

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	13/06/2018 10:31
Date Of Accident	12/05/2018 15:00
Exact Location Of Accident	JUNCT RD OF BEDOK RESERVOIR RD & BEDOK NORTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9009R
Insured/Policyholder	
Name Of Registered Owner	TANG SIEW KEONG
NRIC No	S0008050J
Email Address	PF8839@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96569054
Alternative Phone No	OFFICE-90174523

Vehicle Particulars

Manufacturer	TOYOTA
Model	VANGUARD-2.4 S (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	GA047066/1
Cover Note Number	

Driver

Name of Driver	TANG SIEW KEONG
NRIC No	S0008050J
Date Of Birth	21/08/1950
Occupation	INDOOR
Date Of Driving Pass	27/02/1987
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96569054
Fax Number	
Contact Number	OFFICE-90174523
EEmail Address	PF8839@GMAIL.COM

Address	BLK 748C BEDOK RESERVOIR CRESCENT #10-47
Postcode	473748
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?	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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (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	SLR1815Y
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

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 #2

SKETCH PLAN

		<u>Vehicle No</u> A - <u>SJK9009K</u> B - <u>SLR1815Y</u>
		<u>Legend</u>

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was slowing down along the junction Rd of Bedok Reservoir Rd & Bedok North Rd in the right lane. The vehicle B was stopped in front of me but the time I got brake but my vehicle still moving very slow to forward and slight knocked onto the rear of vehicle B.

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:

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 12/5/18		Time 1500		2 Exact location of accident Jct of Bedok Reservoir Rd & Bedok Nth Rd		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicle 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)		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
						Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **STK9009R**

6 Insured / policyholder (see insurance cert.)
Name (capital letters) **Tang Siew Keng**
Address _____
NRIC / Passport no. **S0008050J**
Tel no. (from 9am till 5pm) _____
HP **9656905K**

7 Vehicle **90174523**
Make, type _____

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

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"/>	1 Chain Collision
<input type="checkbox"/>	2 Collided into Bicyclist
<input type="checkbox"/>	3 Collided into Motorcyclist
<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 Lightning
<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 Squeeze
<input type="checkbox"/>	22 Theft

Registration No. (VEHICLE B) **SLR 1875Y**

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 (→)

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

16 My remarks

B

* 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>pf8839@gmail.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 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 checked="" 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 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)				
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 type="checkbox"/> No <input type="checkbox"/>
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>				Was driver an employee of the insured's company? Yes <input 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 _____		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 _____		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) <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
 ☎ 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
 03180

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	TANG SIEW KEONG	Certificate number	GA047066 / 1
Policy type	Comprehensive	Chassis number	ACA335160391
Policy limit	Essential+	Engine number	2AZ2956205
Policy excess	20%		
Registration number	SJK9009R		
Insurance period	from 01/09/2017 to 31/08/2018 (both dates inclusive)		
Loan company	MAYBANK		

Persons or classes of persons entitled to drive*

Policyholder

Person who is driving on the Policyholder's order or with their permission

1. 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 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.

Restrictions as to use*

1. For social, domestic and pleasure purposes and for the Policyholder's business.

2. 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 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, track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

3. Persons 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.

Basic Own Damage Excess
 Windscreen Excess

SGD 800.00
 SGD 100.00

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 S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

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


Signed signature

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, etc.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0008050J




Name
TANG SIEW KEONG
鄧少強


Race
CHINESE

Date of Birth: 21-08-1950 Sex: M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0008050J
Name
TANG SIEW KEONG

