

# 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 ..... 19/04/2021 16:23 (SGT)  
Date of Accident ..... 19/04/2021 12:25 (SGT)  
Exact Location of Accident ..... Near 18 Angullia Park, Singapore 239973  
Additional Location Information ..... ORCHARD PUBLIC CAR PARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJZ943Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... DELAHUNTY TIMOTHY JOHN TRUE  
Passport No/FIN ..... G6096578T  
Email Address ..... tim.delahunty@sc.com  
Mobile Phone No ..... (Phone) +65-97848390  
Alternative Phone No ..... +65-97848390

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Sorento  
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  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA545712/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DELAHUNTY PETA JANE  
Passport No/FIN ..... G6096580W

Date Of Birth .....	05/09/1974
Occupation .....	Indoor
Date Of Driving Pass .....	02/08/2013
Driving experience .....	7 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92726305
Alt. Phone Number .....	-
Email Address .....	petadelahunty@hotmail.com
Address .....	60 HAVELOCK ROAD RIVERPLACE #07-28
Address complement .....	-
Postcode .....	169658
Is the driver the policyholder? .....	No
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 .....	2
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) .....	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

PLEASE REFER TO ATTACHED.

#### 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 .....	SJC2464Y
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Stream
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHEN DENENG BENNY
- .....	S8104232B
Contact Number .....	(Phone) +65-88288824
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	NTUC Income Insurance Co-operative Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## 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.

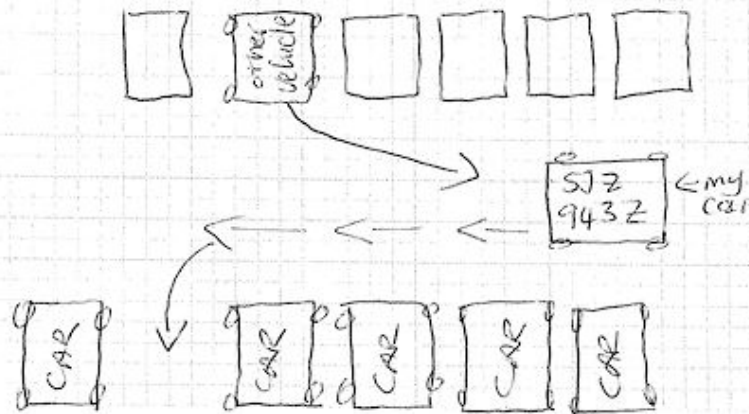
Policyholder's Signature  
Date & Time:

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

17/04/21  
3.15 pm

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for a parking space. I decided to park in a space behind me ~~and~~ a few cars back. I checked my rear view mirror and it was clear. I then checked my side (wing) mirror to see how far back the space was and started to reverse. Since the road was clear behind me I felt ~~safe~~ it was safe. Then I heard a beep and immediately after a bang. Another vehicle had pulled out of a parking space diagonally opposite the space I was reversing into to park in. My rear left of the car hit with the other drivers front right.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

19/09/21  
3.15pm

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





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  
 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, 1959 (Malaysia)

### Policy details

Policyholder name	DELAHUNTY TIMOTHY JOHN TRUE	Certificate number	GA545712 / 1
Cover	Comprehensive	Chassis number	KNAKU811MB5130888
Plan name	Peace	Engine number	G4KEAH731358
NCD applicable	50%		
Vehicle registration number	SJ2943Z		
Period of Insurance	from 07/07/2020 to 26/10/2021 (both dates inclusive)		
Finance loan company	Nil		

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

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
  - 1. DELAHUNTY PETA JANE
- (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      Windscreen Excess

Not Applicable

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 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 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.

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

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## POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 19/04/21

To: Owner of Vehicle Number: SJZ 943Z

The following has been advised to you via your workshop, ODGLE through their staff, BREDA. 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 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 repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas. The estimated waiting time for the spare parts to arrive is                     . The estimated arrival time does not include the repair period.
- ( ) 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 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 repaired 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.

Signed and acknowledged by:

Breda  
Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

[Signature]  
Name and signature of workshop personnel including company stamp





















