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 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.

By the lodgement of this report to the insurers, you her aforesaid.	eby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/10/2020 17:24
Date Of Accident	06/10/2020 12:55
Exact Location Of Accident	BLK 412 YISHUN RING ROAD CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD7037K
Insured/Policyholder	
Name Of Registered Owner	SIM JOO ENG
NRIC No	SXXXX903E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94506162
Alternative Phone No	OFFICE-94506162
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL
Exact Purpose for which vehicle was being u	ised at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA234669

Cover Note Number

Driver

Name of Driver SIM JOO ENG NRIC No SXXXX903E Date Of Birth 25/06/1965 Occupation **INDOOR Date Of Driving Pass** 02/05/2001

Driving Experience 19 YEARS AND 5 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-94506162

Fax Number

OFFICE-94506162 Contact Number

EMail Address NOEMAIL

BLK 412 YISHUN RING ROAD #08-1905 Address

Postcode

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

ambulance?

YES

Was any other material or property damaged? 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

MY VEHICLE A (SLD7037K) WAS PARKED IN THE LOT STATIONARY. VEHICLE B (SLK1317Y) REVERSED AND HIT ONTO MY VEHICLE A (SLD7037K) FRONT RIGHT BUMPER.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLC1317Y**

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B Vehicle Category PRIVATE CAR

Name of Driver TAN SHI YAN FAITH

SXXXX462A NRIC/Passport Number **Contact Number** 96497758

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ law firms, the Monetary Authority of Singapore and any relevant government agency/ authority (such as the police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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:
 - 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature
Date & Time: 07/10/7020
12:11 pm.

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

Reporting Centre Personnel's Signature Name:

NRIC/ FIN No:

Sketch Plan #2 Pg. 1

SKETCH PLAN

Vehicle A- STO 7037K Vehicle B-SIC 1317Y.

My Vehicle A SLD 7037 K was parked in the Lot. stationary.

Vehicle B SIK 1317Y reversed and hit into my vehicle A SLD 7037 K

front sight bumper.

	Parking Lot	
DECLADATION		

DECLARATION

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

Policyholder's Signature

Date & Time: 7/10/2020

12:07 pm.

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

LETTER OF UNDERTAKING

We, SIM NOO MNG

, the owner of vehicle no. \leq 1709903

to claim under my/our Policy or against the Third Party and if the former shall submit such a My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether 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, C舟《舟公经』3

Signed and Acknowledge by:

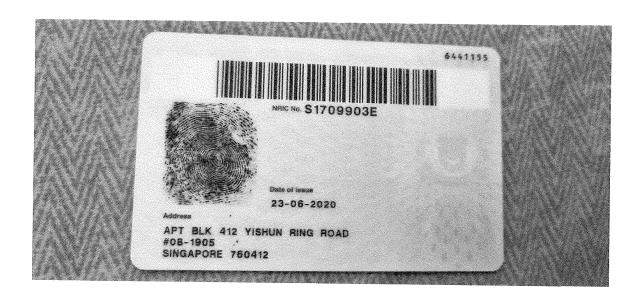
S1709903-E

Nric no. and signature of policyholder

Company Stamp

Date

Identification Card Pg. 1



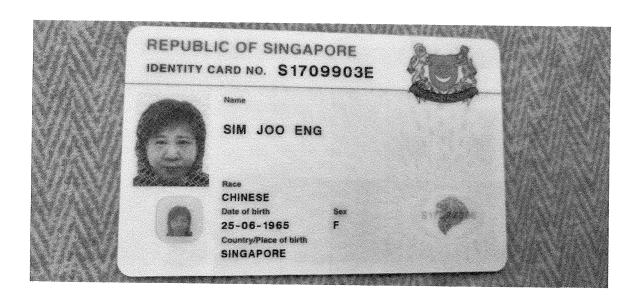
Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no:

SLD 7037 F

Date of Accident:

66(10(20



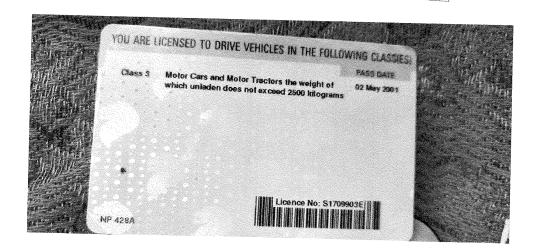
Driving License Pg. 1



Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: 8LD 70370

Date of Accident: 06(10180







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 03926

-Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960-Road Transport Act. 1987 (Malaysia)

Policy details

Policyholder name Cover

SIM JOO ENG

Certificate number

GA234669 / 1

Plan name

Comprehensive

Chassis number Engine number

JN1JANT32Z0002010 MR20863902B

NCD applicable Vehicle registration number

50% SLD7037K

Period of Insurance

from 27/06/2020 to 26/06/2021 (both dates inclusive)

Finance loan company HONG LEONG FINANCE LIMITED

Persons or classes of persons entitled to drive*

(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

SGD 400.00

Windscreen Excess

SGD 100.00

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

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 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-Teacher) that the Policy March 1899.

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, endersement etc.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

1 of 3

Accident Photo



Accident Photo



Accident Photo