Birth Date: 21 Aug 1950
Issue Date: 15 Dec 2003



0503205




NRIC No: S0008050J



Blood Group: B+ Date of issue: 24-06-1994

APT BLK 748C BEDOK RESERVOIR CRESCENT #10-47
SINGAPORE 473748

NRIC No: S0008050J Date: 23/05/2015




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

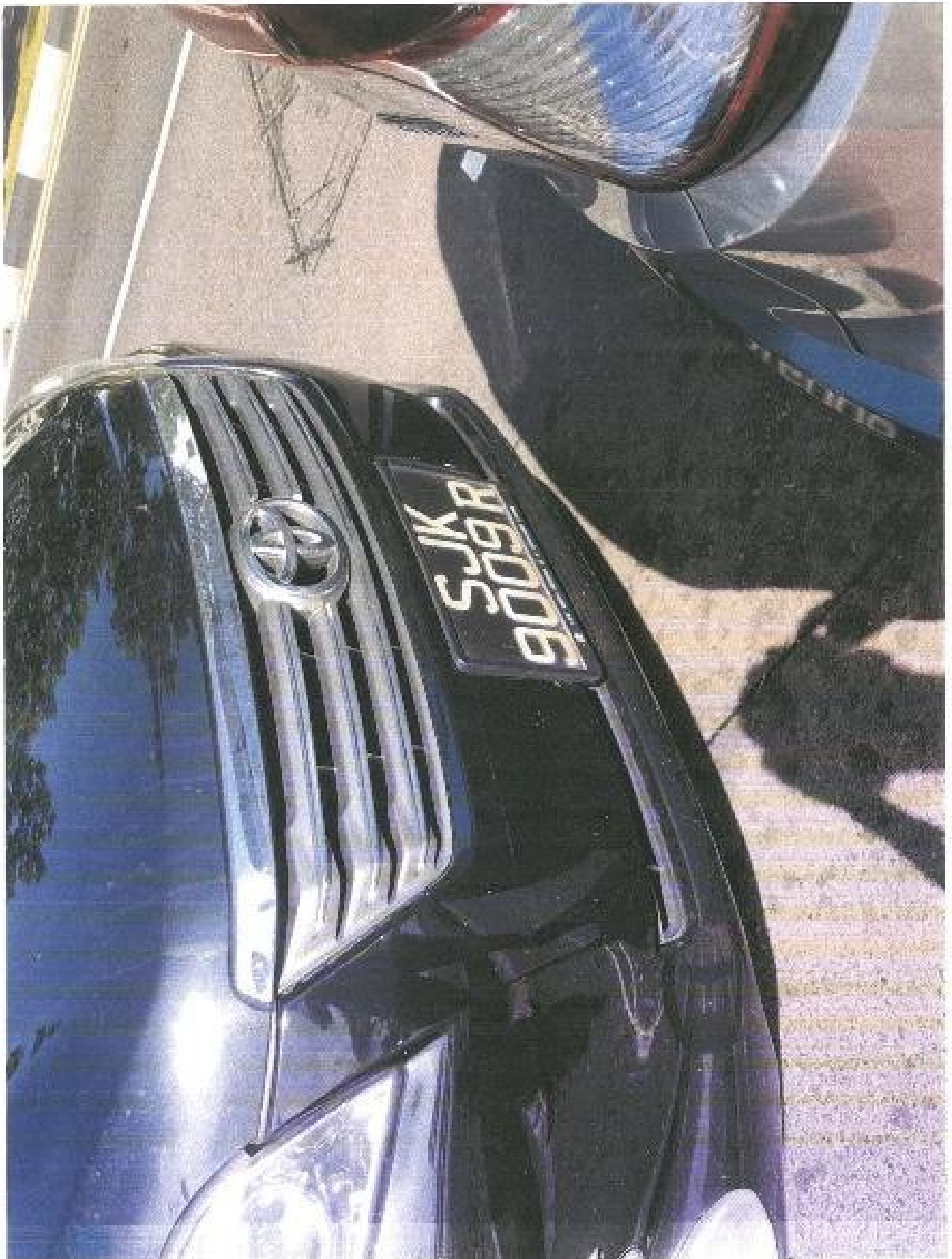
Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Feb 1987

