

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 10:56
Date Of Accident	22/03/2018 19:30
Exact Location Of Accident	TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD3063U
Insured/Policyholder	
Name Of Registered Owner	CHEONG CHIU KENG
NRIC No	S6927528A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96614731
Alternative Phone No	OFFICE-96614731

Vehicle Particulars

Manufacturer	KIA
Model	PICANTO-1.1 (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	VPA/P1740427
Cover Note Number	

Driver

Name of Driver	CHU CHUAN
NRIC No	S2625524D
Date Of Birth	10/03/1964
Occupation	INDOOR
Date Of Driving Pass	11/05/1989
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96433883
Fax Number	
Contact Number	
Email Address	SIMON1095@YAHOO.COM

Address	BLK 127 PASIR RIS STREET 11 #02-385 SINGAPORE
Postcode	510127
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
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 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?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW4361S
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA8212E
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)	

DETAILS OF INJURED PERSON 1

Name	CHU CHUAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGD3063U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:



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



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

SKETCH PLAN

Vehicle No	
A	SGD 3063U
B	SGD 4361S
C	SLH 8212E

Legend	
	A
	B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelled at the TPE near Lorong Jalan Lorong Halus. That time, traffic was heavy so car speed was fast & slow in between. Around 7.30 pm, when I slow down and stopped when in front of the cars were stopped. A red Mitsubishi bang on my car's rear side due to it was not stopping in time. I checked my car and rear side and trunk door were serious damaged. Because of the great force bang on my car, my car was surged forward and hit the car in front of me, a dark brown Toyota car. After exchanged information between the other 2 party, I went to Chungkit hospital to do a medical check up due to I feel some neck ~~pain~~ muscle stiffness. X-ray was conducted and medicine was given by doctor.

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.

To be signed by BOTH drivers

1 Date of accident 22-3-18 19:30		2 Exact location of accident TPE		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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) **SGD 3063N**

6 Insured / policyholder (see insurance cert.)
Name **Cheong Chin Keng**
(capital letters)
Address _____
NRIC / Passport no. **S692758A**
Tel no. (from 9am till 5pm) _____
HP **9661 4731**

7 Vehicle
Make, type **Kia Picanto**

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **VPA / P174427**

9 Driver ☐ Same as Owner
Name **Chu Chuan**
(capital letters)
NRIC / Passport no. **S2625524P**
Class of licence **9643 / 3883**
HP _____
Gender Male ☒ Female ☐

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

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Building
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Over 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 - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vanishing / Damaged whilst Parked
<input type="checkbox"/>	Hit by Falling Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Tail Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) **SW 4361S**

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
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 _____
(capital letters)
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

1. Trace and route, 2. layout of the road - 3. the direction of vehicles A and B with arrows - 4. their positions at the time of impact - 5. the road signs - 6. names of the streets or roads

REFER TO ATTACHED

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

14 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>Simon1095@yahoo.com</u>				
	2. Vehicle registration no. _____		C.C. _____		If commercial vehicle, state permissible carrying capacity _____
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Spouse</u> 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 checked="" 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 type="checkbox"/> Reporting Only <input checked="" 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 _____	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	10-03-1964		Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	11-5-1989	Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>
	Chu Chan		Slight	Seat 3063V	Yes <input checked="" 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)
			SLA 8212 E		
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) <u>1</u>				
	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/P1740427	Account No.	: 13932
Coverage	: Comprehensive		
Sum Insured	: Market Value At The Time Of Loss		
Name of Policy Holder	: CHEONG CHIU KENG		
Vehicle Registration No.	: SGD3063U		
Period of Insurance	: From 16/02/2018 To 15/02/2019 (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, 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.

(01)

Basic Own Damage Excess	: SGD	300.00
Voluntary Excess	: SGD	500.00
Final Basic Own Damage Excess	: SGD	800.00

An additional Excess is applicable as follows:

S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperience 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 Certification 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).

Authorized Workshop

Elite AM Pte Ltd

AXA INSURANCE PTE LTD


 Authorized Signature

Issued by - SGOMOHA on 14/02/2018


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 the 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, cover note and endorsement etc.

DRIVER NRIC AND LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2625524D




Name
CHU CHUAN

Race
CHINESE

Date of birth
10-03-1964


Sex
M

Country/Place of birth
MALAYSIA




5550622

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number
Name
CHU CHUAN


Birth Date 10 Mar 1964
Issue Date 29 Dec 2015




002506612E



5550622



NRIC No S2625524D




Date of issue
29-12-2015

Address
APT BLK 127 PASIR RIS STREET 11
#02-385
SINGAPORE 510127

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	11 May 1989

NP 428A



Licence No: S2625524D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6927528A

Name
CHEONG CHIU KENG

张秋琼

Race
CHINESE


Date of Birth
28-08-1969

Sex
F


Country of Birth
SINGAPORE



2081407



NRIC No S6927528A



Blood Group Date of issue
O+ 31-05-1994

APT. BLK 127 PASIR RIS STREET 11 #02-335
SINGAPORE 510127

NRIC No: S6927528A Date: 18-08-2001 No: 1001675

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

