

# 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 withholding 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 ..... 09/02/2021 13:52 (SGT)  
Date of Accident ..... 07/02/2021 11:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BRADDELL ROAD TOWARDS CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKB795Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE SHU FEN, JASMINE  
NRIC No ..... SXXXX297J  
Email Address ..... mervinleekwokwei@hotmail.com  
Mobile Phone No ..... (Phone) +65-91442456  
Alternative Phone No ..... +65-91442456

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... Z4  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... Axa  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE KWOK WEI MERVIN  
NRIC No ..... SXXXX136E  
Date Of Birth ..... 30/12/1996  
Occupation ..... Indoor

|  |  |
|--|--|
| Date Of Driving Pass .....   | 17/01/2020                                 |
| Driving experience .....   | 1 YEAR AND 1 MONTH                         |
| Gender .....   | Male                                       |
| Mobile Number .....  | (Phone) +65-93381422                       |
| Alt. Phone Number .....  | -  |
| Email Address .....  | mervinleekwokwei@hotmail.com               |
| Address .....  | 477 PASIR RIS DRIVE 6 #05-512 SPORE 510477 |
| Address complement .....   | -  |
| Postcode .....   | -  |
| Is the driver the policyholder? .....                              | No   |
| If No, Relationship of the Driver with the Insured .....           | Sibling                                    |
| 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 .....   | 2   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH 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 ..... | SHA7781H |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |
| Vehicle Colour .....              | -        |
| Vehicle Category .....            | Taxi     |
| 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) ..... -

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... LEE KWOK WEI MERVIN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLAN

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**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:

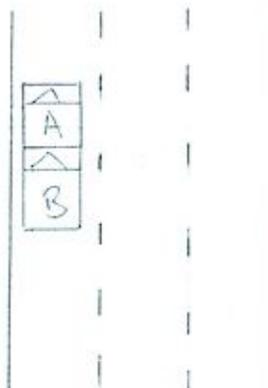
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

*Justin*  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



A: SKB795Z

B: SHA7781H

















redefining / insurance

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  
 16766

-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           | LEE SHU FEN, JASMINE                                 | Certificate number | 0A561467 / 1      |
| Cover                       | Comprehensive  | Chassis number     | WSALM32040E356273 |
| Plan name                   | For Her  | Engine number      | 06017251N52B25AF  |
| NCD applicable              | 0%   |                    |                   |
| Vehicle registration number | SKB795Z  |                    |                   |
| Period of Insurance         | from 28/12/2020 to 27/12/2021 (both dates inclusive) |                    |                   |
| Finance loan company        | ABS FINANCIAL PTE LTD                                |                    |                   |

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder  
 (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 imperative 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.

|               |                         |              |
|---------------|-------------------------|--------------|
| <b>EXCESS</b> | Basic Own Damage Excess | SGD 1,100.00 |
|               | Windscreen Excess       | SGD 100.00   |

An Additional Excess is applicable as follows:

- \$4500 for unnam'd *Authorised Driver*
- \$4500 for declared *Young and Inexperienced Driver*
- \$45,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$42,500 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 in 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 following 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

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