

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	25/11/2017 10:43
Date Of Accident	18/11/2017 14:10
Exact Location Of Accident	GUILLEMARD ROAD (NEAR THE AMARELLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK1938A
Insured/Policyholder	
Name Of Registered Owner	HUANG XIAO YU
NRIC No	S7981575F
Email Address	HUANG_SHERRIE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86668669
Alternative Phone No	OTHERS-86668669

Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4 PICASSO-1.6 EGS (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA138254/1
Cover Note Number	

Driver

Name of Driver	HUANG XIAO YU
NRIC No	S7981575F
Date Of Birth	02/08/1979
Occupation	INDOOR
Date Of Driving Pass	23/06/2012
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86668669
Fax Number	
Contact Number	OTHERS-86668669
Email Address	HUANG_SHERRIE@HOTMAIL.COM

Address	9 GRAY LANE # 04-01 SINGAPORE
Postcode	438951
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

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)	3

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

REFER TO ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

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	SLC4445R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ADRIAN GOH NGAT CHOON (ADRIAN WU YUECHUN)
NRIC/Passport Number	S7607351A
Contact Number	91239997
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN


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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.
- (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.

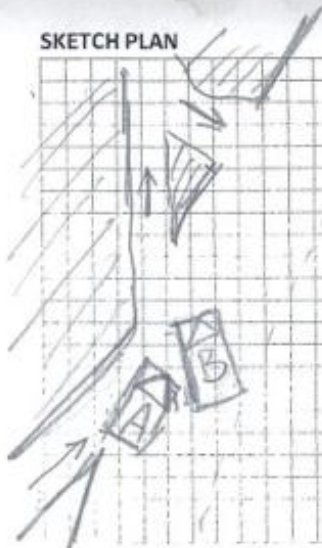

Policyholder's Signature
Date & Time: 25/11/17
10.58am

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


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

Sketch Plan #2

SKETCH PLAN

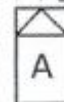


Vehicle No

A - SKK1938A

B - SLC4445R

Legend



Vehicle



Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 2.10PM on 18 November, I drove my car with my two children on board from Guillemard Road to the main road. I turned my head and looked back towards Guillemard road. I stopped the car. I did not see any cars in the left lane. So I turned my head and started the car to enter the lane. Then when I was entering the lane I saw a car coming in sight. It was moving very fast and I ~~was~~ supposed it ~~changed~~ lane from the next lane to this left lane, and it seemed to try to get into Lim Ah Wai Road which is right beside the entry of Guillemard Road which I was at. My elder son (11 years old) was on the car and he told me that the car was very fast. I have camrecorder installed but I was charging phone so it was not on. ~~At~~ My car and the car (SLC 4445R) met in the middle of the lane right before Lim Ah Wai Road, and we both stopped and pulled over to road side. We took photos and exchanged mobile numbers and IC numbers. This ^{was} the first time I ever had an accident and I ~~told~~ Adrian the other driver ~~that~~ who was a Uber driver suggested since his car was alright with almost no damage, we just settled it ourselves without reporting or claiming. I have the voice recordings with me. He also mentioned that he needs to drive in order to make a living so he needs to settle this quickly.

DECLARATION

I/We declare the foregoing particulars are true in every respect. I confirmed with him at 6 PM the same day that Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 25/11/17 @ 1056hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/11/17 @ 1056hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jia Min

GIARMC SketchPlanForm_V3

I can do my own repair and will not need to report the case. But he did not reply me or pick up my phone call after that. Then I fixed my car and got the letter from AXA yesterday.

