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.

7. By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	14/11/2019 13:16			
Date Of Accident	13/11/2019 12:55			
Exact Location Of Accident	ALONG UPPER CHANGI RD EAST INFRONT OF EXPO			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKF5120S			
Insured/Policyholder				
Name Of Registered Owner	CHONG CHOW PIN			
NRIC No	S7075349I			
Email Address	CHOWPINC@YAHOO.COM			
Mobile Phone No	(LOCAL) +65-98756301			
Alternative Phone No	OTHERS-98756301			
Vehicle Particulars				
Manufacturer	BMW			
Model	335I-3.0 (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?	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	GA137308/1			

Cover Note Number 08/12/2018 - 07/12/2019

Driver

Name of Driver **CHONG CHOW PIN**

NRIC No S7075349I Date Of Birth 07/12/1970 Occupation **INDOOR Date Of Driving Pass** 22/12/1993

Driving Experience 25 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98756301

Fax Number

OTHERS-98756301 Contact Number

EMail Address CHOWPINC@YAHOO.COM Address 43 MIMOSA DRIVE

Postcode 805450

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)

2

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

NO

Was any injured conveyed to hospital by

NO

ambulance?

- -

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 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 SMH9395E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NICHOLAS LAI
NRIC/Passport Number S9001937F

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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- 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:

- (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:
(3 Nov 2019

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reportin

NRIC/FIN No

Name:

el's Signature

Sketch Plan Pg. 2

upper Change Rd E	217
Date of accident: 15 1/20 Time: 12.55 Location: 14 front of tx for	QNY Evon
My Vehicle A: SKF 5120 S Vehicle B: SMH 9396 E Vehicle C: ———————————————————————————————————	Drive
SKETCHTEAN	14-2/4
lipper D./	
Change East	
Expo	
Del Cal	
DESCRIPT CIDCUMSTANCES OF THE ACCIDENT	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Cars Were stationary at The innerven	
Of upper Chao; Id East and Expo	
Dive as the shade were red	
When the bird turn over The cars	
Started to note including Vehicle is wh	viela
the Suddenly Stopped and my car 7	AJGAS -
collided into valvicle &	ant
	40VC.
Car B- Hicholas Lai 5900 1037 F	
>900 123 4 F	
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only	
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: 5035 Ang Mo kip Ind Park 2 # 01-33 Email address:	~ \
Email address: 8 myself: 5035 Ang Mo Go Ind Park 2	. !
Email address: chow pinca yahod. com	
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.	
DECLARATION	
I/We declare the foregoing particulars are true in every respect.	
C N is a second of the second	
Policyholder's Signature Driver's Signature Reporting Centre Paragraphy Signature	
Policyholder's Signature Date & Time: NRIC/FIN No.:	



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: _	14/11/19	To: Owner of	Vehicle Number:	SKF57 205		
The fo	Howing has been advised to / EILEEN / MUI HONG .			OMPANY through their staff,		
Please	Please tick the applicable box if you had been advised on any of the following:					
11	You had been advised by the	Workshop that in the	0	n against your own policy, there ipulated timeframe from the day		
()	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. if fire damage and you claim under your own insurance, any applicable excess will be waived. 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 affected. However, the recovery is not guaranteed, and AXA will not be held responsible. 						
()		hicle repair due to the uno		rts locally and there is no other		
()	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 fo arrival time does not include to	the spare parts to arrive in the repair period.	s	. The estimated		
()	You will be driving the vehicle may not be road worthy.	out despite being advised b	y the workshop mech	anic/ personnel that the vehicle		
()	For vehicles below three (3) y use only original parts to repair	ears old or under warranty ryour vehicle.	with a focal distributo	r, your insurance company will		
	For vehicles above three (3) y company will be carrying out r part that needs to be replace equipment manufacturer (OEN	of will be replaced using	hair mar can be teb	ocal distributor, your insurance paired will be repaired and any original parts and/or original		
()	You had been advised by the workmanship related to the ac	workshop of the Twelve (cident.	(12) months warranty	/ for <u>Own Damage repairs</u> on		
()	For vehicles that are under wa with your local distributor on ar	ranty with a local distributo by effect to your warranty p	r, you have been advi	ised by the workshop to check		
		ege @ om work		3.00		
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,						
Name and signature of workshop 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 04553

-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

Policyholder name Cover Plan name CHONG CHOW PIN Comprehensive Flexi

W PIN Certificate number
ive Chassis number
Engine number

GA137308 / 1 WBADX72090E668835 12758135N55B30A

NCD applicable 30% Vehicle registration number SKF5120S

Period of Insurance from 08/12/2018 to 07/12/2019 (both dates inclusive)

Finance loan company N

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. OUEK WEE LING

(c) 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 500,00 SGD 100,00

- An Additional Excess is applicable as follows:
 - 1. \$\$500 for unnamed Authorised Driver
 2. \$\$500 for declared Young and Inexperienced Driver
 - 3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$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

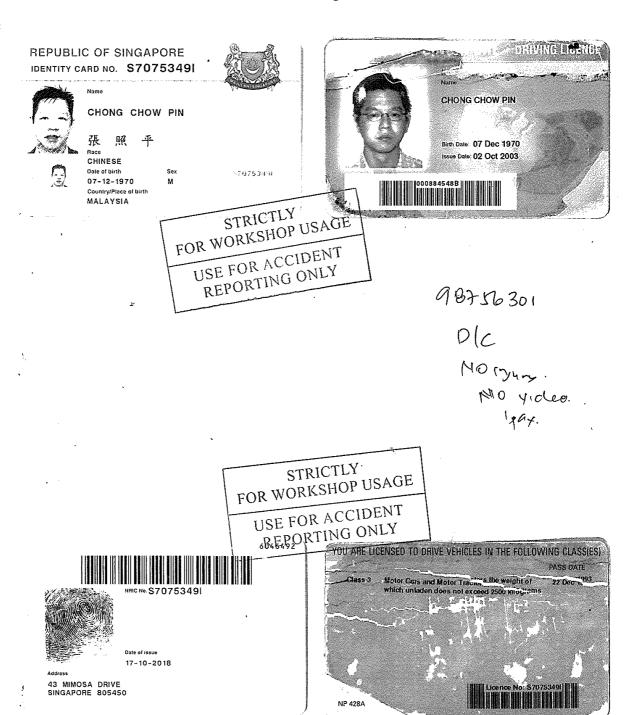
Important note

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.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01 **1** of 3

Identification Card Pg. 1



27/12/1993













