

## 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	05/04/2018 13:30
Date Of Accident	03/04/2018 09:00
Exact Location Of Accident	TELOK KURAU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9582R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG LAY KENG
NRIC No	S6803955Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97837335
Alternative Phone No	OTHERS-91181417

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS-1.8 (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	GA013299
Cover Note Number	21/01/2018 - 20/01/2019

### Driver

Name of Driver	CHEONG WEI CHYANG
NRIC No	S6806950E
Date Of Birth	16/02/1968
Occupation	INDOOR
Date Of Driving Pass	02/11/2001
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91181417
Fax Number	
Contact Number	OTHERS-82965510
Email Address	NOEMAIL

Address	73 TELOK KURAU LORONG K #01-03
Postcode	425692
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	COLLIDED INTO PARKED VEHICLE
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 THE SKETCH PLAN BY DRIVER

#### 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	SDW200X
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**

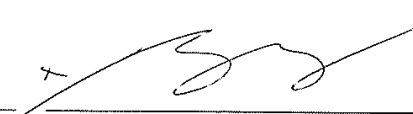
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

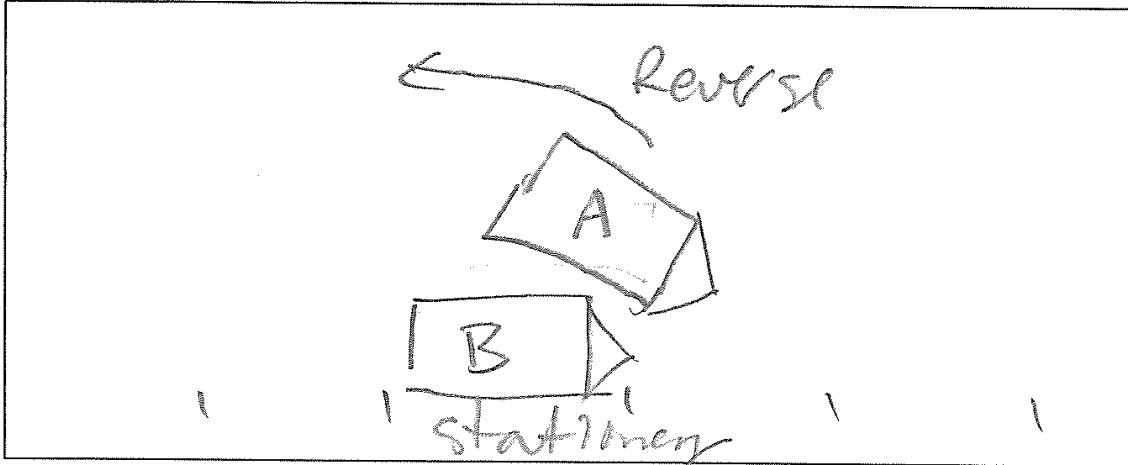
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

Date of accident: 3/4/18 Time: 9am Location: Telok Kurau.  
 My Vehicle A: 5JMA562P Vehicle B: PDH 200X Vehicle C: —  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While reversing out of parking lot, the front of my car hit the left front of the car which is stationary.

Both cars are in my housing estate parking lot.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## 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:  
NRIC/FIN No.:



AH LIM MOTOR COMPANY



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

ONG LAY KENG  
 NO 73 LORONG K TELOK KURAU  
 #01-03 HEJI GARDENS  
 SINGAPORE 425692

**Renewal**

date  
 17/01/2018

your servicing distributor  
 IVENTURE MANAGEMENT PTE LTD /  
 04012

your servicing distributor contact  
 64218443

**Policy Schedule****Your SmartDrive Comprehensive Private MPV APW****Your policy snapshot**

Policyholder name	ONG LAY KENG	Policy number	VA1 / GA013299
Cover	Comprehensive	FIN / NRIC	S6803955Z
Period of Insurance	from 21/01/2018 to 20/01/2019 (both dates inclusive)		

