

## 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 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	12/02/2018 17:43
Date Of Accident	12/02/2018 10:45
Exact Location Of Accident	KAKI BUKIT AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT4310R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JENNIE TAN LAY KENG
NRIC No	S1285582F
Email Address	JENNTAN56@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97775566
Alternative Phone No	OTHERS-97775566

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH-1.5 (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA181944
Cover Note Number	

### Driver

Name of Driver	JENNIE TAN LAY KENG
NRIC No	S1285582F
Date Of Birth	01/08/1958
Occupation	INDOOR
Date Of Driving Pass	19/09/1983
Driving Experience	34 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97775566
Fax Number	
Contact Number	OTHERS-97775566
Email Address	JENNTAN56@GMAIL.COM

Address	BLK 647 PUNGGOL CENTRAL #03-360
Postcode	820647
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)	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 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	GBA5240L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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:

*[Signature]*  
12/1/18  
1645hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2

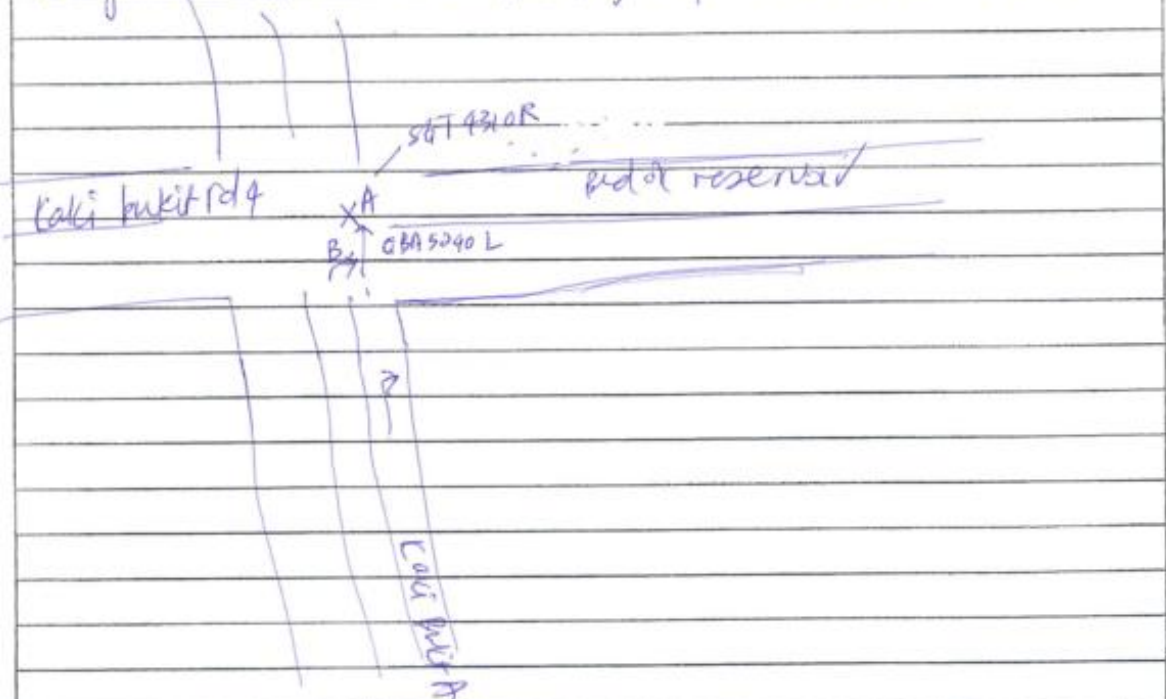
### SKETCH PLAN

<div style="position: relative; width: 100%; height: 100%;"> <!-- Grid representation --> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Vehicle No</div> <div style="margin-bottom: 5px;">A -</div> <div>B -</div> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">Legend</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <div style="font-size: 8px;">Vehicle</div> </div> <div style="text-align: center;">  <div style="font-size: 8px;">Bike</div> </div> </div>
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### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12/2/18 @ 1045am @ Laki Bukit Ave 1 turning into Bedok Reservoir

travelling along Laki Bukit Ave 1 on the right lane turning into Bedok Reservoir rd. I went straight and the Renault Kangoo Van GBAS 240L hit my left side near the door.



