

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 12:28 |
| Date Of Accident | 26/12/2017 20:45 |
| Exact Location Of Accident | JUNCTION OF TAMPINES AVE 3 & TAMPINES AVE 8 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SGQ5000U |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM TONG TECK (LIN DONGDE) |
| NRIC No | S8217881C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97618092 |
| Alternative Phone No | OTHERS-97618092 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | C200-1.8 CGI (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 | GA088237 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | LIM TONG TECK (LIN DONGDE) |
| NRIC No | S8217881C |
| Date Of Birth | 08/06/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/05/2009 |
| Driving Experience | 8 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97618092 |
| Fax Number | |
| Contact Number | OTHERS-97618092 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 101 JURONG EAST STREET 13 #09-202 SINGAPORE |
| Postcode | 600101 |
| 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 | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | WET |

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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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 | SKP6405L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

SKETCH PLAN

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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

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

21/12/17 - 11:30AM

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

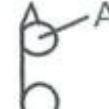
A - SGQ 5000 U

B - SPF 6405 L

Legend



Vehicle



Bike

Sketch Plan #2

Describe Circumstances of the Accident

Date of Accident:


Time of Accident:


Refer to attachment -

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

27/12/17
11:30AM


Witnessed by Reporting Centre Personnel

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



HDB Tampines GreenForest, 878A Tampines Avenue 8 521878

HDB Tampines GreenForest
878A Tampines Avenue 8
(5)521878

Map Directions

- Map
- Building Directory
- What's Nearby
- Get Tips
- Getting Here

New Woodlands EOC Schoolwave - Northwave TC - Northwave
Northwave EOC Schoolwave - Northwave TC - Northwave
Developer Price: \$1,100,000
northwave.com.sg

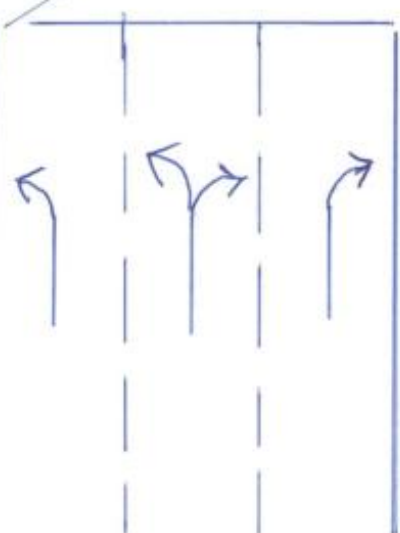
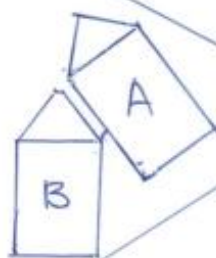


5 Things You Shouldnt Do If Hes Cheating On You

Accident site

Tampines Ave 8

Tampines Ave 3



A - SGQ 5000U

B - SKP 6405L

27/12/2017

Sketch Plan #4

Accident Statement

On 26th Dec 2017 around 2045 Hrs, I was driving my vehicle (SGQ5000U) at the junction of Tampines Avenue 3 and Tampines Avenue 8. When the traffic was in our favour, a vehicle (SKP6405L) made a right turn from the left-turn only lane and hit onto the left side of my vehicle. I have in-car camera footage captured on the accident. I am making a claim against third party.

A handwritten signature in blue ink, appearing to be 'Lim Tong Teck', is written over a horizontal line.

Name: Lim Tong Teck

NRIC: S8217881C

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 26/12/17 2045 | | 2 Exact location of accident at the junction of Tampines Ave 3 & Ave 8 | | To be signed by BOTH drivers | |
| 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"/> | | 5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) | |
| 6 To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 7 Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | | | |

Registration No. (VEHICLE A) SGQ 5000 U

6 Insured / policyholder (see insurance cert.)
Name Lim Tong Teck
(capital letters)
Address Blk 101 Jurong East St 13 #09-202 60010
NRIC / Passport no. 88217881C
Tel no. (from 9am till 5pm) 94618092
HP 94618092

7 Vehicle Mercedes Benz
Make, type C200 CGI

8 Insurance company AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA 088237

9 Driver ☒ Same as Owner
Name Lim Tong Teck
(capital letters)
NRIC / Passport no. 88217881C
Class of licence 3
HP 94618092
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) SKP 6405 L

