

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 23/08/2021 08:15 (SGT)
Date of Accident 20/08/2021 09:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS TUAS BEFORE KJE ENTRANCE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR8556Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIEW KIAN YOONG ANTHONY
NRIC No SXXXX894D
Email Address arthurliewjh1999@gmail.com
Mobile Phone No (Phone) +65-98488851
Alternative Phone No +65-98488851

VEHICLE PARTICULARS

Manufacturer BMW
Model 216d
Variant ACTIVE TOURER D/AB LED
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 hire
Transmission Auto
CC 1496

INSURANCE COMPANY

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

DRIVER

Name of Driver LIEW JIN HWEI ARTHUR
NRIC No SXXXX720D

Date Of Birth	17/12/1999
Occupation	Outdoor
Date Of Driving Pass	15/11/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93660233
Alt. Phone Number	-
Email Address	arthurliewjh1999@gmail.com
Address	306 SERANGOON AVENUE 2 #12-70 SPORE 550306
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIEW JIN HWEI ARTHUR
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 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	SMC6749P
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 SLR1252X
 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

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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



A - SLR 8556 Z

B - SMG SMC 6749P

C - SLR 1252X

Describe Circumstances of the Accident

I was driving on the above mentioned date & time. The vehicle in front stopped & I stopped in line. A few seconds later I felt an impact causing my veh A to move forward & hit the vehicle in front. When I awoke I notice veh B could not stop in time & hit the rear of my veh A.

Declaration

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



Witnessed by Reporting Centre Personnel





































AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel:1800 8804388 Fax:
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 185) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987 ■ Road Transport Act, 1987 Malaysia ■ Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)			
CERTIFICATE NO.	: VCX/P2388687	Account No. :	13861
Coverage	: Comprehensive		
Sum Insured	: SGD 140,000.00		
Name of Policy Holder	: LIEW KIAN YOONG ANTHONY		
Vehicle Registration No.	: SLR8556Z		
Period of Insurance	: From 30/03/2020 To 29/08/2021 (Both Dates Inclusive)		
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Named Driver(s) as stated in the Policy			
1. LIEW KIAN YOONG ANTHONY			
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.			
LIMITATIONS AS TO USE*			
(a) Use for the carriage of passengers or goods in connection with the Policyholder's business.			
(b) Use for social, domestic and pleasure purposes.			
The Policy does not cover			
(a) Use for racing, pace making, reliability trial or speed-testing			
(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle			
(04)			
EXCESS :			
ALL CLAIMS EACH & EVERY CLAIM		:	SGD 2,000.00
Windscreen Excess		:	SGD 100.00
(For Unnamed Driver Excess, please refer to your policy)			
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 185) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.			
I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 185) and Part IV of the Road Transport Act, 1987 (Malaysia).			
			AXA INSURANCE PTE LTD
			 Authorized Signature
Issued by - SGOVGBP2 on 20/04/2020			
IMPORTANT :			
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 that 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, covernote and endorsement etc.			