

# 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 ..... 13/06/2022 13:39 (SGT)  
Date of Accident ..... 10/06/2022 19:28 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ave 3, Singapore  
Additional Location Information ..... ANG MO KIO AVE 3 TOWARDS HOUGANG AVE 2  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJV2659C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KIM AUTOMOBILE  
Company Reg No ..... 53390099M  
Email Address ..... kimautoaccident@gmail.com  
Mobile Phone No ..... (Phone) +65-94526618  
Alternative Phone No ..... +65-94526618

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
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 hire  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2440381  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SONG YU XUAN  
NRIC No ..... S9118508C

Date Of Birth .....	24/05/1991
Occupation .....	Indoor
Date Of Driving Pass .....	11/11/2010
Driving experience .....	11 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92711629
Alt. Phone Number .....	-
Email Address .....	kimautoaccident@gmail.com
Address .....	BLK 512 HOUGANG AVE 10 #09-61
Address complement .....	-
Postcode .....	530512
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - 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 .....	2
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 .....	MS
Gender .....	Female

#### 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 .....	SKM2282R
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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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.

**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

*[Signature]* 11 June 2022 11 AM

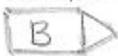
Driver's Signature (if driver is not the policyholder) / Date & Time



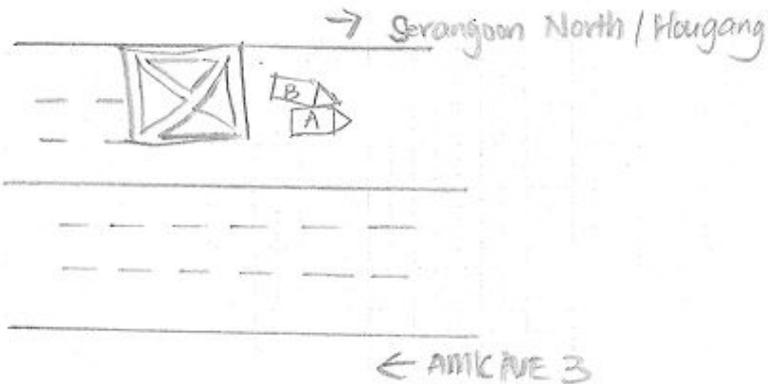
Witnessed by Reporting Centre Personnel

**Sketch Plan**

SKM2282R



8JV2659C



Describe Circumstances of the Accident

I was driving along the road, suddenly I could feel a impact from my left door.  
I realise the vehicle have cut into my lane.

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 8804888 Fax:-  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.care@axa.com.sg



## CERTIFICATE OF INSURANCE

<p>■ 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)</p>		
CERTIFICATE NO.	: VFX/P2440381	Account No. : 03926
Coverage	: Third Party Fire & Theft Only	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: KIM AUTOMOBILE	
Vehicle Registration No.	: SJV2659C	
Period of Insurance	: From 17/06/2021 To 16/06/2022 (Both Dates Inclusive)	
<b>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b>		
Named Driver(s) as stated in the Policy		
1. ANY AUTHORISED DRIVER		
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.		
<b>LIMITATIONS AS TO USE*</b>		
(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)		
<b>EXCESS :</b>		
Sect II-Used In Singapore Only : SGD 1,500.00		
Sect II-Driven Outside S'pore : SGD 3,000.00		
* 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.		

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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

  
 Authorized Signature

Issued by - SGOGWT on 15/06/2021

**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 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)).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

**KIM AUTOMOBILE**  
**VEHICLE LEASE AGREEMENT**

Agreement Date: 9/6/22  
 Referrer Name: Lawell  
 NRIC: \_\_\_\_\_  
 Car plate no.: \_\_\_\_\_

Company **KIM AUTOMOBILE**  
 UEN: 53390099M

Rental Begins on: 9/6/22  
 Time Out & Sign: 1.38 p.m. *JK*  
 Date & Time In: \_\_\_\_\_  
 Signed by Staff: \_\_\_\_\_

Office No: **6452 4300**  
 Office hour : **10 am – 6 pm**



Hirer's Name: Song Yu Xuan IC: 59118508C  
 Address: ADT Bldg 512 Hougang Ave 10 # 09-615 (530512)

(hereinafter known as "the Hirer")

hereby agrees that the Owner shall let and the Hirer shall take the vehicle described below or a replacement vehicle provided by the Owner (hereinafter known as "theVehicle") upon the terms and conditions hereinafter appearing.