6 Insured / policyholder (see insurance cert.)
Name Lim Tong Teck
(capital letters)
Address Blk 101 Jurong East St 13 #09-202 60010
NRIC / Passport no. 88217881C
Tel no. (from 9am till 5pm) 94618092
HP 94618092

7 Vehicle Mercedes Benz
Make, type C200 CGI

8 Insurance company AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☒
Policy No. (if available) GA 088237

9 Driver (See driving licence) (if different from insured B above)
Name Lim Tong Teck
(capital letters)
NRIC / Passport no. 88217881C
Class of licence 3
HP 94618092
Gender Male ☒ Female ☐

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

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 sketch of the situation on page 2

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

11 Visible damage to vehicle A

14 My remarks

15 Signatures of drivers

A

B

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 *frankie @ carway.com.sg*

| INDIVIDUAL STATEMENT (Part II) | | Own Workshop Email / Fax (if any) <i>carway.com.sg</i> | | | | | | | | | | | | | |
|--|---|--|---|------|---------|---------|--|--|--|--|--|--|--|--|--|
| To be completed and submitted within 24 hours to your insurer or JAC or appointed workshop (Use a separate sheet of paper where necessary) | | | | | | | | | | | | | | | |
| Insured | 1 Occupation (if more than one, state all) | | Email: <i>frankie @ carway.com.sg</i> | | | | | | | | | | | | |
| | 2 Vehicle registration no. <i>SGA 5000 U</i> CC <i>1796</i> | | 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 Tel no. _____ | | | | | | | | | | | | | | |
| | 6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input checked="" type="checkbox"/> Third Party <input 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 <i>08/06/1982</i> | Occupation <i>Manager</i> | Date of license pass <i>22/05/2009</i> | | | | | | | | | | | | |
| | Indoor <input checked="" 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 checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/> | | | | | | | | | | | | | | |
| | 16 Speed of vehicles A <i>20</i> 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 checked="" type="checkbox"/> No <input 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) <i>0</i> | | | | | | | | | | | | | | | |
| Declaration | I/We declare the foregoing particulars are true in every respect | | | | | | | | | | | | | | |
| | Policyholder's signature _____ | | Date _____ | | | | | | | | | | | | |
| | Driver's signature (if driver is not the policyholder) _____ | | Date _____ | | | | | | | | | | | | |



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

Certificate of Insurance

account number
05579

-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 | LIM TONG TECK | Certificate number | GA088237 / 1 |
| Cover | Comprehensive | Chassis number | WDD2040482A379700 |
| Plan name | Essential | Engine number | 27186030046801 |
| NCD applicable | 10% | | |
| Vehicle registration number | SGQ5000U | | |
| Period of Insurance | from 02/02/2017 to 01/02/2018 (both dates inclusive) | | |
| Finance loan company | CENTURY TOKYO LEASING (S) PTE LTD | | |

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 | SGD 1,400.00 |
| | Windscreen Excess | SGD 200.00 |

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

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.

| | | | |
|---|------------------|--|--------------|
| REPUBLIC OF SINGAPORE | |  | |
| IDENTITY CARD NO. S8217881C | | | |
|  | Name | LIM TONG TECK (LIN DONGDE) 林 东 德 | |
| | Race | CHINESE | |
| | Date of birth | Sex | 08-06-1982 M |
| | Country of birth | | |
| | SINGAPORE | | |
| | S8217881C | | |



| | |
|--|-----------------------------|
| 4 8 8 1 8 3 2 | |
|  | |
|  | NRIC No. S8217881C |
| | Date of Issue 10-09-2012 |
| Address APT BLK 101 JURONG EAST STREET 13 #09-202 SINGAPORE 600101 | |

REPUBLIC OF SINGAPORE DRIVING LICENSE

Licence Number: **S8217881C**
Name: **LIM TONG TECK
(LIN DONGDE)**

Birth Date: **08 Jun 1982**
Issue Date: **22 May 2009**

001744718D




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

| | PASS DATE |
|---|-------------|
| Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg | 22 May 2009 |

NP 428A

Licence No: S8217881C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

