# **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 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 Date of Accident	24/03/2022 10:38 (SGT) 23/03/2022 19:25 (SGT)
Exact Location of Accident Additional Location Information	Clementi Ave 6, Singapore CLEMENTI AVE 6 HEADING TOWARDS PIE BEFORE CLEMENTI I OOP
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Lexus

venicle Registration Number	SKZ8910D	

## INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG LAI KIN
NRIC No	S2556002G
Email Address	laikin.wong@gmail.com
Mobile Phone No	(Phone) +65-96788811
Alternative Phone No	+65-96263641

# VEHICLE PARTICULARS

Manufacturer

	LCXUS
Model	Es300
Variant	-
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?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2500

#### **INSURANCE COMPANY**

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA561989/1
Cover Note Number	-

## DRIVER

Name of Driver LOO JUN MUN, TRISTAN NRIC No S8933956A Date Of Birth 01/10/1989 Occupation Indoor Date Of Driving Pass 22/06/2010 Driving experience 11 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96263641 Alt. Phone Number Email Address tristanloo89@gmail.com Address 126B LORONG KISMIS Address complement Postcode S(598053) Is the driver the policyholder? Nο 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 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 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

## KINDLY REFER TO SKETCH PLAN.

ATTACHMENT(S)

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMW2802P Vehicle Manufacturer Hyundai Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver CHUA TECK SIANG NRIC No S7338537G Contact Number (Phone) +65-90905212

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.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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)
  - (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")
- 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

Driver's Signature

(If driver is not the policyholder)
Date & Time: 2412/22

Name:

NRIC/FIN No.:

Reporting Centre Per

GIARMC SketchPlanForm, V3

SKETCH PLAN		
	Clement: Ave 6	→ PIG
	] [SKZ8910D] [SMW]	18017
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	AL
	le place on 23/3/22 at 7.2	
on the site of	the roul heeling towers PZ	t, just betore Clementi Loop
I was driving	vehicle Sk289100 and I hit	the rear of vehicle
JUM TROOL IN	in was no visible damage to	my vehicle.
si u li	1	
Wiather continon	: were clear, with no rain.	7. 1
	Luce good, not net or of	zery. There was herry
traffic.		211
		1111
		, / , , ,
2004918 (5.41) 5788		100000000000000000000000000000000000000
		Reporting Only
	workshop that in the event that you wish to cla	nim V
	(OD claim), there is a Fourteen (14) days clau t be made within the stipulated timeframe fro	use
	the day of occurance.	Claim OD / TP at other worksho
ECLARATION We declare the foregoing pa	rticulars are true in every respect.	<i>a</i> )
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:



# POLICYHOLDER ACKNOWLEDGEMENT FORM

24/03/2022	To: Owner of Vehicle Number: SKZ8910D
ollowing has been advised to v	ou via your workshop, ETHOZ PROTECT PTE LTD through their staff
SON TEO Ple	ase tick the applicable box if you had been advised on any of the following:
	workshop that in the case that you wish to claim against your own policy, there a whereby the claim must be made within the stipulated timeframe from the day
You had been advised by the	workshop on the liability and merits of the case accordingly.
due to this accident.  if fire damage ar However, there v if fire damage a	workshop on the claims procedure for the type of claim that you will be making and you claim under your own insurance, any applicable excess will be waived will be no recovery prospect and NCD will be affected.  Indicate the procedure of the pr
be towed out to another work  \$ \$200 off on your  \$ \$200 as a benef  Additional \$200	ussign a workshop for your vehicle repairs. In the process, your vehicle might shop assigned by AXA. In return, you will get: Basic Own Damage Excess or it if your policy has \$0 excess and no Loss of Use benefit or on top of existing Loss of Use Benefit if your policy has \$0 excess and existing efit
	hicle repair due to the unavailability of spare parts locally and there is no other overseas.
placed. If you wish to cancel	withdrawal of the Own Damage claim once the order of spare parts have been withdraw the claim, you shall bear all costs, expenses &/or related charges to the procurement of the spare parts.
	r the spare parts to arrive is The estimated the repair period.
You will be driving the vehicle of may not be road worthy.	out despite being advised by the workshop mechanic/personnel that the vehicle
use only original parts to repai For vehicles above three (3) y company will be carrying out r part that needs to be replace	ears old or under warranty with a local distributor, your insurance company will ir your vehicle. /ears old and no longer under warranty with a local distributor, your insurance repairs where any damaged part that can be repaired will be repaired and any ed will be replaced using any combination of original parts and/or original //) parts and/or second-hand parts.
	e workshop of the Twelve (12) months warranty for Own Damage repairs on
For vehicles that are under wa	cident. rranty with a local distributor, you have been advised by the workshop to check ny effect to your warranty prior to making this Own Damage claim.
Others	
d and acknowledged by:	lone Lai Kin
and signature of policyholder/	authorized driver and company stamp (where applicable)
ized driver to either the named driver a permitted to drive the insured Vehic	is as per motor insurance policy or in the case of commercial vehicles, permitted drivers (e.
(da)	_Name and signature of workshop personnel including company stamp
	You had been advised by the is a Fourteen (14) days clause of occurrence.  You had been advised by the due to this accident.  If fire damage and However, there were the fire damage and However, there were determined by the due to this accident.  If fire damage and However, there were determined by the delay to got from your source and the delay to got from your source ditermined by a been delay to your veloption except to indent it from the delay to your veloption except to indent it from the will be no cancellation placed. If you wish to cancel incurred directly &/or indirectly the estimated waiting time for arrival time does not include the you will be driving the vehicle of may not be road worthy.  For vehicles below three (3) you company will be carrying out the part that needs to be replace equipment manufacturer (OEM You had been advised by the workmanship related to the action of the delay for the delay of the workmanship related to the action of the delay for the delay of the workmanship related to the action of the delay of the workmanship related to the action of the delay of the workmanship related to the action of the delay of the d





Chassis number

Engine number

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 04135

JTHB21B1302028716

A25A5130245

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 Cover

Plan name NCD applicable Vehicle registration number

Period of Insurance Finance loan company WONG EARKIN Comprehensive Flexi 50%

SKZ8910D

Nil

from 15/02/2022 to 14/02/2023 (both dates inclusive)

# Persons or classes of persons entitled to drive\*

(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 ficensing 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

S60 600.00

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 Workshops.

# 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 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

1 of 2





