**1. DESCRIPTION OF VEHICLE**

- a. Make & Model : Kia Forte
- b. Registration No : SJV 2659C
- c. Mileage : \_\_\_\_\_
- d. Contact No : 9271 1629
- e. Bank Account : \_\_\_\_\_
- f. Email : \_\_\_\_\_

- 2. RENTAL PERIOD: 1 month
- 3. DEPOSIT AMOUNT: \$500 + upfront
- 4. FIRST WEEK RENTAL STARTS ON 9/6-15/6 AMOUNT \$ 330
- 5. RENTAL FEE :\$ 330 per week

- a. Rental Fee includes the following items:
  - i. Unlimited mileage;
  - ii. Service and maintenance;
  - iii. Road Tax and Radio License;
  - iv. Motor Insurance Coverage (Excess applicable);
  - v. 24-hours breakdown and emergency service (in Singapore only); and

<i>JK</i>	
Hirer's Initial	

# KIM AUTOMOBILE

REG No. 53390099M

## LETTER OF AUTHORIZATION

Song Yu Xuan, NRIC NO : S9118508C is hereby authorized to make accident reporting on behalf of company and also be authorized to sign, initial accept or execute all documents in connection with the following transaction : -

Accident Report  
Vehicle No. : SJV 2659 C

Yours sincerely



\_\_\_\_\_  
YEO KIM SAN  
KIMAUTOMOBILE











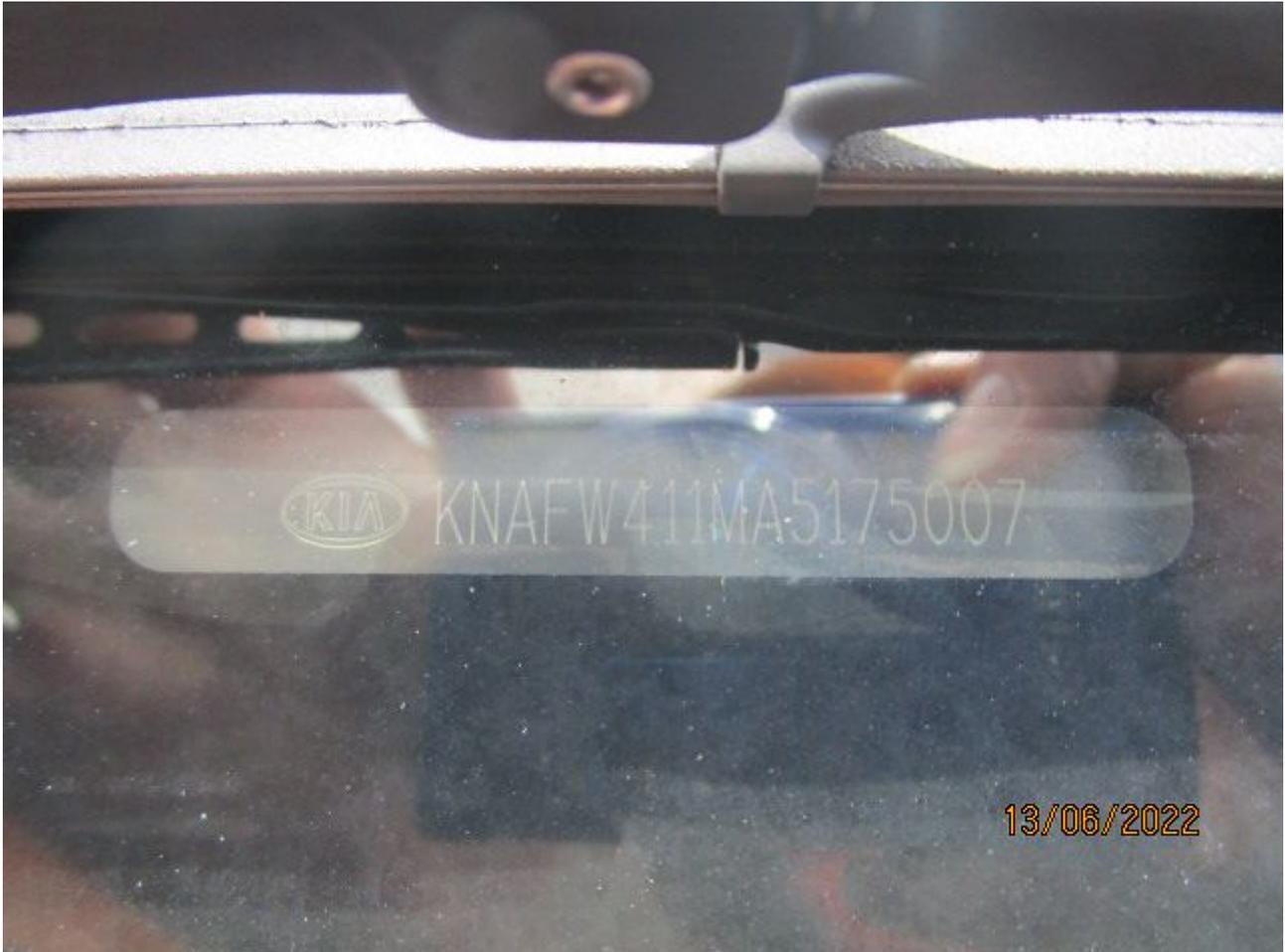
















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SC1K226D0006 Vehicle Registration No: 83V2659C  
 Name(as shown in NRIC) : YEO KIM SPN NRIC/FIN/Passport No : 99051258C  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 9 Tagore Lane #03-04 Singapore(787472)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 94526618  
 Email Address : kimautoaccident@gmail.com  
 Date of Accident : 10 June 22 Time of Accident : 1928 PM  
 Place of Accident : Ang Mo Kio Ave 3 Towards Hougang Ave 2  
 Insurance Company: AXA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend accident timing to 1928PM on 10 June 22

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

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