

## 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	13/01/2018 19:18
Date Of Accident	13/01/2018 16:15
Exact Location Of Accident	JUNCTION OF TAMPINES ST 12 TRAFFIC LIGHT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5013U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG WEI MING
NRIC No	S8536093J
Email Address	ONGWM85@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97245013
Alternative Phone No	OFFICE-97245013

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA195072/1
Cover Note Number	

### Driver

Name of Driver	ONG WEI MING
NRIC No	S8536093J
Date Of Birth	27/10/1985
Occupation	INDOOR
Date Of Driving Pass	19/01/2006
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97245013
Fax Number	
Contact Number	OFFICE-97245013
EEmail Address	ONGWM85@GMAIL.COM

Address	BLK 988C BUANGKOK GREEN #06-75
Postcode	533988
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 - 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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL 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 STATEMENT

#### Attachment(s)

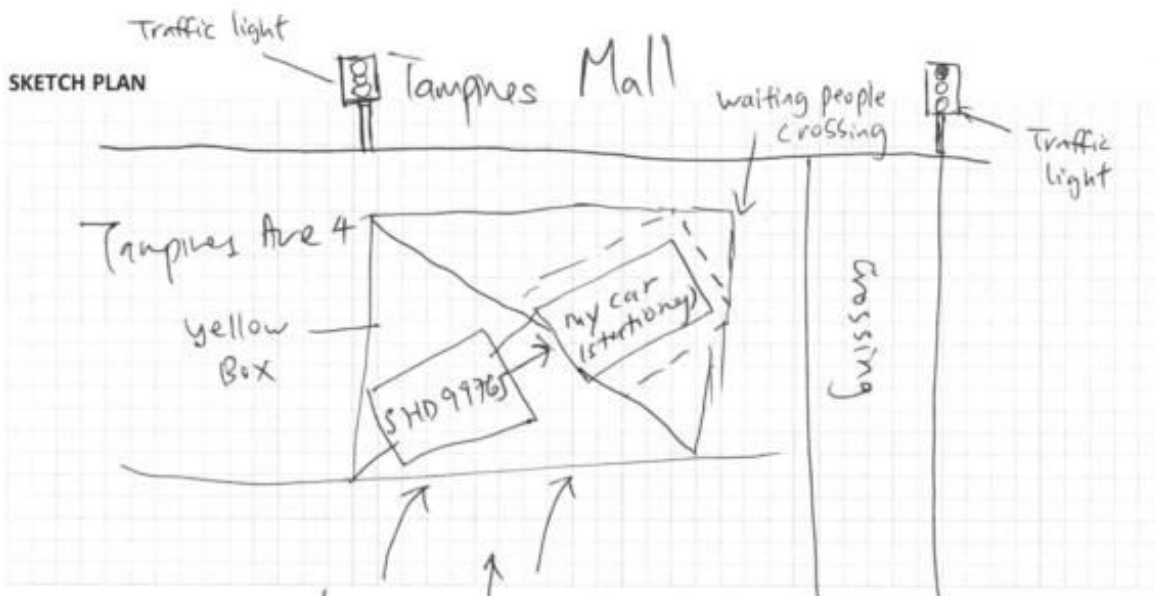
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9976J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	92711195
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

# Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1/13/18 4:12pm Tampines St 12

- Was travelling down Tampines St 12 and was going to turn right at the T-junction in front. (towards Tampines Ave 4)
- I was in the 1st vehicle in the right-turn designated box, waiting for the ~~the~~ green man (flashing) and people to cross. We were stationary.
- SHD 9976J came from behind and hit into our rear.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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



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

# Common Statement

☒ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident 13/01/2018 Time 15:16 hrs Location of Accident Junction Of Tampines St 12 Traffic light

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number SLM 5013 U  
Name of Policyholder Ong wei Ming  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) S 8536093 J  
Address B1K 988C Buangkok Green #06-75 S 533988  
Contact Number Tel Hp 9724 5013  
Occupation Indoor

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model Subaru Forester  
Type of Vehicle Saloon, MPV, CRV, Van, Lorry, Bus M/cycle Others SUV  
Exact Purpose for which vehicle was being used at the time of accident Private use  
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks 3rd party  
Vehicle category ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company AXA  
Type of Policy ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy ☐ Yes ☒ No  
Policy Number 6A195072/1

### DRIVER

Name of Driver -  
NRIC/ FIN/ Passport -  
Date of Birth 27/10/1985  
Occupation Indoor  
Driving Pass Date 19/01/2006  
Gender ☒ Male ☐ Female  
Contact Number Hp 9724 5013  
Address -  
Email Address Ongwm85@gmail.com  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured Owner  
Vehicle Number of Driver's Own Vehicle (if applicable)  
Insurance of Driver's Own Vehicle (if applicable)

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc) Head To Rear (TP hit Insured)  
Weather Conditions ☐ Clear ☒ Raining ☐ Others  
Road Surface ☒ Wet ☐ Dry ☐ Others  
Damage Area 3 pax Rear portion

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes  
Was anybody injured in the accident? (including Witness) ☒ No ☐ Yes  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any camera video footage (in car)? ☐ No ☒ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station & Report No. 1  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?

## Common Statement

OWN VEHICLE REGISTRATION NUMBER

SLM 5013 U

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHD 9976 J

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

9271 1195

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect



Date & Time

Signature of Policy Holder  
(Company Chop if applicable)



Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

## Common Statement

### 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:



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

# CERTIFICATE OF INSURANCE



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  
11710

-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	ONG WEI MING	Certificate number	GA195072 / 1
Cover	Comprehensive	Chassis number	JF15J5KC5HG086132
Plan name	Flexi	Engine number	FB20Y589055
NCD applicable	10%		
Vehicle registration number	SLM5013U		
Period of insurance	from 31/03/2017 to 30/03/2018 (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. LOW XIN YI LYNNETTE 2. LOW ZHI WEI KELVIN  
(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.

<b>EXCESS</b>	Basic Own Damage Excess	SGD 700.00
	Windscreen Excess	SGD 100.00
An Additional Excess is applicable as follows:		
1. S\$500 for unnamed <i>Authorised Driver</i>		
2. S\$500 for declared <i>Young and Inexperienced Driver</i>		
3. S\$5,000 for undeclared <i>Young and Inexperienced Drivers</i> . 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 signatory

### 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.

# OWNER IC & DRIVING LICENCE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8536093J**



Name  
**ONG WEI MING**  
**王 伟 铭**

Race  
**CHINESE**

Date of birth  
**27-10-1985**

Country/Piece of birth  
**SINGAPORE**

Sex  
**M**

**S8536093J**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S8536093J**

Name  
**ONG WEI MING**

Birth Date **27 Oct 1985**

Issue Date **19 Jan 2006**

**001384505A**

**5536903**



NRIC No. **S8536093J**



Date of issue  
**01-12-2015**

Address  
**APT BLK 988C BUANGKOK GREEN  
#06-75  
SINGAPORE 533988**

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

**PASS DATE**  
**19 Jan 2006**

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

**NP 428A**

Licence No. **S8536093J**



# AXA FORM



redefining / insurance

Date: 13/01/2018

To: Owner of Vehicle Number: SLM 5013 U

The following has been advised to you via your workshop, BH Auto through their staff, wen zhang

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☒ For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ Others 3rd party

Signed and acknowledge by:

Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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