

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	26/04/2018 11:38
Date Of Accident	26/04/2018 09:55
Exact Location Of Accident	FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCG11X
Insured/Policyholder	
Name Of Registered Owner	KOH CHYE LEE (XU CAILI)
NRIC No	S8131034C
Email Address	CLEMENT.KOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90095257
Alternative Phone No	OTHERS-90095257

Vehicle Particulars

Manufacturer	LEXUS
Model	LS600H-5.0 (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	GA320059/1
Cover Note Number	

Driver

Name of Driver	KOH CHYE LEE (XU CAILI)
NRIC No	S8131034C
Date Of Birth	08/10/1981
Occupation	INDOOR
Date Of Driving Pass	12/06/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90095257
Fax Number	
Contact Number	OTHERS-90095257
Email Address	CLEMENT.KOH@HOTMAIL.COM

Address	21 SOMMERVILLE ROAD #03-02 SINGAPORE
Postcode	358246
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : KOH CHYE WEE GENDER: : MALE

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 ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 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	SKU14U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO LEE KIW
NRIC/Passport Number	S7677352A
Contact Number	90119657
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

26/4/18
11:37am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Prinwan

Sketch Plan #2

SKETCH PLAN

	<p><u>Vehicle No</u></p> <p>A - SCG 11X</p> <p>B - SKU 14U</p> <p><u>Legend</u></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Vehicle </div> <div style="text-align: center;"> Bike </div> </div>
--	--

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Driving along Farrer Road approaching Junction
 When I stop at the Junction then Veh B hit
 on my rear.

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: 11:37am

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

26/4/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

perman

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 Time 26/4/18 0555		2 Exact location of accident Farmer Road		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even 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) SCG 11X

6 Insured / policyholder (see insurance cert.)
Name Koh Chye Lee
(capital letters) (XU Caroli)
Address _____
NRIC / Passport no. S8131034C
Tel no. (from 9am till 5pm) _____
HP 90095257

7 Vehicle
Make, type Lexus LS600hL
2009

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA320059/1

9 Driver ☒ Same as Owner
Name _____
(capital letters) _____
NRIC / Passport no. _____
Class of licence 3
HP _____
Gender Male ☒ Female ☐

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

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross 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 Lightening
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) SKU 144

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 Yeo Lee Kion
(capital letters) _____
NRIC / Passport no. S767735A
Class of licence _____
HP 90119657
Gender Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

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

11 Visible damage to vehicle A

14 My remarks

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

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4: ☐

15 Signatures of drivers

A [Signature]

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

11 Visible damage to vehicle 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>Clement Koh@hotmail.com</u>					
	2 Vehicle registration no. _____		C.C. _____ If commercial vehicle, state permissible carrying capacity _____			
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state where it is at present _____ Tel no. _____					
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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?	Was driver an employee of the insured's company?	
	<u>8/10/81</u>	<u>Indoor</u>	<u>Outdoor</u>	<u>12/6/2001</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	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?	Was injured conveyed to hospital by ambulance?	
				<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"/> 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"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which Police station _____					
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, against whom? _____					
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____					
	15 Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	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 _____					
Declaration	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)					
	22 State number of Passengers (Including Driver) <u>2</u> <u>Koh Chye Wee (M)</u>					
	I/We declare the foregoing particulars are true in every respect					
	Policyholder's signature _____			Date <u>26/4/18 11:30am</u>		
	Driver's signature (if driver is not the policyholder) _____			Date _____		



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

Certificate of Insurance

account number
14476

-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	KOH CHYE LEE	Certificate number	GA320059 / 1
Cover	Comprehensive	Chassis number	JTHDU46F605012938
Plan name	Essential	Engine number	2UR2033371
NCD applicable	0%		
Vehicle registration number	SCG11X		
Period of Insurance	from 10/02/2018 to 09/02/2019 (both dates inclusive)		
Finance loan company	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any Named Driver as stated in the Policy:
1. TAN MUI LING
(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 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 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS	Basic Own Damage Excess
	Windscreen Excess

SGD 900.00
SGD 100.00

An Additional Excess is applicable as follows

- \$500 for unnamed *Authorised Driver*
- \$500 for declared *Young and Inexperienced Driver*
- \$5 000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$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 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 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

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8131034C**



Name
**KOH CHYE LEE
(XU CAILI)**
许 财 利

Race
CHINESE

Date of birth
08-10-1981

Country of birth
SINGAPORE


Sex
M

S8131034C


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8131034C**
Name:
KOH CHYE LEE (XU CAILI)


