# **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 Actual 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.

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   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 01/08/2022 16:28 (SGT) Reported by Date of Accident 30/07/2022 11:38 (SGT) Exact Location of Accident 721 Clementi West Street 2, Singapore 120721 Additional Location Information CARPARK DRIVEWAY Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJN658K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN BENG YONG NRIC No S7222553H Email Address BILLMRCHEN@GMAIL.COM Mobile Phone No (Phone) +65-97989985 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Q5 Variant Q5 SPORT 2.0 TFSI QU S TRONIC (PSR) 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 No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC 1984

**INSURANCE COMPANY** 

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number GA519427/1

DRIVER

Name of Driver HE SHANSHAN NRIC No S7811910A Date Of Birth 11/04/1978 Occupation Indoor

Date Of Driving Pass 07/04/2003 Driving experience 19 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-97989985 Alt. Phone Number Email Address BILLTAN@AGILE-ACCOMM.COM Address 31B WEST COAST PARK Address complement #04-32 Postcode 127726 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Collided into Property 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 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE SKETCH PLAN BY DRIVER ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PC8587R Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

MOHAMED AMIR BIN SARMIN

S0057850I

Name of Driver

NRIC No

Contact Number	(Phone) +65-97380451
Address	<del>-</del>
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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
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- 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 be 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:

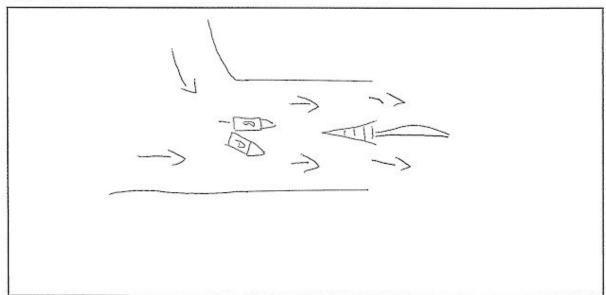
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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 claim;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructons or responding to any equiries 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 &

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

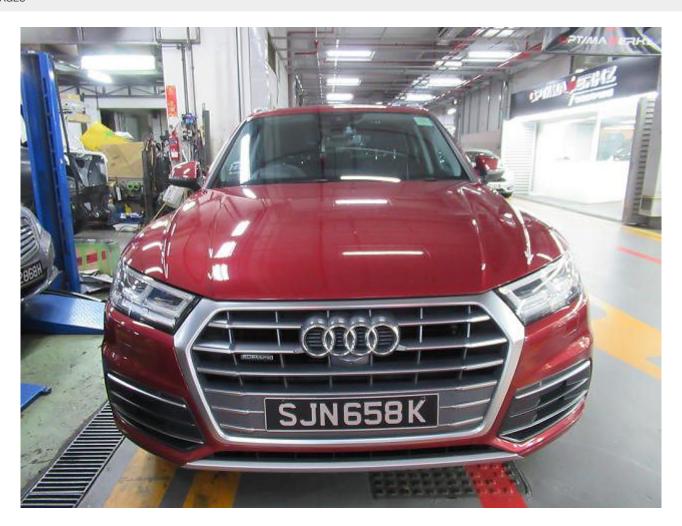


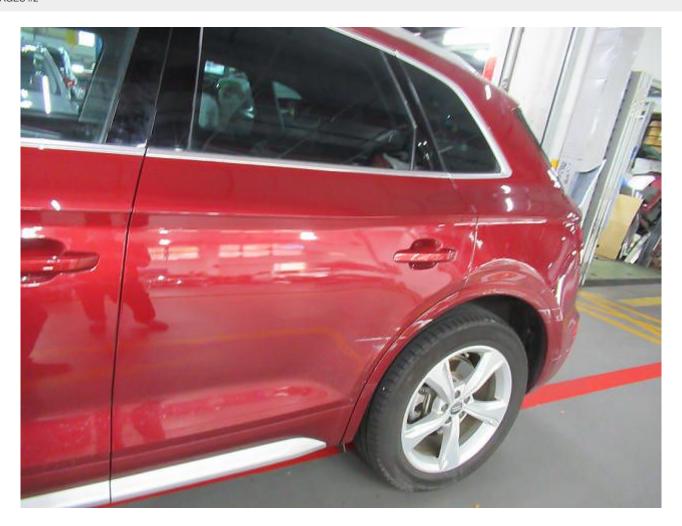
Details  On 30th July 2022 at around 11.40am, I am driving vehicle A SJN653k straight when vehicle B PC8587R reverse against the traffic without due care and knoc into my car.

