

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 consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 01/12/2020 15:30 (SGT) Date of Accident 27/11/2020 17:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS CHANGI AIRPORT** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU7620A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE KAR WAI

NRIC No. S1346237B Email Address leekarwai@hotmail.com

Mobile Phone No (Phone) +65-90498707 Alternative Phone No

+65-90498707

VEHICLE PARTICULARS

Manufacturer **BMW** Model X1 Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

No - Reporting only your vehicle? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Comprehensive

Fleet Policy

Policy Number VPA/P2405384

Cover Note Number

DRIVER

Name of Driver LEE KAR WAI NRIC No S1346237B Date Of Birth 26/08/1959 Occupation Indoor

Date Of Driving Pass 09/06/1983 Driving experience 37 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90498707 Alt. Phone Number +65-90498707 Email Address leekarwai@hotmail.com Address BLK 205 TAMPINES ST 21 #06-1283 Address complement Postcode 520205 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **NITHISH** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN. NOTE: VEHICLE REPAIR AT OWNER'S PREFERRED W/SHOP. 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**

SLF1303X

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP1714D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:
 - 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 Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMIC SketchPlanForm_V3

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SKETCH PLAN **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT** Refer to celarized hotmail, com emar DECLARATION I/We declare the foregoing particulars are true in every respect. SIN MING Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:



Date & Time:

