

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	04/07/2022 17:32 (SGT)
Reported by	Both
Date of Accident	02/07/2022 14:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS CITY BEFORE EXIT 8B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ883X
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH SIEW GAIK
NRIC No	S2606894J
Email Address	michellepangkailin@gmail.com
Mobile Phone No	(Phone) +65-92479905
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P2446815

DRIVER

Name of Driver	MICHELLE PANG KAI LIN
NRIC No	S9930450B
Date Of Birth	20/09/1999
Occupation	Indoor

Date Of Driving Pass	02/03/2019
Driving experience	3 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92479905
Alt. Phone Number	-
Email Address	michellepangkailin@gmail.com
Address	BLK 678 WOODLANDS AVE 6 #06-720
Address complement	-
Postcode	730678
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	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE ON CTE TOWARDS CITY BEFORE EXIT 8B ON LANE 5 OF 5 LANES. TRAFFIC WAS QUITE CONGESTED I WAS CRUSING AS I NOTICE VEHICLE IN FRONT OF ME SLOWLY CAME TO A STOP. I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT FROM MY REAR. I ALIGHTED MY VEHICLE AND REALISED I WAS INVOLVED IN A 3 CARS CHAIN COLLISION. I WAS THE FIRST CAR FROM THE FRONT. WE EXCHANGED PARTICULARS AND LEFT THE SCENE SHORTLY.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM943S
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS2214U
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	VEHICLE D
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MICHELLE PANG KAI LIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCZ883X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
5. 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 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' 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.

W
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated time & Date, I was driving my vehicle on LRE towards city before exit 8B on lane 5 of 5 lanes. Traffic was quite congested I was cruising as I notice vehicle in front of me slowly came to a stop I follow suit. Suddenly I felt an impact from my rear. I alighted my vehicle and realized I was involved in a 3 car chain collision. I was the 1st car from the front we exchange particulars and left the scene shortly.

1st car: SCZ 883X
 2nd car: SJM 943S
 3rd car: SLS 2214M

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

Witnessed by Reporting Centre Personnel

LETTER OF UNDERTAKING

I/We, Michelle pang fai Lin, the owner of vehicle no. SCZ 883X

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, Garage 13 PTE LTD

Signed and Acknowledge by:

S9930450B W
Nric no. & signature of policyholder

.....
Company stamp

.....
Date

















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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2X2274000R Vehicle Registration No: SCZ 883 X
 Name (as shown in NRIC): POH SIEW GAIL NRIC/FIN/Passport No: S2606894J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 628 WOODLANDS AVE 6 #106-720 Singapore (730678)
 Contact (Tel): _____ Mobile No.: 9247 9905
 Email Address: MICHELLE DANG KAI LIN @ GMAIL.COM
 Date of Accident: 2/7/2022 Time of Accident: 1400
 Place of Accident: CTE TWO'S CITY BEFORE EXIT 8B
 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 VEHICLE PLATE FROM SCZ 833 X to SCZ 883 X

x

Policyholder / Driver's Signature
 Date: 5/7/22

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

6-24 (PSE) Addendum 8/2021

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

■ 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)

CERTIFICATE NO. : VPA/P2446815 Account No. : 08554
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : POH SIEW GAIK
 Vehicle Registration No. : SCZ883X
 Period of Insurance : From 29/07/2021 To 28/07/2022 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
 (b) Any other person who is driving on the Policyholder's order or with his 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.

LIMITATIONS 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, speedtesting, 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.

Basic Own Damage Excess :

An Additional Excess is applicable as follows:
 S\$500.00 for Unnamed Authorized Driver
 S\$2,500.00 for Undeclared Young and Inexperienced Driver.
 (Please refer to your policy on the terms & conditions)

RTMT MOTOR PTE LTD
 61 Ubi Avenue 2
 #01-06 Automobile Megamart
 Singapore 408808
 Tel. No.: 6287 1813 Fax No.: 6744 6050
 Email: rtmt1818@singnet.com.sg
 HYUNDAI AUTHORIZED DEALER

* 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).

N.B :

Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIVNIK2 on 06/08/2021

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)).
 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.