number

Engine number

AXA Insurance Pte I td 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ⊠ customer.care@axa.com.sg www.axa.com.sg

account number 17120

> GA508444/1 WDD2054772F925416

26491530135629

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)

Policy details

LOH SIEW LENG Policyholder name Comprehensive Cover Plan name

Flexi 50%

Vehicle registration number Period of Insurance **DBS BANK LTD** Finance loan company

Kindly submit your Vehicle Registration number as soon as you have it SJP9298X

from 24/10/2019 to 23/10/2020 (both dates inclusive)

Persons or classes of persons entitled to drive*

(a) The Policyholder

NCD applicable

(b) 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

Basic Own Damage Excess Windscreen Excess

SGD 400.00

An Additional Excess is applicable as follows:

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

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, endorsement etc.

Identification Card Pg. 1

owner & Driver