GIARMC SketchPlanForm_V3

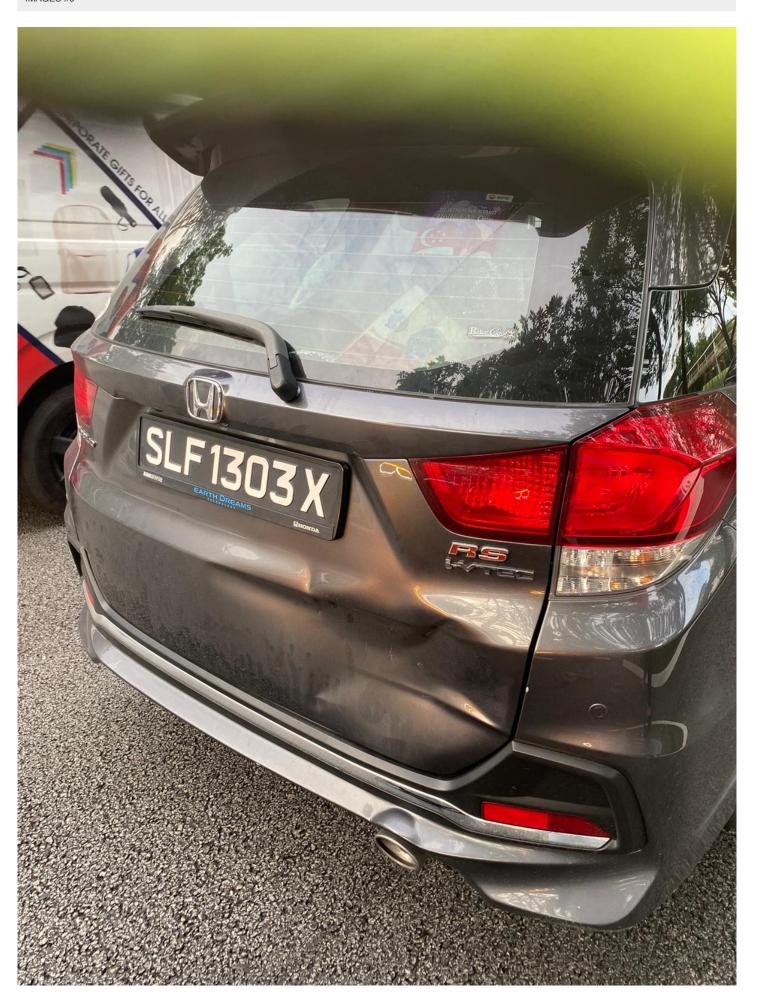


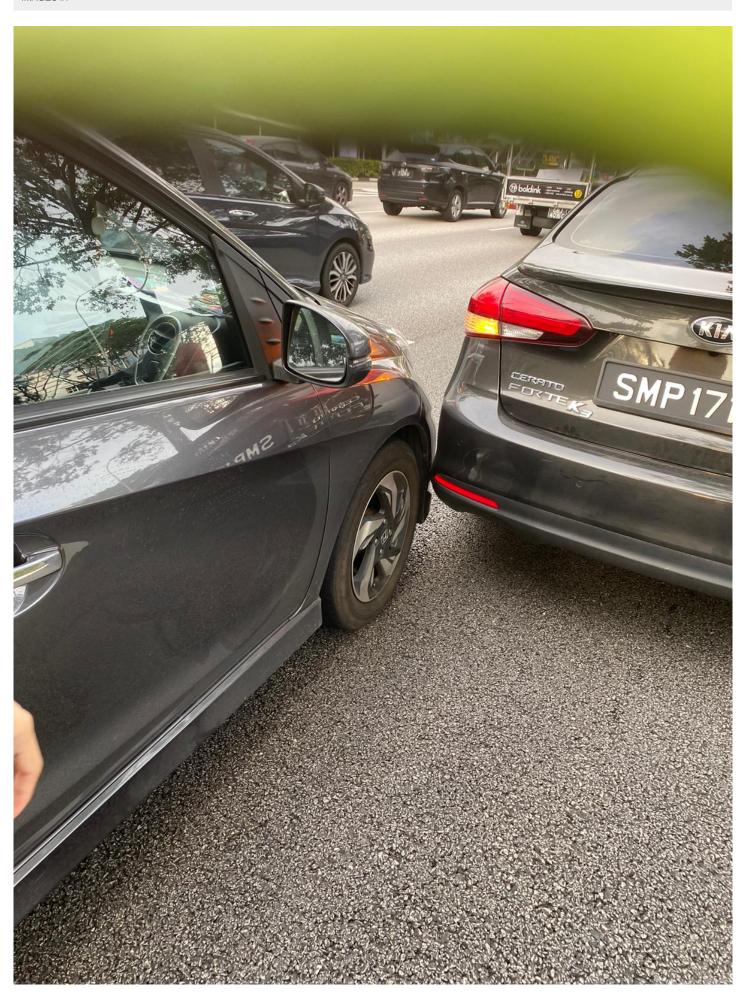


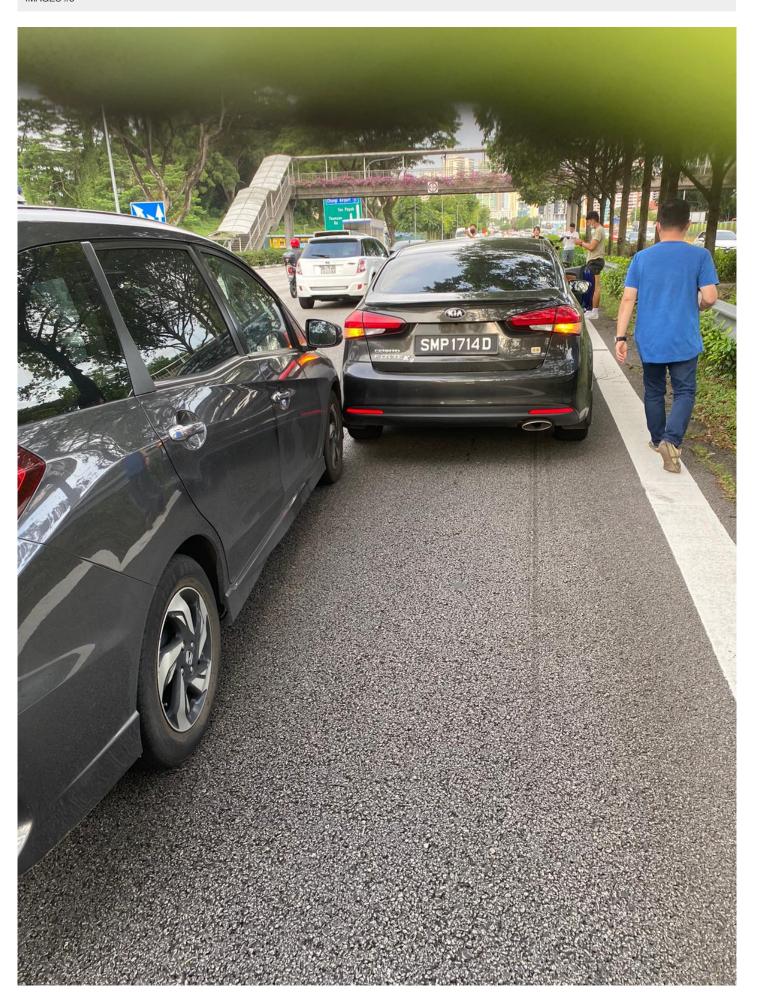
















Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 3

Report No. T/20201127/2114 <

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.:	Station Diary No.: 111
Address:	
APT BLK 205 TAMPINES STI	REET 21 #06-1283 SINGAPORE
520205	
Contact No.:	•
Home/Office:	Mobile: 90498707
Email:	
leekarwai@hotmail.com	
Type of Informant:	
Driver	
Language:	Institution / School Name:
Driving Licence Information:	
Class:	Date of Expiry:
	Address: APT BLK 205 TAMPINES STI 520205 Contact No.: Home/Office: Email: leekarwai@hotmail.com Type of Informant: Driver Language: Driving Licence Information:

General Informat	on of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time Accident: 27/11/2020		Type of Location: Bend
Location:					
PAN-ISLAND EX	PRESSWAY				
Weather:		Road Surface:		Road	d Speed Limit:
Clear		Dry			
Traffic Flow:		Traffic Control:		Traff	fic Volume:
One Way Not Controlled Heavy		vy			
Type of Collision:			Anyo	one conveyed by	
Between Moving Vehicles - Head To Re		ear		amb	ulance:
_				No	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLF1303X	Car	-			Slightly Damaged	0
SMU7620A	Car	BMW	X1 SDRIVE20I MSPT	Black	Slightly Damaged	1

Details of Vehicle	e Insurance		
Vehicle No. Insu	rance Company	Insurance No	Effective Expiry Date





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3 Report No. T/20201127/2114

CONTINUATION OF REPOR	ΚI	
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Details of V	ehicle Insurance		100	A Company of
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU7620A	AXA INSURANCE SINGAPORE PTE	P2405384	28/08/2020	27/08/2021
	LTD			

Brief Details.