### 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: 12/2/18 1045hr

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

To be signed by BOTH drivers

1 Date of accident: 12/07/18 Time: 1045		2 Exact location of accident: Kaki Bukit Ave.		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)		6 Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SGT431QR

7 Insured / policyholder (see insurance cert.)  
Name: Jennie Tan Lay Beng  
Address: \_\_\_\_\_  
NRIC / Passport no.: S1285582P  
Tel no. (from 8am till 5pm): \_\_\_\_\_  
HP: 97775566

8 Vehicle  
Make, type: Toyota Rush

9 Insurance company  
AXA ☒ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No.: CAT8194411

10 Driver ☒ Same as Owner  
Name: \_\_\_\_\_  
NRIC / Passport no.: \_\_\_\_\_  
Class of licence: \_\_\_\_\_  
HP: \_\_\_\_\_  
Gender: Male ☐ Female ☐

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

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Roadside
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head-on Collision
<input type="checkbox"/>	Collision - Head-to-Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Reversing
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Road
<input type="checkbox"/>	Hit and Run / Vanishing / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Object
<input type="checkbox"/>	Hit Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Truck

Registration No. (VEHICLE B) ERA5240 L

13 Insured / policyholder (see insurance cert.)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
NRIC / Passport no.: \_\_\_\_\_  
Tel no. (from 8am till 5pm): \_\_\_\_\_  
HP: \_\_\_\_\_

14 Vehicle  
Make, type: \_\_\_\_\_

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

16 Driver (See driving licence)  
(if different from insured B above)  
Name: \_\_\_\_\_  
NRIC / Passport no.: \_\_\_\_\_  
Class of licence: \_\_\_\_\_  
HP: \_\_\_\_\_  
Gender: Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

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

18 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

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

20 Visible damage to vehicle A

21 Visible damage to vehicle B

22 My remarks

23 Signatures of drivers

A: [Signature]

B: [Signature]

24 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: _____		
Of which vehicle are you the owner?  <input checked="" type="checkbox"/> A  <input type="checkbox"/> B	2 Vehicle registration no. _____	C.C. _____	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 at 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? Yes <input checked="" 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? 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 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 _____
	11/8/58	Indoor	Outdoor
	19/9/83		Yes <input checked="" type="checkbox"/> No <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 _____		
Injured persons	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
	Date	Offence	Penalty
Damage to property & vehicles (Other than vehicles A and B)	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
Police action	11 Name(s) and address(es) of owner(s)		
	Vehicle registration no. or details of property		
Accident details	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? _____		
	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>
	15 Speed of vehicles	A _____ km/hr	B _____ km/hr
	17 What warnings were given by driver or other party? _____		
	18 Were street lights illuminated? Yes <input 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 _____		
Driver's signature (if driver is not the policyholder) _____ Date _____			

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of Jennie Tan Lay Keng

Licence Number: **S1285582F**  
Name: **JENNIE TAN LAY KENG**  
Birth Date: **01 Aug 1958**  
Issue Date: **09 Jan 2004**

Barcode: 1001080616K1

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1285582F**

Portrait photo of Jennie Tan Lay Keng

Name: **JENNIE TAN LAY KENG**  
陳麗卿  
Race: **CHINESE**  
Date of Birth: **01-08-1958** Sex: **F**  
Country of Birth: **SINGAPORE**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Sep 1983

NP 428A

Licence No: **S1285582F**

1577421

Barcode

NRIC No: **S1285582F**

Fingerprint

Blood Group: **O+** Date of issue: **10-01-1994**

**APT BLK 647 PUNGGOL CENTRAL #03-360**  
**SINGAPORE 820847**

NRIC No: **S1285582F** Date: **08/08/2018**





redefining / insurance

(65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

# Certificate of Insurance

account number  
 02960

-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	JENNIETAN LAY KENG	Certificate number	GA181944 / 1
Cover	Comprehensive	Chassis number	J200E0010239
Plan name	Essential	Engine number	3SZ1722108
NCD applicable	20%		
Vehicle registration number	SGT4310R		
Period of Insurance	(from 29/03/2017 to 10/04/2018 (both dates inclusive))		
Finance loan company	TOKYO CENTURY LEASING (SINGAPORE) 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

It is declared 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 500.00  
 SGD 100.00

An Additional Excess is applicable as follows:

1. \$500 for unnamed *Authorised Driver*
2. \$500 for declared *Young and Inexperienced Driver*
3. \$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$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



6444-2555

## 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 or endorsement etc.

## LQ INSURANCE AGENCY PTE LTD

180B BENCOOLEN STREET  
 #04-01 THE BENCOOLEN  
 SINGAPORE 189648  
 TEL: 6-334-0783 FAX: 6-334-0624  
 Co. Reg. No: 199005500W

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,

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Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

