

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	05/02/2018 22:40
Date Of Accident	05/02/2018 20:05
Exact Location Of Accident	MARINA BLVD AND SHEARES AVE JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5169M
Insured/Policyholder	
Name Of Registered Owner	TAN YI XIAO
NRIC No	S8638498A
Email Address	ALEXTAN8908@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98893353
Alternative Phone No	OFFICE-98893353

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA209853/1
Cover Note Number	

Driver

Name of Driver	TAN YI XIAO
NRIC No	S8638498A
Date Of Birth	01/12/1986
Occupation	INDOOR
Date Of Driving Pass	01/10/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98893353
Fax Number	
Contact Number	OFFICE-98893353
Email Address	ALEXTAN8908@GMAIL.COM

Address	BLK 890B TAMPINES AVENUE 1 #16-317
Postcode	522890
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	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?	
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

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

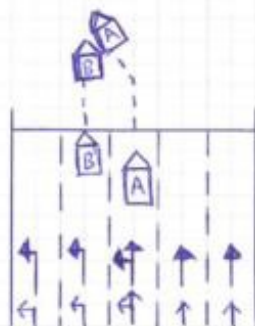
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS7507D
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG MENG TONG
NRIC/Passport Number	S2170616G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

Marina Blvd and Sheares Ave Junction



A: SLP 5169 M

B: SKS 7507 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Tan Yi Xiao S8638498A, Driver and owner of vehicle SLP 5169 M. I was on my way back to home from China Town to Tampines with my pregnant wife and six years old child. While passing by Marina Blvd doing my left turn with my signal lights left. Out of sudden Mr Wong S2170616 G, driver of SKS 7507 D doing his right turn at ~~second~~ second lane. And Mr Wong hit my car with

DECLARATION

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

Policyholder's Signature

Date & Time: 5/2/18 1035pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5/2/18 1035pm

Reporting Centre Personnel's Signature

Name: Wen Zheng

NRIC/FIN No.:

Common Statement

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 5/2/2018 Time: 8:05 pm Location of Accident: Marina blvd and shears ave junction

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SLP 5169M
Name of Policyholder: TAN YI XIAO
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S8638498A
Address: APT BIK 8903 TAMPAVES AVE 1 #16-317
Contact Number: Hp 98893353
Occupation: INDOOR

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Mitsubishi
Type of Vehicle: ☒ MPV, CRV, Van, Lorry, Bus, Motorcycle, Others
Exact Purpose for which vehicle was being used: ☒ PRIVATE USE
Are you claiming under your own insurance policy? ☐ Yes ☒ No
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: GA209853/1

DRIVER

Name of Driver: alex tan
NRIC/ FIN/ Passport: 8908@gmail.com
Date of Birth: 01/12/1986
Occupation: owner
Driving Pass Date: 01/19/2009
Gender: ☒ Male ☐ Female
Contact Number: Hp 98893353
Address: alex tan 8908@gmail.com
Email Address: alex tan 8908@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 Side ☐ Clear ☐ Raining ☐ Others
Weather Conditions: ☐ Wet ☒ Dry ☐ Others
Road Surface: ☒ Rear LH Side
Damage Area: 3 pax

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.
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

now no injury, but anything happen to pregnant woman will send to hospital after wards.

Common Statement

OWN VEHICLE REGISTRATION NUMBER

SLP 5169 M

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

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

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

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

5/2/18 1035pm

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

Date & Time

5/2/18 1035pm

Common Statement

SKETCH PLAN

IMPORTANT NOTICE

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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:

5/2/18
1035pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5/2/18
1035pm

Reporting Centre Personnel's Signature

Name: Wen Zhong

NRIC/FIN No.:



OWNER IC & DRIVING LICENCE

 NRIC No. S8638498A  Date of Issue: 19-12-2016 Address: APT BLK 890B TAMPINES AVENUE 1 #16-317 SINGAPORE 522890	<p>YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>EFFECTIVE DATE</th> </tr> </thead> <tbody> <tr> <td>Class 3</td> <td>Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg</td> <td>01 Oct 2009</td> </tr> <tr> <td>Class 4</td> <td>Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg</td> <td>29 Mar 2017</td> </tr> </tbody> </table> <p>NP 425A</p> <p>Licence No: S8638498A</p> 			EFFECTIVE DATE	Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	01 Oct 2009	Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	29 Mar 2017
		EFFECTIVE DATE								
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	01 Oct 2009								
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	29 Mar 2017								

<p>REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8638498A</p>  <p>Name TAN YI XIAO 陈亦晓 Race CHINESE Date of birth 01-12-1986 Country/Place of birth CHINA Sex M</p>  	<p>REPUBLIC OF SINGAPORE DRIVING LICENCE</p> <p>License Number: S8638498A Name: TAN YI XIAO Birth Date: 01 Dec 1986 Issue Date: 29 Mar 2017</p>   <p>002670537C</p> 
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CERTIFICATE OF INSURANCE



redefining / insurance

AXA Insurance Pte Ltd
1800 686 4868 (Within Singapore)
(65) 6866 4868 (International)
(65) 6360 4740
customer.care@axa.com.sg
www.axa.com.sg

account number
11492

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)

Policy details

Policyholder name	TAN YI XIAO	Certificate number	GA209853 / 1
Cover	Comprehensive	Chassis number	JMY3RCY1AGU006536
Plan name	Essential	Engine number	4492CP4309
NCD applicable	10%		
Vehicle registration number	SLP5189M		
Period of insurance	from 05/06/2017 to 07/06/2018 (both dates inclusive)		
Finance loan company	UNITED OVERSEAS BANK LIMITED		

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 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	S\$D 500.00
	Windscreen Excess	S\$D 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.