On 27/11/2020 at about 1730hrs, I was driving (V1: SMU7620A) on the first lane on PIE (Towards Changi Airport) with my Grab Hitch passenger. As I was driving the vehicle infront of me (V2: SLF1303X) jam break, I did try to jam break too however did not manage to stop in time as such collided with his vehicle.

V2 had managed to swerve his car to the left as such I saw that infront of us was a chain collision. Both myself and my passenger are not injured.

The damages to my vehicle is a dent to my plate number.

To my knowledge, there was no ambulance or police called to scene.

V1: Nithish

V2:

Yong Wei Meng 98522030





Report No. T/20201127/2114

3 of 3

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 **CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 NURUL DIANA BINTE MOHAMAD ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2020 19:55
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151 SINGAPORE POLICE FORCE	4-
Authentication Stamp NP168	
SIC	MATURE



	POLICYHOLDER ACKNOWLEDGEMENT FORM
Date:	28/11/20 20 To: Owner of Vehicle Number: SMU 7820 A
The fo	llowing has been advised to you via your workshop, FALCON-AIR AUTO SERVICES PTE LTD through their staff,
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 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. > 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 quaranteed, and AXA will not be held responsible.
()	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 any combination 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 Own Damage repairs 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.
5	Others Reporting My
Le	and acknowledged by: ℓ (αν ν ο c c)
Name	and signature of policyholder/ authorized driver* and company stamp (where applicable)
*autho permitt	rized drives to either the named drivers as per motor insurance policy or in the case of commercial vehicles, ed this experiment of the case of commercial vehicles, ed this experiment of the case of commercial vehicles.
	morenic loh
Name	and signature of workshop personnel including company stamp





Should I make an Own Damage Claim or Third Party Claim?

We're sorry to hear you've had an accident, choosing between an Own Damage Claim or a Third Party claim can be tricky and we hope these few points can help.

No matter how minor your accident, please keep in mind that you must report the accident within 24 hours. After which, if you want to submit an Own Damage claim you have 14 days to do so, from the day of the accident; whereas if you have gone through our AXA Premium Workshop (APW) to submit a 3rd party claim but were rejected, you can submit an Own Damage claim up to 30 days from the accident date.

Filing an Own Damage Claim

Advantage

- AXA will be handling your repairs and will liaise directly with your workshop. This way, your vehicle's repairs will be authorized earlier than for a Third Party Claim.
- We can closely monitor the progress for you if the repair is conducted at our APW.
- If your car is repaired at our APW, there is a 12 month warranty on the repairs done, including the parts replaced. For your reference a list of our AXA Premium Workshop can be found here:

 https://www.axa.com.sg/pdf/claims/motor/axa premium workshop.pdf

Disadvantage

- Depending on your policy you might have to pay an excess, this would be indicated on your policy.
- There will most likely be an impact on your NCD, and this together with your claim payout may affect your premium at the time of renewal.
- You will need to liaise with the other party's insurer for the recovery of any uninsured losses such as policy excess, rental car, taxi fees, etc...). If you are able to recover at least 80% of your uninsured losses from the party's insurers, we will be happy to reinstate your NCD accordingly.

Filing a Third Party Claim

Advantage

- Your NCD will not be affected and you will not be required to pay any excess.
- You can attempt to claim other related expenses such as rental car fees.
- As an added assurance to you, if you have chosen our APW to submit a third party claim, you have up to 30 days from the date of accident to change back to Own Damage Claim, should your claim against the 3rd party be rejected

Disadvantage

- AXA is unable to lodge a claim on your behalf with a third party insurance company, nor can we intervene in that process. You must contact their insurer directly.
- Commencement of your vehicle repairs will be dependent solely on the other party's insurer.
- Note that a 3rd party Insurer may reject your claim if the other party breached their policy conditions during the accident (i.e. if they were driving under the influence of alcohol etc...).
- If the claim is rejected by the third party insurer after 30 days, it might be too late to file an Own Damage claim with AXA; and therefore you may have to bear the full expense yourself.

You may seek further guidance from us as well as from your workshop or seek advice from your legal counsel. Your lawyer will be able to advise you if the legal costs can be covered as part of the overall claim amount.

If you have any queries, you can contact us via email at customer.care@axa.com.sg or by phone on 18008804888. Further information can also be found on Singapore's General Insurance Association website (http://www.gia.org.sg/public_type_motor_intro.php).