# **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

- 9. Information provided mast by as distinct and second as positive 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 the insurance application by interested parties. 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 13/04/2021 17:27 (SGT) Date of Accident 12/04/2021 16:55 (SGT) Exact Location of Accident 429A Yishun Ave 11, Singapore 761429 Additional Location Information SLIP ROAD JUNCTION OF YISHUN AVE 6 Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SKW2764P

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RICHARD EARDLEY NRIC No GXXXX664N Email Address breda.eardley@gmail.com Mobile Phone No (Phone) +65-81283863 Alternative Phone No +65-87498494

## VEHICLE PARTICULARS

Model Vezel 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1500

## INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number GA501182/1 Cover Note Number

## DRIVER

Name of Driver **EARDLEY BREDA** GXXXX882K

Date Of Birth 31/01/1975 Occupation Indoor Date Of Driving Pass 20/11/2020 Driving experience 5 MONTHS Gender Female Mobile Number (Phone) +65-87498494 Alt. Phone Number Email Address breda.eardley@gmail.com Address 140 SPRINGLEAF AVE, DALLA VALE Address complement Postcode 786360 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Spouse 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? No PASSENGER 1 Name **OSCAR EARDLEY** Gender Male PASSENGER 2 Name **SEAN EARDLEY** Gender Male 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 STATEMENT AND SKETCH ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSMR6782MVehicle ManufacturerVolkswagen

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WANG CUIYIN
Contact Number	(Phone) +65-90287174
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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts exact allow insurance companies to repudiate policy liability.
- 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 lovestigation.
- 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.
- By the lodgment of this report to the insurers, you bereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaild.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and concent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or processing personal data/personal information set out in this (form) and any other personal information personal information in an expense of the personal information in an expense of the personal information in all insurer (s) who have insured website(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(
  - [ii] processing, leanified 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 for my closes.
  - (III) carrying out and for dealing with my instructions or resourcing to any emploises by me;
  - (iv) administering my claims (including the making of excessionatence, statements, evidens, reports or notices to me, which could involve disclosure of certain personal data about run to tring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or
  - (v) complying with applicable law in administratory, processing, handling and/or dealing with my claims (collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the losseers' 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 GAA to their third party service provides or agents(including their iswyers/law firms), which may be sited existing 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.
- $|u\rangle$  , the information so collected under (d) above may be shared J disclosed.
  - (i) to all insorers and/or any other third parties that assist meralizating, investigating, controlling or managing transfered regulators, law enforcement and government agencies at reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, taxs or court orders.

Poscyholder's Signature

Date & Time

"(it down is not the policyleshies)

Oute & Time

Reporting Centre Personner's Signature.

MARK BOWNS

https://outlook.office.com/mail/braddell\_cr@sparkcarcare.com/inbox/id/AAQkADhkM2FiNGYyLWU3NzMtNDgxMi1iZDQ2LTYyOTE3ZDU5MGFjNAAQ...

https://outlook.office.com/mail/braddell\_cr@sparkcarcare.com/inhox/idi/AA/DhkM2FiNGYyLWU3NzWiNDgxMiNDg SECTOMPIAN. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Reporting Centre Personnel's Signature ver is not the p NRIC/FIN No.:

Mail - CDGE Braddell Private Cars Crash Repair Counter - Outlook







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 15276

-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, 1969 (Malaysia)

## Policy details

Policyholder name Cover

Plan name

EARDLEY RICHARD JAMES Comprehensive Peace

Certificate number Chassis number Engine number

GA501182 / 1 RU11101516 L15B4021517

NCD applicable

10% SKW2764P

Vehicle registration number

from 23/10/2020 to 22/10/2021 (both dates inclusive) Period of Insurance Finance Ioan company TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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

(a) The Policyholder

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

1. EARDLEY BREDA

(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. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium

## Additional clauses & endorsements to your policy

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 Meter Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warrenty Clause requires the premium to be paid in full within a specific period failing which there would be no kability under the policy, renewal certificate. endorsement etc.



## POLICYHOLDER ACKNOWLEDGEMENT FORM

Date	: 15/4/2021	To: Owner of Vehicle N	umber: Sk	w >764P.		
The	following has been advised to you Please tick	via your workshop, k the applicable box if you l	C D (E	through their staff,		
1	You had been advised by the workshop Fourteen (14) days clause whereby the c	p that in the case that you laim must be made within t	u wish to claim against he stipulated timeframo	your own policy, there is a from the day of occurrence.		
( )	You had been advised by the workshop	on the liability and merits o	of the case accordingly.			
	You had been advised by the workshop of the claims procedure as follows.  ➤ 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.					
	You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:  > \$200 off on your Basic Own Damage Excess or  > \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or  Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit					
( )	There will be delay to your vehicle repa except to indent it from overseas. The The e		ime for the spai	re parts to arrive is		
	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.					
	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 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.					
	For vehicles below three (3) years old o original parts to repair your vehicle.	or under warranty with a lo	cal distributor, your ins	urance company will use only		
	For vehicles above three (3) years old a will be carrying out repairs where any d replaced using any con and/or second-hand parts.	lamaged part that can be re	paired will be repaired	and any part that needs to be		
	You had been advised by the workshop related to the accident.	of the Twelve (12) month	s warranty for <u>Own Dan</u>	nage repairs on workmanship		
a	ed and acknowledged by:					
*aux	e and signature of policyholder/ autho norized drive to either the named drive rs who are permitted to drive the insur-	rs as per motor insurance p	y stamp (where applica solicy or in the case of co	ble) ommercial vehicles, permitted		
Name	e and signature of workshop personne	el including company stam	р			

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 8 Shenton Way #24-01 AXA Tower Singapore 068811 AXA Customer Centre #01-21/22 Telephone: #65 6880 4888 - axa.com.sg

