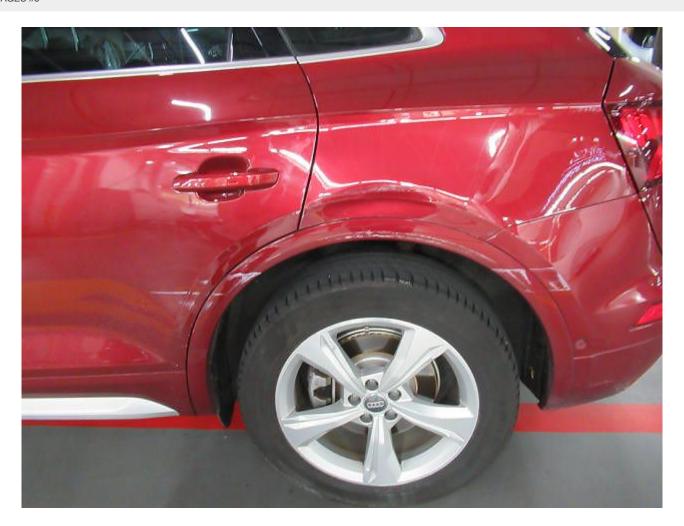
I/We declare the foregoing particulars are true in every respect.

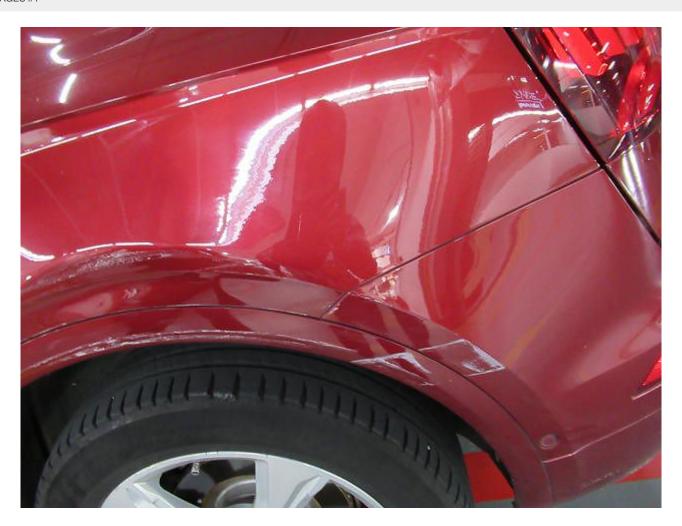
Policyholder's Signature / Date &

Driver's Signature (if driver is not the polcyholder) / Date & Time Witnessed by Reporting Centre