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068611
Customer Centre, #B1-01

AXA FORM



redefining INSURANCE

Date: 05/02/2018

To: Owner of Vehicle Number: SLP5169M

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

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 @ Other workshop

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



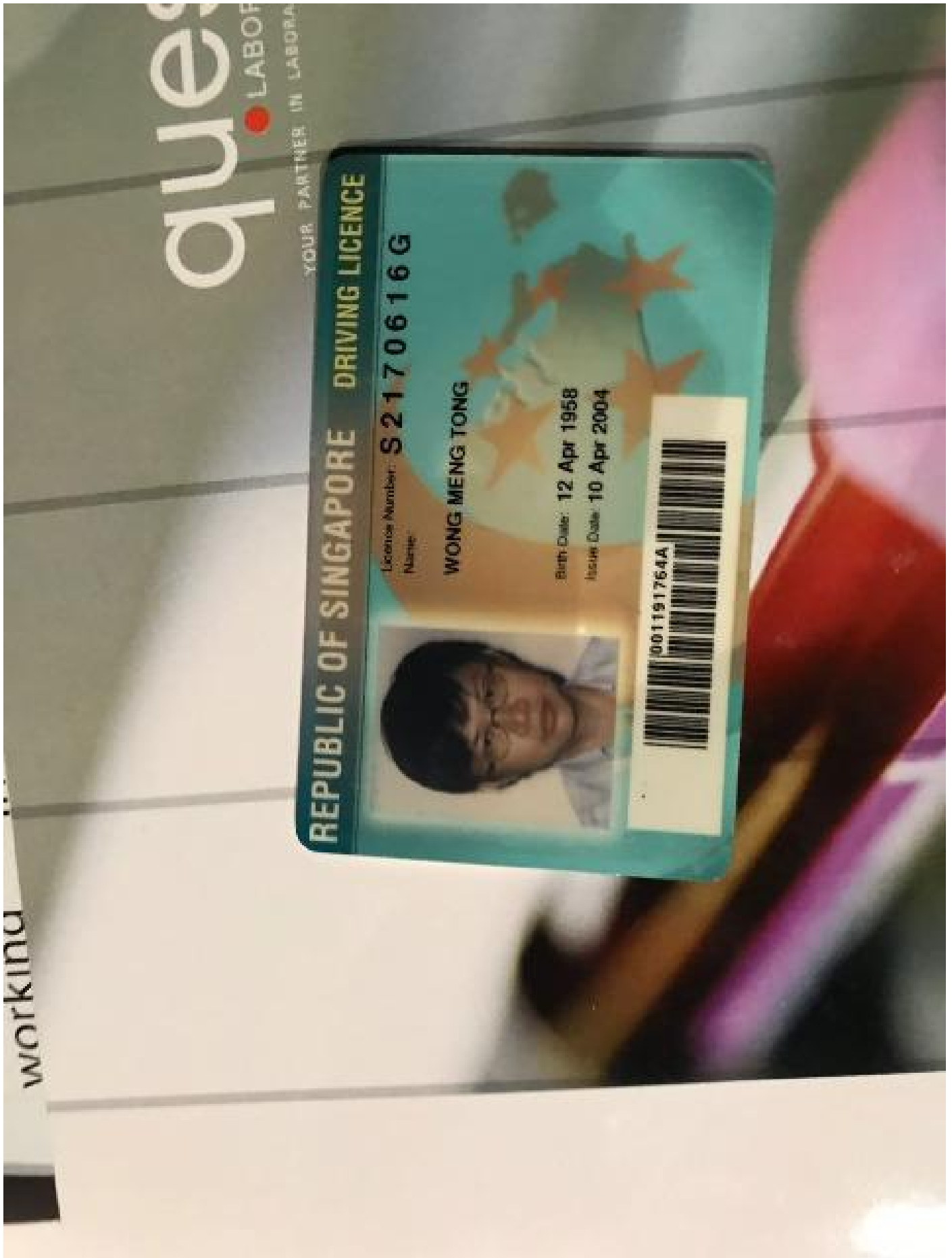


Accident Photo



Accident Photo







... in partnership with medical ...
... Quest is committed to ...



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665800206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MBHA18018:03-02. Vehicle Registration No: SLP5169M.
Name (as shown in NRIC) : Tan Yi Xiao NRIC/FIN/Passport No : S8638498A.
(*Vehicle Driver / Vehicle Owner (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9899 3353.
Email Address : _____
Date of Accident : 05/02/2018 Time of Accident : 20:05.
Place of Accident : Marina BLVD & Sheares Ave Junctions.
Insurance Company : AXA.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

OD Claims Change to Reporting only.

Policyholder / Driver's Signature
Date:


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