**Premium breakdown**

Gross Premium after 50% NCD	SGD 877.13
Total Discounts	- SGD 46.77
7% GST	SGD 58.13
<b>Final Premium</b>	<b>SGD 888.49</b>

**Your benefits highlights**

(refer to Policy Wording for full terms and conditions)

**SmartDrive Comprehensive Private MPV APW Benefits**

- 24/7 Towing & Transportation in Singapore or Overseas
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Loss of Personal Effects in Singapore up to \$3,000
- Daily Transport Allowance of \$50 for a maximum of five (5) days
- Double Personal Accidental Benefit for Young and Old Passengers
- Car Accessories up to \$2,500
- Medical and dental expenses up to \$500 per person for either you as the driver or your authorised driver and a passenger
- Waiver of Named Young or Inexperienced Driver Excess
- Basic Own Damage Excess Reduction for AXA Premium Workshop
- Personal accident benefit of up to \$30,000 for you or one of your named drivers while driving and \$20,000 per passenger
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess

**Add-on Benefits**

- No Claim Discount Protector

**Vehicle details**

Make & Model of Vehicle	TOYOTA ISIS 1.8	Year of manufacture	2008
Vehicle registration number	SJM9582R	Type of Use	Private use
Body type	MPV	Engine capacity (c.c.)	1794
Seating capacity (excl driver)	6	Engine number	1ZZ3171011
Off-Peak car	No	Chassis number	ZNM100058354


Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

1 of 2

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6806950E



Name  
CHEONG WEI CHYANG

张 威 强

Race  
CHINESE


Date of birth  
16-02-1968

Sex  
M

Country/Place of birth  
SINGAPORE

S6806950E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S6806950E

Name  
CHEONG WEI CHYANG

Birth Date 16 Feb 1968

Issue Date 03 May 2016

002563250A

9113 1417 / S6806950E

9113

NO copy.  
NO camera.

111x.

97837335

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6803955Z



Name  
ONG LAY KENG

王 丽 琼

Race  
CHINESE


Date of Birth  
23-01-1968

Sex  
F


Country of Birth  
SINGAPORE

S6803955Z

5615839



NRIC No S6806950E



Date of issue  
09-06-2016

Address  
73 LORONG K TELOK KURAU  
#01-03  
SINGAPORE 425692

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


EFFECTIVE DATE

Class	Description	Effective Date
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	02 Nov 2001


NP 428A

Licence No: S6806950E

0019255



NRIC No. S6803955Z



Blood Group  
O+

Date of issue  
18-06-1991

73 TELOK KURAU LORONG K #01-03  
SINGAPORE 425692

NRIC No. S6803955Z Date 25-05-2002 No. 1180929

4 April 2018

**Authorised Workshop of AXA Insurance**

Ah Lim Motor Company (Branch)

176 Sin Ming Drive

#05-12 Sin Ming Autocare

Singapore 575721

Attn: Ms Meili

Dear Sir / Madam

**RE: ACCIDENT INVOLVING SJM9582R AND SDW200X IN THE OPEN CAR PARK OF HEJI GARDEN AT 73  
LORONG K, TELOK KURAU SINGAPORE 425692**

I, Ong Lay Keng, NRIC S6803955Z, confirm that I am the policyholder of motor policy GA013299 with AXA Insurance

I hereby authorize the named driver, Cheong Wei Chyang, NRIC S6806950E who is also my husband to make the above-captioned accident report in my absence.

Please could you assist him accordingly.

Thanks.

Best regards



Ong Lay Keng (Yvonne)

97837335

Sketch Plan Pg. 6



redefining / insurance

Date: 05/04/18

To: Owner of Vehicle Number: 8JMA9502R

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 Reporting only.