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 18/11/17		2 Exact location of accident Guillemard Road (Near The Amarelle)		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SKK1938A

6 Insured / policyholder (see insurance cert.)
 Name Huang Xiao Yu
 (capital letters)
 Address _____
 NRIC / Passport no. S7981575F
 Tel no. (from 9am till 5pm) _____
 HP 86668669

7 Vehicle
 Make, type Citizen Grand C4 Picasso 1.6i EGS

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☒
 Policy No. GA138554/1

9 Driver ☐ Same as Owner
 Name _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence 3
 HP _____
 Gender Male ☐ Female ☒

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) SLC4445R

6 Insured / policyholder (see insurance cert.)
 Name _____
 (capital letters)
 Address _____
 NRIC / Passport no. _____
 Tel no. (from 9am till 5pm) _____
 HP _____

7 Vehicle
 Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle B?
 No ☐ Yes ☐
 Policy No. (if available) _____

9 Driver (See driving licence)
 (if different from insured B above)
 Name Adrian Goh Ngai Choon
 (capital letters) (Adrian Wu Yue Chun)
 NRIC / Passport no. S7607351A
 Class of licence _____
 HP 91239997
 Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred **13**
 Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4: ☐

15 Signatures of drivers **15**

A [Signature]

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing
 Subsequently, each driver should take one copy.

For insured's Individual Statement
 (Part II) see overleaf →

Individual Statement

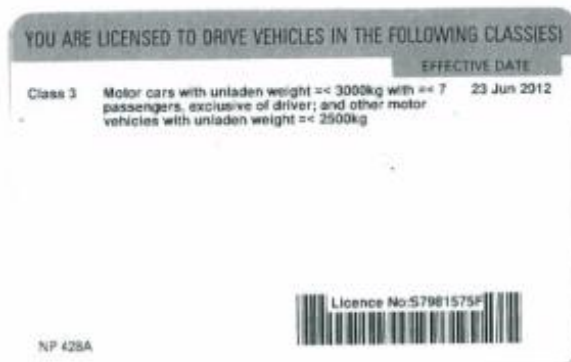
Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all) _____ Email: <u>huang.sherrie@hotmail.com</u>				
	2 Vehicle registration no. _____		C.C. _____		If commercial vehicle, state permissible carrying capacity _____
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, State Relationship of Driver with owner _____		state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state where it is at present _____ Tel no. _____				
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
Driver or person in charge of vehicle at the time of accident (including Insured)	7 Date of birth <u>2/8/79</u>		Occupation <u>Indoor</u>	Date of license pass <u>23/6/12</u>	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupant, state in which vehicle	Were seat belts being worn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which Police station _____				
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, against whom? _____				
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____				
	15 Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others _____				
	16 Speed of vehicles A _____ km/hr B _____ km/hr				
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____				
	20 If your vehicle is commercial, state weight of load carried at time of accident _____				
	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached) _____				
Declaration	22 State number of Passengers (including Driver) <u>3</u>				
	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____		Date <u>25/11/17</u>		
Driver's signature (if driver is not the policyholder) _____		Date _____			

DRIVER NRIC & LICENCE



Address: 9 Gray Lane #04-01
Singapore 438951





redefining / insurance

AXA Insurance Singapore Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 04369

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)

Policy details

Policyholder name	HUANG XIAO YU	Certificate number	GA138254 / 1
Cover	Comprehensive	Chassis number	VF7UA5FV8CJ726119
Plan name	Essential	Engine number	10FJBS1644852
NCD applicable	0%		
Vehicle registration number	SKK1938A		
Period of Insurance	from 11/11/2016 to 18/12/2017 (both dates inclusive)		
Finance loan company	UNITED OVERSEAS BANK LIMITED		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy
 1. XIAO LEI
 (c) 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 Road Transport Act, 1987 (Malaysia) are not to be included under these headings

EXCESS	Basic Own Damage Excess	700.00
	Voluntary Excess	200.00
	Total Own Damage Excess	500.00
	Windscreen Excess	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. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops

Additional clauses & endorsements to your policy

Nil

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 Singapore 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 Singapore Pte Ltd (M2-0009922-2)
 8 Shenton Way, #27-01, AXA Tower,
 Singapore 068811
 Customer Care Department, #B1-01

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo

