

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 ability.
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 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 Report	21/09/2017 12:09
Date Of Accident	21/09/2017 06:40
Exact Location Of Accident	ALONG PIE TWDS CHANGI (BEFORE THOMSON RD EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH2692D
Insured/Policyholder	
Name Of Registered Owner	ONG YONG THIAM
NRIC No	S8110185Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98517027
Alternative Phone No	OFFICE-98517027

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1579290
Cover Note Number	

Driver

Name of Driver	ONG YONG THIAM
NRIC No	S8110185Z
Date Of Birth	01/04/1981
Occupation	INDOOR
Date Of Driving Pass	17/02/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98517027
Fax Number	
Contact Number	OFFICE-98517027
Email Address	NOEMAIL

Address	BLK 491 JURONG WETST AVE 1 #05-157
Postcode	640491
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 21/09/2017 AT ABOUT 0638HRS, I WAS DRIVING ALONG PIE TOWARDS CHANGI (BEFORE THOMSON RD) EXIT IN THE FIRST LANE FROM RIGHT HAND SIDE. I NOTICED THERE WAS AN ACCIDENT OCCURED AHEAD OF MY CAR AND THERE WAS A MOTORCYCLE LAID ON THE ROAD. THEREFORE, I SLOWED DOWN AND STOP IN TIME. SUDDENLY, I FELT AN IMPACT FROM BEHIND. WHEN I CAME OUT INSPECT MY CAR, I REALISED VEHICLE B (SLL875L) COULD NOT STOP IN TIME AND COLLIDED ONTO REAR PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM VEHICLE B'S INSURANCE FOR MY ACCIDENT DAMAGES. I WISH TO STATE THAT MY CAR DID NOT CONNECT WITH THE ACCIDENT SCENE IN FRONT OF ME. I WILL GO TO SEE DOCTOR IF I FEEL ANY UNCOMFORTABLE AFTER THIS.

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	SLL875L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	904777978
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

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 :

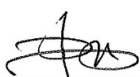
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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

X

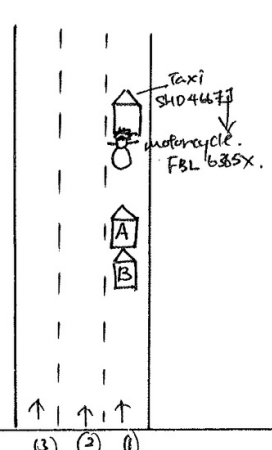


Driver's Signature (If driver is not the policyholder) / Date & Time

210917 1130hrs

Witnessed by Reporting Centre Personnel

Sketch Plan



Taxi
SHD 467J

motorcycle
FBL 635X

A

B

↑ ↑ ↑

(3) (2) (1)

(A) SJH 269 2D.

(B) SLL 875L.

Along PIE Towards Changi
(B4 Thomson Rd).

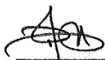
Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

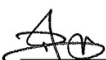
On 21-09-17 @ about 0638hrs, I was driving along PVE Towards Clough (B4 Thomson rd) Exit in the first lane from right hand side. I noticed there was an accident occurred ahead of my car and there was a motorcycle laid on the road, therefore I slow down and stop in time. Suddenly I felt an impact from behind when I came out inspect my car & I realized that Veh B (SLH 875 L) could not stop in time and collided onto rear portion of my car. Hence, I hereto lodge this report claim Veh B's Insurance for my accident damages. I wish to state that my car did not connected with the accident scene in front of me. I will go to see doctor if I felt any uncomfortable after this.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



010917 1130hrs
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Insurance Co.

AXA Insurance.

Vehicle NO.

SLH 2692 D

Date Of Accident

21 / 09 / 17

☐

Reporting Only

☐

Own Damage Claim

☒

Third Party Claim

PRECISE

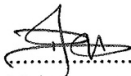
LETTER OF UNDERTAKING

I/We, ong Yong Thiam, the owner of vehicle no. STH 2692 D.

My/Our Insurance is under M/s AXA Insurance Singapore 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 Singapore 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, Precise Auto Service.


Signed and Acknowledge by:

 B110185Z1
Nric no. and signature of policyholder

.....
Company Stamp

21/9/17
Date

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8110185Z**



Name
ONG YONG THIAM
(WANG RONGTIAN)
王 荣 添

Race
CHINESE

Date of birth
01-04-1981

Country of birth
SINGAPORE

Sex
M


S8110185Z

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

S8110185Z


ONG YONG THIAM
(WANG RONGTIAN)

Birth Date: **01 Apr 1981**
Issue Date: **09 Sep 2013**




002222353F

4417973



NRIC No. **S8110185Z**



Date of Issue
17-06-2009


APT BLK 491 JURONG WEST AVENUE 1 #05-157
SINGAPORE 640491

NRIC No: **S8110185Z** Date: **25/10/2009 (R)**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)

		EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	17 Feb 2006
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	02 Nov 2012
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	21 Mar 2013

NP 428A



Licence No: **S8110185Z**

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: (65)63387288 Fax: (65)63382522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 Customer.service@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/P1579290	Account No.	: 13932
Coverage	: Comprehensive		
Sum Insured	: Market Value At The Time Of Loss		
Name of Policy Holder	: ONG YONG THIAM		
Vehicle Registration No.	: SJH2692D		
Period of Insurance	: From 30/01/2017 To 29/01/2018 (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, 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.

(01)

Basic Own Damage Excess : SGD 600.00

An additional Excess is applicable as follows:

S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperience Driver.

S\$5,000.00 for Undeclared Young and Inexperienced Driver.

(Please refer to your policy on the terms & conditions)

* 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 Certification 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).

Authorized Workshop

Elite AM Pte Ltd

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOVKRS on 20/01/2017

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 the 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, cover note and endorsement etc.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

