

## 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	11/04/2018 16:00
Date Of Accident	11/04/2018 07:30
Exact Location Of Accident	JUNCTION OF YIO CHU KANG & AMK AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF1622J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG BAN SIONG
NRIC No	S8870776A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94513101
Alternative Phone No	OFFICE-94513101

### Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD-2.0 (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	GA250099
Cover Note Number	

### Driver

Name of Driver	CHONG BAN SIONG
NRIC No	S8870776A
Date Of Birth	26/11/1988
Occupation	INDOOR
Date Of Driving Pass	26/06/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94513101
Fax Number	
Contact Number	OFFICE-94513101
Email Address	NOEMAIL

Address	BLK 415C FERNVALE LINK #11-62
Postcode	793415
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 ON 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?	YES
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

ON THE STATED DATE AND TIME, I WAS DRIVING ON THE STATED VENUE. I WAS DRIVING ON A STRAIGHT ROAD TOWARDS UPPER THOMSON. UPON REACHING THE JUNCTION, THE TRAFFIC LIGHT ON MY DIRECTION WAS STILL AT MY FAVOUR. WHEN SUDDENLY, VEHICLE B (SJK6861R) ON THE OPPOSITE DIRECTION MADE A RIGHT TURN TOWARDS ME. I TRIED TO AVOID. HOWEVER VEHICLE B (SJK6861R) STILL COLLIDED ONTO MY CAR. I STOPPED AND ALIGHTED AND REALISED VEHICLE B HAD SKIDDED OVER TO THE OPPOSITE ROAD AND HIT ONTO ANOTHER 3 CARS (SKB6582G), (GBE485J), AND (SLN2364X). VIDEO FOOTAGE WAS SUBMITTED TO THE TRAFFIC POLICE OFFICER. I WAS CONVEYED TO HOSPITAL BY AMBULANCE AND ALSO REALISED I WAS INVOLVED IN A 5 CARS CHAIN COLLISION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SUBMIT TO TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK6861R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 SKB6582G

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C

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 3

Vehicle Registration Number GBE485J

Vehicle Make/Model/Colour

Details Of Properties VEHICLE D

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)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLN2364X

Vehicle Make/Model/Colour

Details Of Properties VEHICLE E

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 CHONG BAN SIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGF1622J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

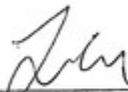
### SKETCH PLAN

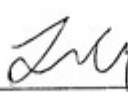
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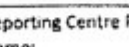
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

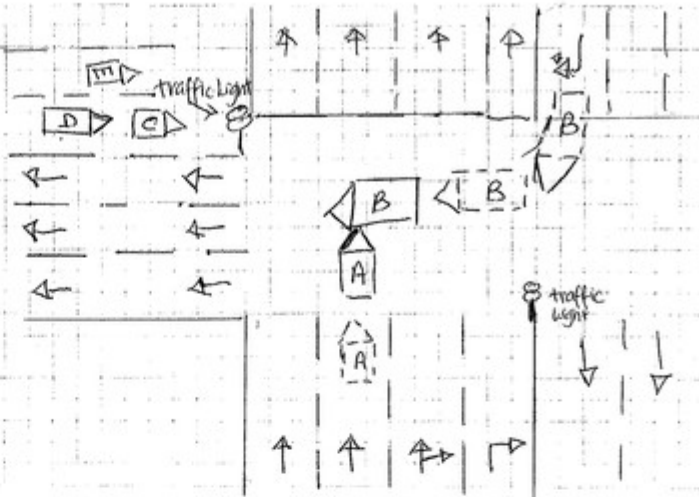
  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Vehicle A: SGF162J  
 Vehicle B: SJK6861R  
 Vehicle C: SKB6582G  
 Vehicle D: GBE485J  
 Vehicle E: SLN2364X




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was driving on the stated venue. I was driving on a straight road towards upper Thomson. Upon reaching the junction, the traffic light on my direction was still at my favor. When suddenly vehicle B: SJK6861R on the opposite direction make a right turn towards me. I try to avoid however vehicle B SJK6861R still collided onto my car. I stopped and alighted and realized SJK6861R had skidded over to the opposite road & hit onto another 3 cars. SKB6582G, GBE485J and SLN2364X. Video footage was submitted to the traffic police officer. I was conveyed to hospital by ambulance & also realized I was involved in a 5 cars chain collision.

