# **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 insurance Association of Singapore (GIA) for archiving the research of 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	21/08/2021 12:21 (SGT)
Date of Accident	20/08/2021 15:50 (SGT)
Exact Location of Accident	Nicoll Hwy, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number	SDD2969Z
veriicie i tegistiation number	SUUZSUSZ

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAY BOON BENG TONY
NRIC No	S6806581Z
Email Address	bbgay@yahoo.com
Mobile Phone No	(Phone) +65-98582690
Alternative Phone No	+65-98582690

#### VEHICLE PARTICULARS

Manufacturer

Model	216i
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 - Reporting only
your vehicle? Vehicle Category	No - Reporting only Private car
Vehicle Category	Private car

## **INSURANCE COMPANY**

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA370865/1
Cover Note Number	_

#### DRIVER

Name of Driver	GAY JUN KIAT, DOMINIC
NRIC No	S9732161B

Date Of Birth 14/09/1997 Occupation Indoor Date Of Driving Pass 16/10/2017 Driving experience 3 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98763488 Alt. Phone Number Email Address dominicgay@yahoo.com Address BLK 855 TAMPINES ST 83 #08-254 Address complement Postcode 520855 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions Raining Road Surface Wet 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I CHECK THAT THE LEFT LANE IS CLEAR THUS I SIGNALLED AND SWITCH TO THE LEFT LANE SLOWLY WHEN SUDDENLY VEHICLE B DASHED ACROSS AND COLLIDED INTO MY VEHICLE'S FRONT LEFT PORTION. 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** ı

Vehicle Registration Number	SLU8526U
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	Pilvale Cai
	-
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

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 may 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 investigation.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

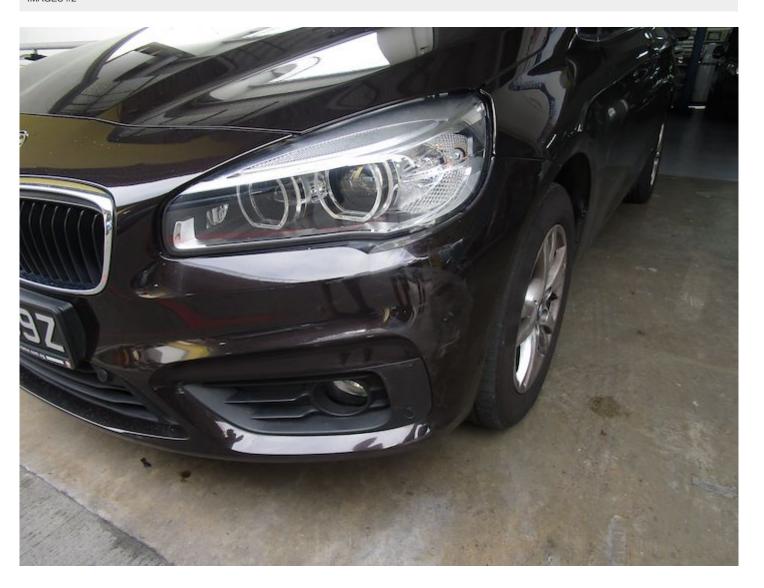
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

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AXA Insurance Pie Ltd

1800 830 4888 (Wilhin Singapore) (65) 6380 4838 (International)

(65) 6880 4740

customer.care@ava.com.sg

www.asa.com.sg

# Certificate of Insurance

account number

11615

Motor Vehicles (Third-Parsy Risks and Compensation) Act. (Chapter 139) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980-Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks.) Rules, 1959 (Malaysia)

### Policy details

Policyholder name

GAY BOON BENG YONY (NEWENMARG)

Certificate number Engine number

GA3708G5 / 1

Cover Plan name

Comprehensive PhH.

Chassis number

WBA2D920405L53212 33435267838A15A

NCO applicable

50%

Vehicle registration number SDD2969Z Period of Insurance

from 28/08/2021 to 27/08/2022 (both dates inclusive)

Finance to an company

# Persons or classes of persons entitled to drive\*

(a) The Policyholder

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

1. GAY JUN KIAT DOMINIC

(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.

\* Umitations randered inoperative by Section B 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 600,00 Not Applicable.

Windscreen Excess

An Additional Excess is applicable as follows:

\$2500 for undeclared Young and Inexperience Driver(s)

\$2000 for Named Driver(s) with driving experience of less than 1 year on the relevant class of driving licence.

\$1500 for Named Driver(s) who are age 21 years old and below with driving experience of 1 year or more on the relevant class of driving licence.

\$1000 for Named Driver(s) who are age 22 years old to 26 years old with driving experience of 1 year or more on the relevant class of driving licence.

# 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 fest or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an effence under the Molor Vehicle (Third-Party Risks and Componsistion Act (Cop. 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.

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

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