Signed and acknowledge by:

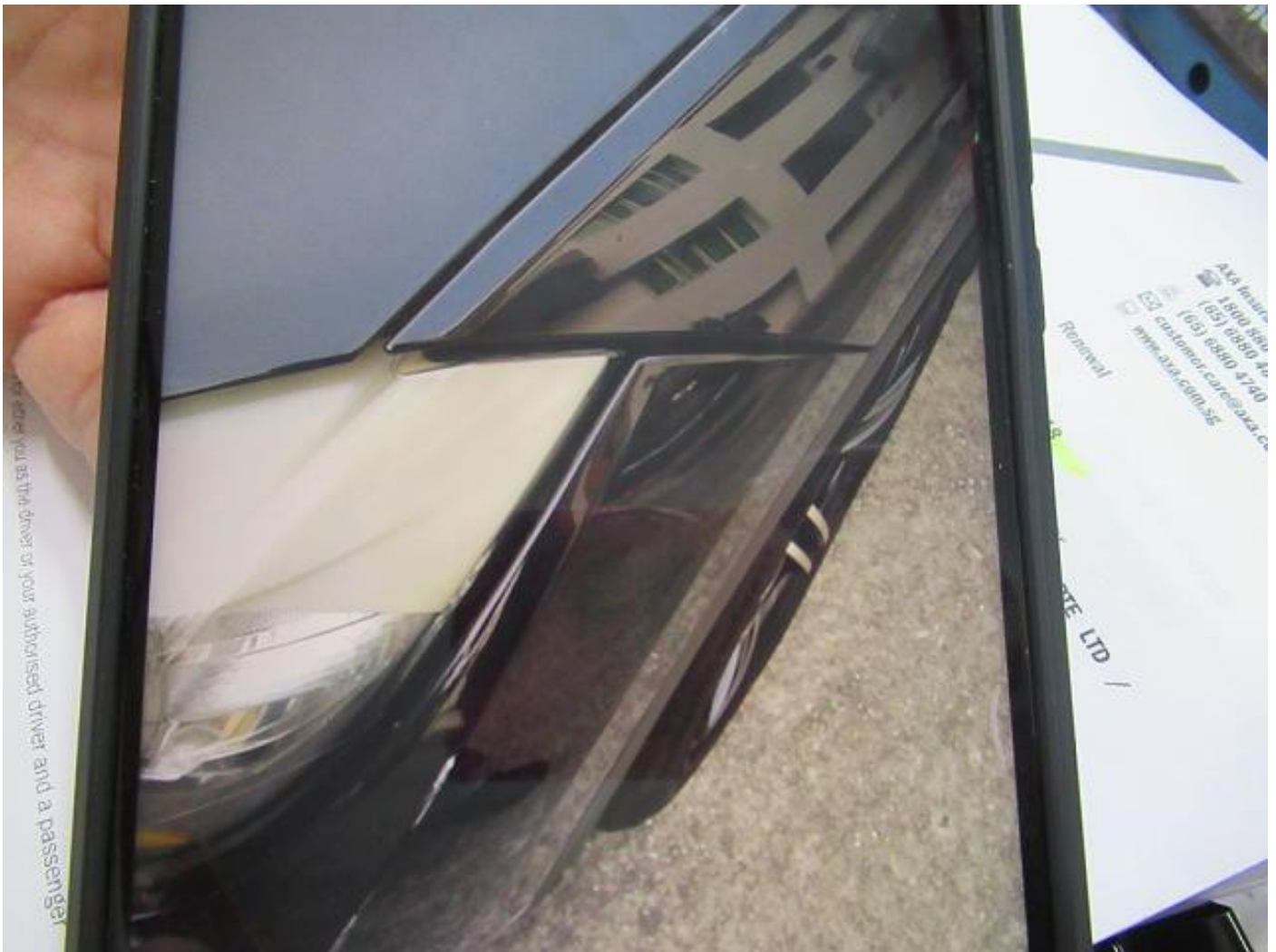
Name and signature of policyholder/authorised driver

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

