

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	04/01/2018 17:12
Date Of Accident	03/01/2018 16:50
Exact Location Of Accident	CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE2995X
Insured/Policyholder	
Name Of Registered Owner	JACK CARS PTE LTD
Co Reg No	200601029Z
Email Address	THANA@JACKCARS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98432797

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (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	THIRD PARTY
Fleet Policy	YES
Policy Number	P1551802
Cover Note Number	

Driver

Name of Driver	ONG SOO CHENG
NRIC No	S1567899B
Date Of Birth	12/12/1962
Occupation	INDOOR
Date Of Driving Pass	05/11/1984
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98432797
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 833 TAMPINES STREET 83 #03-24 SINGAPORE
Postcode	520833
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : TAN CHWEE THIAM GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP8700J
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)	

DETAILS OF INJURED PERSON 1

Name ONG SOO CHENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJE2995X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN CHWEE THIAM
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJE2995X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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:



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

4/11/18
5pm



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

PETWA

Sketch Plan #2

SKETCH PLAN

Vehicle No
A - STZ 2975X
B - SLP 8700J

Changi Rd.

BEDOK

Yellow Box

Bedok Mall

Legend

A Vehicle

B Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car was stop Before yellow Box as the traffic light is red. After my car stopped about 5 second. Suddenly, I heard a bang from behind and I realise that was a vehicle (SLP 8700J) hit my car from the back. my colleague, Tan Chwee Thiam and I feel back pain after impact, so we proceed to see a doctor.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

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 3/1/18		Time 1650		2 Exact location of accident Changi Road		To be signed by BOTH drivers	
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)		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
						Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SJE 2995X

6 Insured / policyholder (see insurance cert.)
Name Jack Cars Pte Ltd
Address _____
NRIC / Passport no. 200600297
Tel no. (from 9am till 5pm) _____
HP 6748 8824

7 Vehicle
Make, type Toyota Vios

8 Insurance company
AXA ☐ C ☐ TPFT ☒ TPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. P1551802

9 Driver ☐ Same as Owner
Name Ong Soo Cheng
(capital letters)
NRIC / Passport no. S1567899B
Class of licence 3
HP 9843 2707
Gender Male ☒ Female ☐

12 CIRCUMSTANCES

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

- | | |
|----|--|
| A | 1 Chain Collision |
| 01 | 2 Collided into Bicyclist |
| 02 | 3 Collided into Motorcyclist |
| 03 | 4 Collided into Parked Vehicle |
| 04 | 5 Collided into Pedestrian |
| 05 | 6 Collided into Property |
| 06 | 7 Collision - Change/Cross Lane |
| 07 | 8 Collision - Cross Junction |
| 08 | 9 Collision - Head on Collision |
| 09 | 10 Collision - Head to Rear |
| 10 | 11 Collision - Major/Minor Rd |
| 11 | 12 Collision - Opening Door of Vehicle |
| 12 | 13 Collision - Roundabout |
| 13 | 14 Collision - U-Turn |
| 14 | 15 Drink Driving / Drug Influence |
| 15 | 16 Fire, Explosion or Lightening |
| 16 | 17 Flood |
| 17 | 18 Hit and Run / Vandalism / Damaged whilst Parked |
| 18 | 19 Hit by Fallen Tree / Other Objects |
| 19 | 20 No Collision |
| 20 | 21 Side Swipe |
| 21 | 22 Theft |

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) S1P8700J

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 _____
(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 one of the sketches on page 4: _____

15 Signatures of drivers

A

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)													
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>thana@jackcars.com.sg</u>												
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? <input type="checkbox"/> 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____														
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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	Occupation	Date of license pass												
	12/12/62	Indoor	Outdoor												
	5/11/84	Yes	No												
	Was vehicle driven with the insured's permission?	Yes	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															
<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												
	Ang Soo Cheng														
	Tan Chwee Thiam														
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												
Police action	12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station														
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, against whom?														
Accident details	14 Weather conditions <input type="checkbox"/> Clear <input checked="" 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 <input type="checkbox"/> km/hr B <input type="checkbox"/> 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 <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)														
Declaration	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature		Date <u>4/1/18 4:39pm</u>												
	Driver's signature (if driver is not the policyholder)		Date												

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. : VTX/P1551802 Account No. : 01842
Coverage : Third Party Only
Sum Insured : NIL
Name of Policy Holder : JACK CARS PTE LTD
Vehicle Registration No. : P1551802
Period of Insurance : From 03/10/2017 To 02/10/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

1. LIM GEOK LENG
2. LI YUJIE
3. TAN CHWEE THIAM
4. BEH SING GUAN
5. LEE SHUI KIAT
6. LOH CHEN YEH
7. ONG SOO CHENG

8. TOH SIM HUAI wef 20.11.2017



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 Motor Trade purposes
The Policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing
N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward
(15A)

EXCESS :

Sect II-Any Authorised Driver : SGD 2,500.00
(For Unnamed Driver Excess, please refer to your policy)

* 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 Certificate 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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN10 on 26/09/2017

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 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, covernote and endorsement etc.

ANDA INSURANCE AGENCIES PTE LTD
(MOTOR DEPARTMENT)

190 MacPherson Road
#03-01 Wisma Gulab
Singapore 348548
Tel: 6554 2288 Fax: 6453 4466

Email: thomson@anda.com.sg

Page 1

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Ong Soo Cheng

Licence Number: S1567899B

Name: ONG SOO CHENG

Birth Date: 12 Dec 1962

Issue Date: 25 Mar 2003

Barcode: 000336999A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1567899B

Portrait photo of Ong Soo Cheng

Name: ONG SOO CHENG

王樹正

Race: CHINESE

Date of birth: 12-12-1962

Sex: M

Country/Place of birth: SINGAPORE

5841422

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Nov 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	01 Nov 1991

NP 426A

Licence No: S1567899B

Barcode

NRIC No: S1567899B

Portrait photo of Ong Soo Cheng

Date of issue: 19-12-2017

Address: APT BLK 833 TAMPINES STREET 83 #03-24 SINGAPORE 520833

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

