

## 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	08/01/2018 14:47
Date Of Accident	06/01/2018 19:00
Exact Location Of Accident	SIMS AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6359K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG KIM PONG
NRIC No	S0957463H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96349236
Alternative Phone No	OTHERS-96349236

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (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	GA116291
Cover Note Number	

### Driver

Name of Driver	HONG KIM PONG
NRIC No	S0957463H
Date Of Birth	01/10/1947
Occupation	INDOOR
Date Of Driving Pass	28/07/1970
Driving Experience	47 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96349236
Fax Number	
Contact Number	OTHERS-96349236
EMail Address	NOEMAIL

Address	133 JALAN SEAVIEW
Postcode	438427
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : KOH SIM MOY
	GENDER: : FEMALE

#### 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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 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	SHC8668K
Vehicle Make/Model/Colour	NTUC COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMED ISHAK JAHABAR ALI
NRIC/Passport Number	S6980123D
Contact Number	
Address	BLK 564 PASIR RIS ST 51 #09-140
Postcode	510564
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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 lodgment 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.
- (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:

8/1/18

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



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

## Sketch Plan #2

### SKETCH PLAN

	<p><b>Vehicle No.</b></p> <p>A - SWU 6551K</p> <p>B - SWU 8668K</p>
<p><b>Legend</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">               A              Vehicle           </div> <div style="text-align: center;">               B              Bike           </div> </div>	

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See attached report

### 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 timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**Road Accident between Car SKU 6359 K and Taxi SHC 8668 K**

On 6.1.2018 at about 1900 hrs., as I was driving my car registration number SKU 6359 K along Sim Avenue, I slowed down and turned on my right signal to enter Geylang Lorong 35, suddenly a Comfort Delgo taxi registration number SHC 8668 K overtook my car on the left to enter the same road. See photograph 1

The taxi hit the left side of my front corner bumper causing a dent of about 300 mm by 300 mm. The bumper supporting frame protruded out and there was a minor misalignment of the bumper joint. See photographs 2 and 3.

There was only a minor glazing of the taxi rear left corner of the bumper measuring about 300 mm by 300 mm with my car silver paint on it. See photograph 4

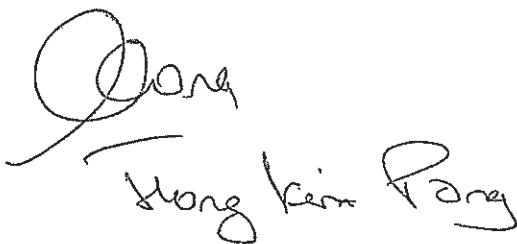
The taxi was travelling at a fast speed and there was no right turn indicator from the vehicle See photographs.

**Particulars of taxi driver**

Mohamed Ishak Jahabar Ali  
NRIC S 6980123 D  
Block 564 Pasir Ris , Street 51  
Singapore 510564

**Particulars of car owner**

Hong Kim Pong  
NRIC S 0957463 H  
133 Jalan Seaview  
Singapore 438427  
Mobile 9634 9236



Hong Kim Pong



# 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 6/1/18 1900		2 Exact location of accident Sime Ave.		To be signed by BOTH drivers 3 Injuries given 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) **SKU 639K**

6 Insured / policyholder (see insurance cert.)  
Name **Hong Kim Pong**  
(capital letters)  
Address  
NRIC / Passport no. **S0957463H**  
Tel no. (from 9am till 5pm)  
HP **9634-9236**

7 Vehicle  
Make, type **Honda Fit**

8 Insurance company  
**AAA** ☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. **GA116291/1**

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

A  
01  
02  
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### 12 CIRCUMSTANCES

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

- ☐ Chain Collision
- ☐ Collided into Object
- ☐ Collided into Motorcyclist
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Oblique/Cross Lane
- ☐ Collision - Cross Lanes
- ☐ Collision - Head on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Major/Minor Rd
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - at Turn
- ☐ Drink Driving / Drug Influence
- ☐ Fire, Explosion or Lightning
- ☐ Flood
- ☐ Hit and Run / Nuisance / Damaged whilst Parked
- ☐ Hit by Fallen Tree / Other Objects
- ☐ No Collision
- ☐ Side Swipe
- ☐ Theft

Registration No. (VEHICLE B) **SHC 8668 K**

6 Insured / policyholder (see insurance cert.)  
Name  
(capital letters)  
**131584 Passer Rd.**  
Address  
**SH 51 (510764)**  
NRIC / Passport no.  
Tel no. (from 9am till 5pm)  
HP

7 Vehicle  
Make, type **NTUC Comfort**

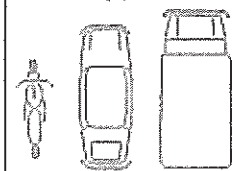
8 Insurance company  
☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available)

9 Driver (See driving licence)  
(if different from insured in above)  
Name **Mahamed Ishak**  
(capital letters)  
**Jahabac Alr**  
NRIC / Passport no. **S698001230**  
Class of licence  
HP  
Gender Male ☒ Female ☐

B  
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State TOTAL number of boxes marked with a cross

18 Indicate the point of initial impact with an arrow (->)



19 Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23 My remarks

\_\_\_\_\_

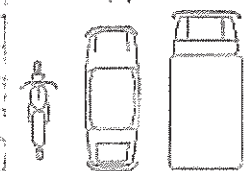
\_\_\_\_\_

\_\_\_\_\_

19 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



20 Indicate the point of initial impact with an arrow (->)



21 Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25 Signature of drivers

A

B

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

Do not alter anything in this 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:	
	2. Vehicle registration no. <u>SKU6359K</u> CC		If commercial vehicle, state permissible carrying capacity	
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner		State the vehicle number and name of owner 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			
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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	Occupation	Date of license pass	
	11/10/47	Indoor	Outdoor	28/7/70
	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 occupants, state in which vehicle	
			Were seat belts being worn?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Was injured conveyed to hospital by ambulance?	
Damage to property A 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 checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others			
	15. Road surface <input checked="" type="checkbox"/> Wet <input 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)			
Declaration	22. State number of Passengers (including Driver) <u>2</u> * Koh Sim May			
	I/We declare the foregoing particulars are true in every respect			
	Policyholder's signature <u>[Signature]</u> Date <u>8/1/18</u>			
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	HONG KIM PONG	Certificate number	GA116291 / 1
Cover	Comprehensive	Chassis number	GK31059783
Plan name	Essential	Engine number	L13B1070105
NCD applicable	20%		
Vehicle registration number	SKU6359K		
Period of Insurance	from 06/08/2017 to 05/08/2018 (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 on or, 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 600.00
	Windscreen Excess	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

### 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 DRIVING LICENCE**


Licence Number **S0957463H**

Name **HONG KIM PONG**

Birth Date **01 Oct 1947**

Issue Date **12 Sep 2003**

000823635J



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S0957463H**

Name **HONG KIM PONG**



方金榜

Race **CHINESE**

Date of Birth **01-10-1947**

Sex **M**

Country of Birth **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	PASS DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	28 Jul 1970

S0957463H

S / No. 9000159632

Licence No. S0957463H

NP 428A

000823635J

IDENTITY CARD NO. **S0957463H**

IRIC No. **S0957463H**

Blood Group **B+**

Date of issue **25-05-1992**

133 JLN SEAVIEW

SINGAPORE 439477

IRIC No. S0957463H

Date: 08-1993

Mo: 2858200