Birth Date: **08 Oct 1981**
Issue Date: **25 Jan 2003**



4877653



NRIC No. **S8131034C**



Date of Issue
29-08-2012


**21 SOMMERVILLE ROAD #03-02
SINGAPORE 358246**

NRIC No: **S8131034C** Date: **26/09/2016**

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

Class 2B	Motorcycles not exceeding 200 cc	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Jan 2000 12 Jun 2001

Licence No: **S8131034C**



NP 428A

Accident Photo



Accident Photo



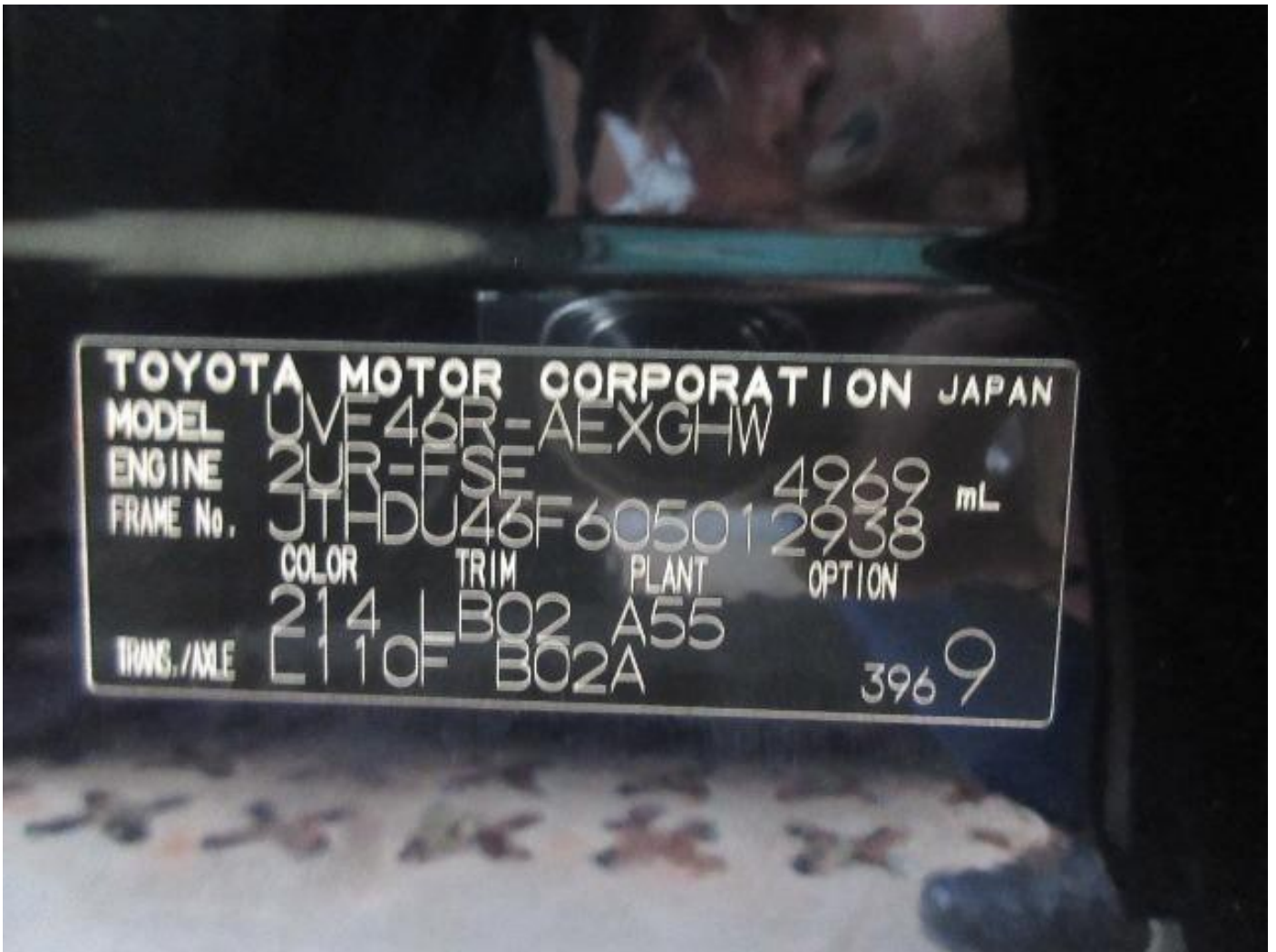
Accident Photo



Accident Photo



Accident Photo



Accident Photo

