

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 Report	20/06/2016 12:42
Date Of Accident	18/06/2016 15:00
Exact Location Of Accident	BUKIT TIMAH & FARRER RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH2017S
Insured/Policyholder	
Name Of Registered Owner	SIM PUAY SUANG
NRIC No	SXXXX304E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96183316
Alternative Phone No	Office-96183316

Vehicle Particulars

Manufacturer	BMW
Model	118-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	GA070278/1
Cover Note Number	

Driver

Name of Driver	SIM PUAY SUANG
NRIC No	SXXXX304E
Date Of Birth	27/04/1953
Occupation	INDOOR
Date Of Driving Pass	09/03/1979
Driving Experience	37 YEARS AND 3 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96183316
Fax Number	
Contact Number	OFFICE-96183316
E-Mail Address	NOEMAIL
Address	67 GREENFIELD DRIVE
Postcode	457956
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 (INSURED HIT TP)
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by 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

VEHICLE B WAS STATIONARY. I COULDN'T STOP IN TIME AND HIT INTO VEHICLE B REAR.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EY928H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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

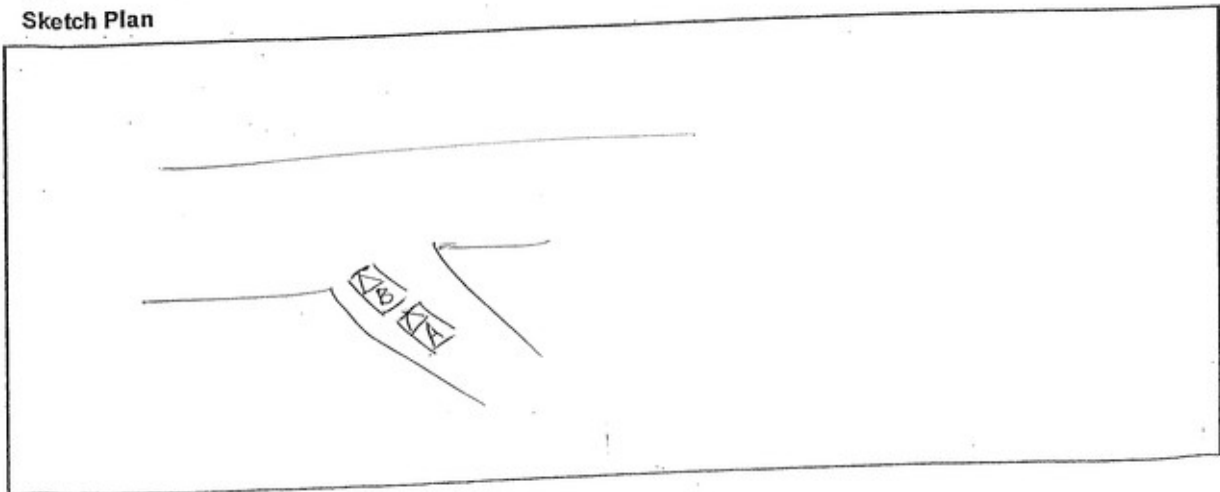
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

VEHICLE B WAS STATIONARY, I COULDN'T STOP IN TIME AND HIT
INTO VEHICLE B REAR.

Declaration

We declare the foregoing particulars are true in every respect.

x 
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Insurance Co.	AXA		
Vehicle NO.	SEH20175	Date Of Accident	18, 06, 2016
<input type="checkbox"/> Reporting Only			
<input checked="" type="checkbox"/> Own Damage Claim	SME		
<input type="checkbox"/> Third Party Claim			

Sketch Plan #3

Date: 20/06/2016

To: Owner of Vehicle Number: SKH 2019S

The following has been advised to you via your workshop, IME MOTOR PTE LTD through their staff, _____.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ () You had been advised by the workshop that in the event 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.
- ☐ () 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.
- ☐ () The Estimation 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, your Insurance company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) 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 below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
- ☐ () Others _____

Signed and acknowledge by:

x [Signature]
Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0006304E



Name
SIM PUAY SUANG

沈佩璇

Race
CHINESE
Date of Birth
27-04-1953 Sex
F
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0006304E

Name
SIM PUAY SUANG

Birth Date: 27 Apr 1953
Issue Date: 05 Jan 2004

001073367H

A0116605

Barcode

NRIC No. S0006304E

Biometric Scan

Blood Group: AB+ Date of Issue: 26-03-2002

Address
67 GREENFIELD DRIVE
SINGAPORE 457956

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
09 Mar 1979

NP 428A





redefining / insurance

AXA Insurance Singapore 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
 08120

-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	SIM PUAY SUANG	Certificate number	GA070278 / 1
Cover	Comprehensive	Chassis number	WBA1A32000J067673
Plan name	Private APW	Engine number	B947J271N13B16A
NCD applicable	30%		
Vehicle registration number	SKH2017S		
Period of Insurance	from 16/11/2015 to 15/11/2016 (both dates inclusive)		
Finance loan company	Nil		

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 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 250.00
	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. 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 Singapore Pte Ltd

Authorised signatory

HUA YANG CREDIT PTE LTD
 159 SIN MING ROAD #04-04
 AMTECH BUILDING SINGAPORE 575625
 TEL: 64585111 FAX: 64595111
 ACRA: 198404112G

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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