NP 428A

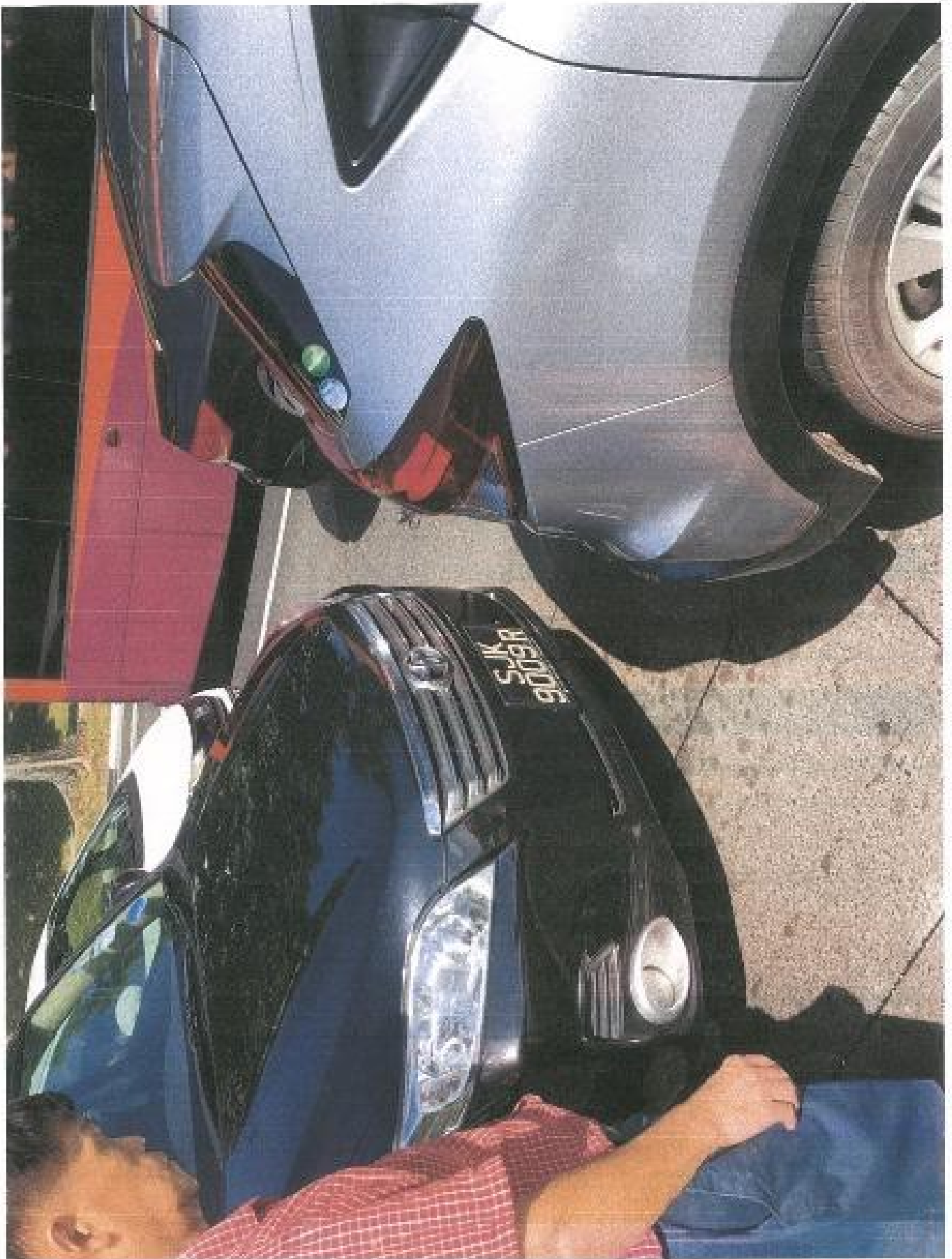
Licence No: S0008050J



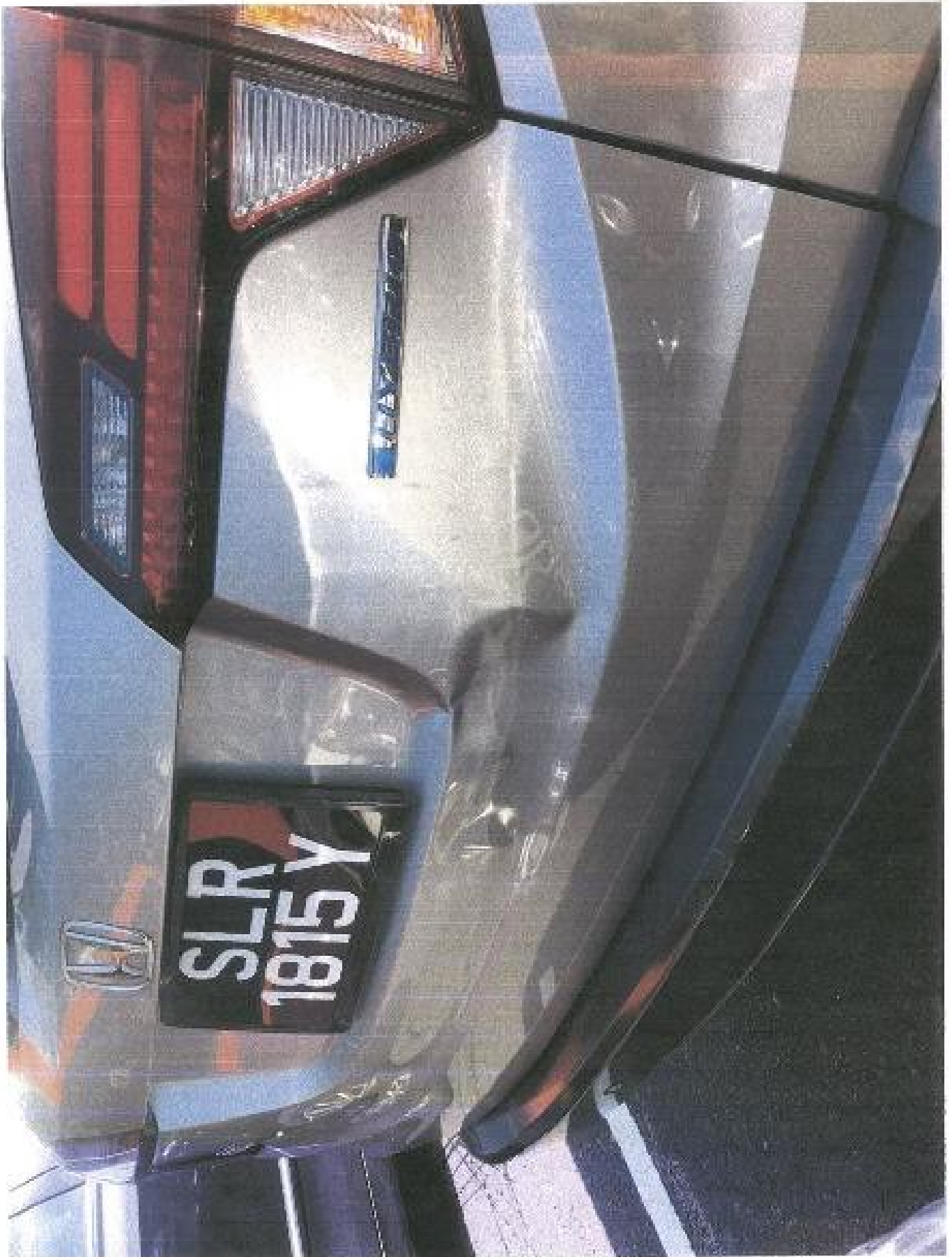
Accident Photo



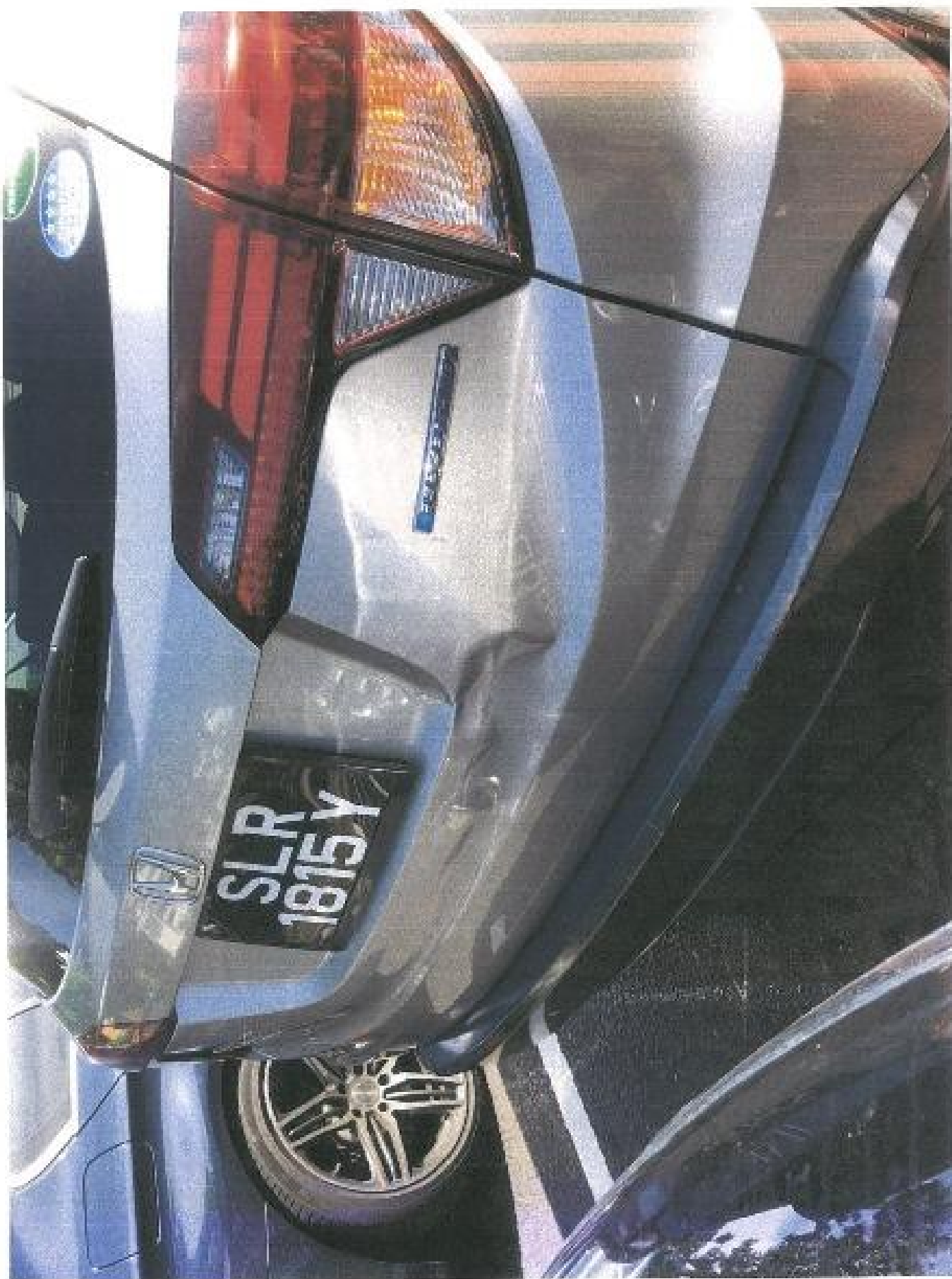
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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