

## 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	23/03/2018 13:19
Date Of Accident	22/03/2018 18:30
Exact Location Of Accident	BRADDELL ROAD TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK4882G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG GE HONG
NRIC No	S2634034I
Email Address	T_GH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97468388
Alternative Phone No	OFFICE-97468388

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 (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	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	VPA/P1403125
Cover Note Number	

### Driver

Name of Driver	TANG GE HONG
NRIC No	S2634034I
Date Of Birth	18/12/1961
Occupation	INDOOR
Date Of Driving Pass	23/05/1998
Driving Experience	19 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97468388
Fax Number	
Contact Number	OFFICE-97468388
Email Address	T_GH@HOTMAIL.COM

Address	BLK 130 EDGEDALE PLAINS #13-16 SINGAPORE
Postcode	820130
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)	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 ATTACH STATEMENT RECORDED BY ISAAC- PROGRESSIVE AUTOMOTIVE 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	SJX2475E
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)	

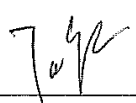
SKETCH PLAN

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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:

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

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

## Sketch Plan #2

### SKETCH PLAN

	<b>Vehicle No</b> A - SKC 4882 G B - SX 247E
	<b>Legend</b> <div style="display: flex; justify-content: space-around;"> <div>             Vehicle         </div> <div>             Bike         </div> </div>

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time.

I was driving along Bradell Road towards upper Serangoon Road and happened to hit onto vehicle B as I cannot stop in time.

### 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:

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

Reporting Centre Personnel's Signature  
 Name: Isaac  
 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 22-3-18 1830		2 Exact location of accident Braddell Road towards upper Serangoon		To be signed by BOTH drivers	
3 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4 Injuries given if slight 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) SKK48826

6 Insured / policyholder (see insurance cert.)  
Name Tang Ge hong  
Address \_\_\_\_\_  
NRIC / Passport no. S26340341  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP 9746 8388

7 Vehicle  
Make, type VOLKSWAGEN Jetta 1.4

8 Insurance company  
AXA ☒ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. VPA / P1403125

9 Driver ☒ Name 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"/>	1 Chase Collision
<input type="checkbox"/>	2 Collided into Bicycle
<input type="checkbox"/>	3 Collided into Motorcycle
<input type="checkbox"/>	4 Collided into Parked Vehicle
<input type="checkbox"/>	5 Collided into Pedestrian
<input type="checkbox"/>	6 Collided into Property
<input type="checkbox"/>	7 Collision - Change/Cross Lane
<input type="checkbox"/>	8 Collision - Cross Junction
<input type="checkbox"/>	9 Collision - Head on Collision
<input type="checkbox"/>	10 Collision - Head to Rear
<input type="checkbox"/>	11 Collision - Major/Minor Rd
<input type="checkbox"/>	12 Collision - Opening Door of Vehicle
<input type="checkbox"/>	13 Collision - Roundabout
<input type="checkbox"/>	14 Collision - U-Turn
<input type="checkbox"/>	15 Drink Driving / Drug Influence
<input type="checkbox"/>	16 Fire, Explosion or Lightening
<input type="checkbox"/>	17 Flood
<input type="checkbox"/>	18 Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	19 Hit by fallen Tree / Other Objects
<input type="checkbox"/>	20 No Collision
<input type="checkbox"/>	21 Side Swipe
<input type="checkbox"/>	22 Theft

Registration No. (VEHICLE B) SJX2475E

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
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 \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☐ Female ☐

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

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

14 My remarks

15 Signatures of drivers

16 My remarks

17 Visible damage to vehicle A

18 Visible damage to vehicle B

19 My remarks

20 My remarks

21 My remarks

22 My remarks

23 My remarks

24 My remarks

25 My remarks

26 My remarks

27 My remarks

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98 My remarks

99 My remarks

100 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)					
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>tgh@hotmail.com</u>				
	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 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? 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
Of which vehicle are you the owner?					
Driver or person in charge of vehicle at the time of accident (including Insured)	7 Date of birth _____	Occupation _____	Date of license pass _____	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 type="checkbox"/>
	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>				
	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"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
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	Insurer's name and address (if known)
Police action	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? _____				
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____				
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____				
	16 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)				
Declaration	22 State number of Passengers (Including Driver) _____				
	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 _____					

**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.	: VPA/P1403125	Account No. : 13820
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: TANG GEHONG	
Vehicle Registration No.	: SKK4882G	
Period of Insurance	: From 24/07/2017 To 23/07/2018 (Both Dates Inclusive)	

**PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\***

- (a) The Policyholder  
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
- (b) Any other person who is driving on the Policyholder's order or with his 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.

**LIMITATIONS 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, speedtesting, 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.

(01)

Basic Own Damage Excess	: SGD 750.00
Windscreen Excess	: SGD 100.00

An Additional Excess is applicable as follows:  
 S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.  
 S\$5,000.00 for Undeclared Young and Inexperienced Driver.  
 (Please refer to your policy on the terms & conditions)

\* 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).

**N.B : (Private Car Only)**

You have signed an Undertaking to use exclusively AXA Premium Workshops for all your accident repairs insured by AXA.

Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:

- . 50% NCD - Nil Excess
- . 0% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOAKAS2 on 17/07/2017


**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.

DRIVER NRIC AND LICENSE Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2634034I



Name  
TANG GEHONG

湯 戈 紅

Race  
CHINESE

Date of birth  
18-12-1961

Sex  
F

Country of birth  
CHINA

S2634034I

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2634034I


Name  
TANG GEHONG

Birth Date: 18 Dec 1961


Issue Date: 01 Sep 2009

001779298G

4 4 1 2 2 2 6



NRIC No. S2634034I



Date of issue  
16-05-2009

Address  
APT BLK 130 EDGE DALE PLAINS  
#13-16  
SINGAPORE 820130

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

PASS DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 23 May 1998

NP 428A

Licence No. S2634034I



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**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 : MPA218039478 Vehicle Registration No : SKF4882G  
Name(as shown in NRIC): TANG GIE HONG  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S2634034I  
Address : Blk 130 Edge date plains #13-16  
Contact (Tel): 9746 8388 S 8201307 (H/P): \_\_\_\_\_  
(Email): TGH@hotmail.com  
Date of Accident: 22/03/2018 Time of Accident: 18:30  
Place of Accident: Braddey Road towards upper Serangoon  
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 change to reporting



[Signature]

Signature of Vehicle Owner / Driver  
Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm