

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	27/12/2017 14:48
Date Of Accident	27/12/2017 08:40
Exact Location Of Accident	MULTI-STOREY CAR PARK AT 72 CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9052Z
Insured/Policyholder	
Name Of Registered Owner	SEAH SEOW CHENG MICHAEL
NRIC No	S1366265G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96844440
Alternative Phone No	OTHERS-96844440

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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	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	GA155585
Cover Note Number	

Driver

Name of Driver	SEAH SEOW CHENG MICHAEL
NRIC No	S1366265G
Date Of Birth	09/03/1959
Occupation	INDOOR
Date Of Driving Pass	14/02/1992
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96844440
Fax Number	
Contact Number	OTHERS-96844440
Email Address	NOEMAIL

Address	BLK 815 TAMPINES AVENUE 4 # 14-233 SINGAPORE
Postcode	520815
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

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?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS8706B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIYANA SYSFIQAH BINTE HUSIN
NRIC/Passport Number	S7618636G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

Refer to attachment.

Number Plate

A - SJN 9052 Z
B - SJS 8706 B

Legend



Vehicle



Bike

Sketch Plan #2

Describe Circumstances of the Accident

Date of Accident: 27/12/2017

Time of Accident:

to refer attachment for statement.

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date &
Time

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

250pm

Witnessed by Reporting Centre
Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan #3

Changi Terminal 2 (Airport) - 60 Airport Boulevard (S)819643

Page 1 of 1



Terminal 2
Changi Airport

Accident site

A - SJN 90522

B - SJS 8706 B

carpark lot

[Signature]

27/12/2017



carpark lot

Accident Statement

On 27th Dec 2017, at around 0840 Hrs, I was driving my vehicle (SJN9052Z) at the main lane within the multi-storey carpark in Terminal 2 Changi Airport. Suddenly, a vehicle (SJS8706B) failed to conform to stop line and exit from the small lane at the right and hit onto the right side of my vehicle. I have an in-car camera captured on the accident. I am making a claim against third party.



Name: Seah Seow Cheng Michael

NRIC: S1366265G

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 27/12/2017		Time 0840		2 Exact location of accident Multi-storey carpark at T2 Changi Airport		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 type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) SJN 90522

6 Insured / policyholder (see insurance cert.)
Name SEAH SEOW CHENG
(capital letters) MICHAEL
Address BLK 815 TAMPINES
AVE 4 #14-233 S1530815
NPIC / Passport no. S1366265G
Tel no. (from 9am till 5pm)
HP 96844440

7 Vehicle
Make, type Toyota Wish 1.8A

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA 155585

9 Driver ☒ State as Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence 2B, 2A, 2, 3
HP
Gender Male ☒ Female ☐

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

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SJS 8706B

6 Insured / policyholder (see insurance cert.)
Name LIYANA SYAFIQAH
(capital letters) BINTE HUSIN
Address
NRIC / Passport no. S7618636G
Tel no. (from 9am till 5pm)
HP
7 Vehicle
Make, type Honda Freed 1.5G A

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
(capital letters)
NRIC / Passport no.
Class of licence
HP
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
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 use of the sketch on page 2

15 Signatures of drivers

A

B

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

11 Visible damage to vehicle B

14 My remarks

* 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)		Own Workshop Email / Fax (if any): 67442377													
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) <u>Retiree</u>		Email: <u>frankie @ carway.com.sg</u>												
	2 Vehicle registration no. <u>SJN 9052Z CC 1794</u>		If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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"/> Others - please specify														
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present <u>53 Ubi Ave 1</u> Tel no. <u>6744 0777</u>														
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #03-01 If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" 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>09/03/59</u>	Occupation <u>Retiree</u>	Date of license pass <u>14/02/1992</u>												
	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
			Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	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															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station														
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?														
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>														
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>														
	16 Speed of vehicles A <u>20</u> km/hr B <input type="checkbox"/> km/hr														
	17 What warnings were given by driver or other party?														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	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)														
22 State number of Passengers (including Driver) <u>1</u>															
Declaration	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature <u>[Signature]</u>		Date <u>27/12/2017</u>												
	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		Date <u>27/12/2017</u>												

DRIVER NRIC & LICENCE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1366265G



Name
SEAH SEOW CHENG MICHAEL

余紹清

Race

CHINESE

Date of birth

09-03-1959

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S1366265G

SEAH SEOW CHENG MICHAEL

Birth Date: 09 Mar 1959

Issue Date: 23 Oct 2017



NRIC No. S1366265G



Date of issue
23-01-2009

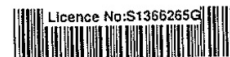
Address
APT BLK 815 TAMPINES AVENUE 4
#14-233
SINGAPORE 520815

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	30 Aug 1979
Class 2A	Motorcycles between 201 cc and 400 cc	30 Aug 1979
Class 2	Motorcycles > 400 cc	30 Aug 1979
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	14 Feb 1992

NP 428A





redefining / insurance

AXA Insurance 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

05579

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	SEAH SEOW CHENG MICHAEL	Certificate number	GA155585 / 1
Cover	Comprehensive	Chassis number	JTDER12W303001709
Plan name	Essential	Engine number	1ZZ3224701
NCD applicable	50%		
Vehicle registration number	SJN9052Z		
Period of Insurance	from 18/01/2017 to 03/03/2018 (both dates inclusive)		
Finance loan company	Nil		

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 Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS Basic Own Damage Excess
Windscreen Excess

SGD 300.00

SGD 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 Pte Ltd

Authorised signature

MDIVINE INSURANCE AGENCY
62 USI ROAD 1
OXLEY BIZHUB 2 #06-05
SINGAPORE 408734
TEL: 6834 4432 FAX: 6834 4748

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 Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