## 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.:

### LETTER OF UNDERTAKING

I/We, CHONG BAN SIONG, the owner of vehicle no. S 9 F 1622 J

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, N-51 AUTOMOTIVE PTE LTD

Signed and Acknowledge by:

  
Nric no. and signature of policyholder

Company Stamp

11/04/2018  
Date

## Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8870776A



Name  
CHONG BAN SIONG

钟万祥

CHINESE  
Date of birth  
26-11-1988  
Country of birth  
MALAYSIA

Sex  
M

001510242D

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8870776A

Name  
CHONG BAN SIONG

Exp. Date 26 Nov 1988  
Issue Date 26 Jun 2007

001510242D

001510242D

001510242D

REG. NO. S8870776A

EXPIRY DATE  
29-06-2004

APT BLK 415C Fernvale Link #11-82  
SINGAPORE 703416

REG. NO. S8870776A Issue 16/01/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

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

ISSUE DATE 26 Jun

MP 4284

License No: S8870776A



# INSURANCE



redefining / insurance

AXA Insurance Pte Ltd  
1800 888 4888 (Within Singapore)  
(65) 6880 4888 (International)  
(65) 6880 4748  
customers.care@axa.com.sg  
www.axa.com.sg

## Certificate of Insurance

Policy Number  
14278

Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risk and Compensation) Rules 1987 (Road Transport Act 1987) (Malaysia)  
Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risk and Compensation) Rules 1987 (Road Transport Act 1987) (Malaysia)

### Policy details

Policyholder name	CHONG BAN SENG	Certificate number	GA250099 / 1
Cover	Comprehensive	Chassis number	017302609
Plan name	Peace	Engine number	K20A0051871
NCD applicable	0%		
Vehicle registration number	SGF3623		
Period of insurance	from 02/05/2017 to 01/05/2018 (both dates inclusive)		
Finance loan company	101 YU CENTURY (TRADING) PTE LTD		

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
  - 1. 101 YU LMS
- (c) 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 sport, domestic and pleasure purposes and for the Policyholder's business.  
The policy does not cover use for hire or reward, racing, pace making, stability trials, speed testing, the carriage of goods other than parcels in connection with any trade or business or use for any purpose in connection with motor trade, or when the Motor Car is being stationary, in use or otherwise, as in or on a racing track, circuit, road, course or any other roads by whatever name called that are typically used for racing, pace making or such similar purposes.

\* Limitations imposed irrespective of Section 18 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 25 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings.

EXCESS	Basic Own Damage Excess	S\$2,500.00
	Uninsured Errors	S\$2,500.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorized Driver
- 2. S\$500 for named Young and Inexperienced Driver
- 3. S\$5,000 for unidentified Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if you have chosen AXA Premium Workings.

### Additional clauses & endorsements to your policy

#### Additional Clause 1

PREMIUM IS INCLUSIVE OF 20% MPI DISCOUNT

We hereby certify that the policy to which this Certificate (Motor) is issued is in accordance with the provisions of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signatory

### 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 insured's 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 Vehicles (Third Party Risk and Compensation) Act (Chapter 189).

The Premium Waiver Clause requires the premium to be paid in full when a specific period during which there should be no liability under the policy. Renewal certificate endorsement.

AXA Insurance Pte Ltd (100003512M)  
8 Shenton Way, #04-01, AXA Tower  
Singapore 068811  
Customer Centre: #81 01

1 of 3

9A1 / GA250099

AXA Insurance Pte Ltd

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

