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.	
	ACCIDENT STATEMENT
Date Of Report	22/10/2020 11:17
Date Of Accident	21/10/2020 18:30
Exact Location Of Accident	ALONG TPE (TPE-KPE INTERSECTION)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMU2261K
Insured/Policyholder	
Name Of Registered Owner	CHOO YIH SHIN, JEREMIAH
NRIC No	S9635174G
Email Address	JCYS.96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97825782
Alternative Phone No	OTHERS-97825782
Vehicle Particulars	
Manufacturer	SKODA

OCTAVIA AMBITION + 1.4 L TSI 110KW MY20

Exact Purpose for which vehicle was being used at

time of accident

Model

PRIVATE

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 CN093645

Cover Note Number

Driver

Name of Driver TEOH ZHI KAI, ALOYSIOUS

 NRIC No
 \$9943001Z

 Date Of Birth
 28/12/1999

 Occupation
 INDOOR

 Date Of Driving Pass
 12/12/2018

Driving Experience 1 YEAR AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97825782

Fax Number

Contact Number OTHERS-97825782
EMail Address JCYS.96@GMAIL.COM

BLK 15 FERNVALE CLOSE Address

#01-20

Postcode 797477

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND**

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? NO

Number of vehicles (including own vehicle)

involved in the accident

3

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES 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)

NO

2

Passenger 1

NAME: : JONAS TAN KOK KHANG

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

MORE DETAILS PLEASE REFER TO SKETHC 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 SJR8162A

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 23

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMT7063M

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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- 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:

22/19/20 1048

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

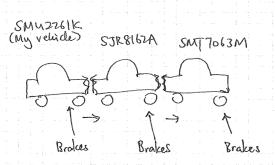
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0 21 A 2020 1 1 1 1 1 20 Al 3 T 1 21 1 2 1 1
On 21 Oct 2020, at about 6:30pm, Aloysions Teoh Zlü kai was driving my
vehicle (SMU 2261 K) along TPE, which I had given him permission to do
so. Near the TPE-KPE intersection, Aloysious was driving on the rightmost
lane, at about 80 km/h, when the vehicle 2 cars in front of him, SMT 7063M,
Lit the brakes hard. Subsequently, the vehicle in front of Aloysions,
SJR 8162A also hit the brokes hard, and collided into SMJ 7063M.
Aloysions then jammed his brakes, and whided into STR 8162A. No vehicle
collided into the near of Aloysions. The crash resulted in no injuries across
all 3 vehides, but resubted in significant damage to the front (bumper, bornet.
ide fenders) of my vehicle (SMM 2761K), as well as the rear bumper of the middle
vehide (SJR 8162A). There was a slight dent in the rear of SMT 7062M, and
front of SJR 8162A.
After the accident, all 3 drivers alighted and took photos of each others' driving licenses
Hoysious also took dum the number of the middle vehicle's driver. All drivers agreed to
carry on with their own claiming from each of their insurances, and parted ways.
Aloysious then deave the velocle off the expussion, following the adure of TAMAS
Chew on-sife, to his girlfriend's place just off the expussivay. He then collect
SKOBA 24-how hotline, and the vehicle was trived to 8kods.

DECLARATION

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

Policyholder's Signature

Date & Time:

221020 1048

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 3

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel:1800 8804888 Website:www.axa.com.sg GST Registration Number: 199903512M customer.care@axa.com.sq



Original

Agent Code: 16720

Policy No. (if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN093645

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	CHOO YIH SHIN, JEREMIAH
MAKE AND DESCRIPTION OF VEHICLE	SKODA OCTAVIA 1.4 TSI
VEHICLE REGISTRATION NO.	Shu Well
YEAR OF MANUFACTURE	2019
ENGINE NO.	CZDA67197
CHASSIS NO.	TMBBC7NE4L0049669
ENGINE CAPACITY/TONNAGE	1395CC
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	DBS BANK LTD
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 03/08/2020 TO: 02/08/2021
EXCESS (S\$)	\$1000
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1997 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by ARF (AP) PTE LTD (SKODA) on 30/07/2020 10:02 am

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of \$\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
 An administrative fee of \$\$26.75 (inclusive of GST) will be charged:
- - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid. For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

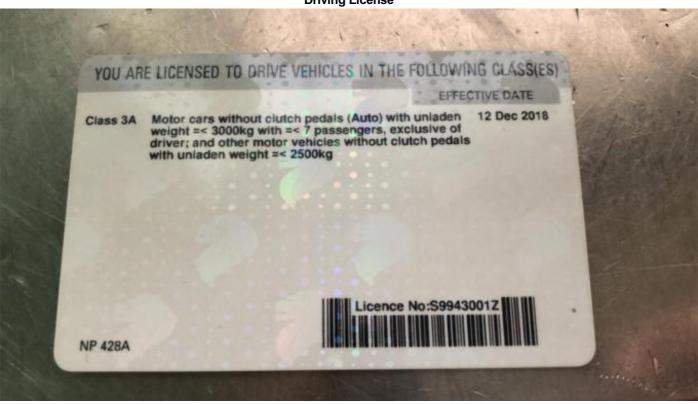
jeys. 96@gmail. com

Car owner





Driving License



Driving License



Identification Card