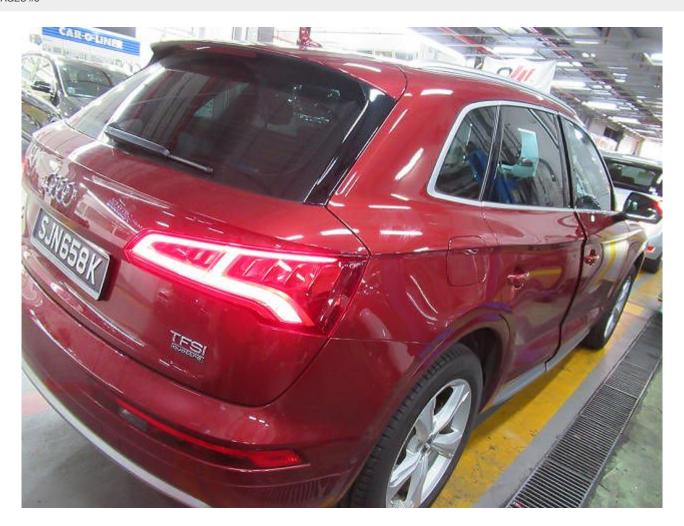
















# POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: _	0 1 4/3 2022		To: C	wner of Vehicle No	ımber:	SJ1165	79 K
The foll Eileen	iowing has been a Zila , Mui Hong, We	dvised to you ai Jie Pleas	via your work	shop, AH LIM N	MOTOR CO	MPANY (	hrough their staff
1	You had been adv is a Fourteen (14) of occurrence.			the case that you v m must be made v			
( )	You had been adv	ised by the wo	rkshop on the	liability and merits	of the case	accordingly.	(4)
( )	due to this accider  if fire	nt. damage and	you claim und	claims procedure to er your own insura ry prospect and N	nce, any ap	plicable exce	
				ning against the Taranteed, and AX			
( )	be towed out to a > \$200 > \$200 > Addi	nother worksh O off on your B O as a benefit i	op assigned b asic Own Dam f your policy ha top of existing	op for your vehicle y AXA. In return, y age Excess <u>or</u> is \$0 excess and n Loss of Use Bene	ou will get: o Loss of Us	se benefit <u>or</u>	
( )	There will be dela option except to in			o the unavailability	of spare pa	rts locally an	d there is no othe
( )	placed. If you wis	sh to cancel/w	ithdraw the cla	Own Damage clai aim, you shall bea ent of the spare pa	r all costs,		
( )	The estimated wa			to arrive is			The estimate
( )	You will be driving may not be road of		ıt despite being	advised by the wo	rkshop meci	nanic/ persor	inel that the vehic
( )	use only original p For vehicles above company will be opart that needs to	parts to repair ve three (3) ye carrying out re to be replaced	your vehicle. ears old and no pairs where ar d will be repla	r warranty with a lo longer under war ly damaged part th ced using any co econd-hand parts.	ranty with a lat can be re mbination	local distribu	itor, your insurance repaired and ar
( )				ne Twelve (12) mo	inths warran	ity for Own 1	Damage repairs
( )	For vehicles that with your local dis	are under war	ranty with a loc	al distributor, you h warranty prior to n	ave been ac	dvised by the Dwn Damage	workshop to che
US				un workers		30 (4) (4) (5) (5)	
Signe	d and acknowledged			-			
Name *author who ar	and signature of prized driver to either the e permitted to drive the Ah Limital	colicyholder/ einamed drivers e-insured Vehicl c-or Colinpany	authorized dri s as per motor in ek	ver* and company surance policy or in t	y stamp (wh he case of co	nere applical mmercial vehic	ole) des, permitted drive

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Certificate of Insurance



Certificate number

Chassis number

Engine number

AXA Insurance Pte Ltd

1800 880 4888 (Wilhin Singapore)
(95) 6890 4888 (International)
(95) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

account number 03829

GA519427 / 1

DAX016494

WAUZZZFY1J2035521

-Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960-Read Transport Act. 1987 (Malaysia) - Motor Vehicles (Third-Party Risks ) Rules. 1959 (Malaysia)

## Policy details

Policyholder name TAN BENG YONG
Cover Comprehensive
Plan namo Flexi
NCD applicable 50%

Vehicle registration number SJN658K

Period of Insurance from 28/12/2021 to 27/12/2022 (both dates inclusive)

Finance loan company UNITED OVERSEAS BANK LIMITED

# Persons or classes of persons entitled to drive\*

(a) The Policyholder

(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 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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Read Transport Act, 1937 (Malaysia), are not to be included under these headings.

EXCESS Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

- 1, S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- SS5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to SS2,500 if You have chosen AXA Premium Workshops.

## Additional clauses & endorsements to your policy

Nii

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

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Authorised signature

## Important note

Policyhelders 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 last or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an effecce 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. #81-01 1 of 2