

## 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	21/05/2018 12:12
Date Of Accident	20/05/2018 12:40
Exact Location Of Accident	CARPARK OF BLK 419 & BLK 420 TAMPINES STREET 41
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD9187G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POW LIN TAI
NRIC No	S2505007Z
Email Address	EUGENELOH000@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98770381
Alternative Phone No	OFFICE-98770381

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 L (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	GA326412/1
Cover Note Number	

### Driver

Name of Driver	LOH HENG MENG, EUGENE
NRIC No	S9350034B
Date Of Birth	16/12/1993
Occupation	INDOOR
Date Of Driving Pass	10/10/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81801043
Fax Number	
Contact Number	
Email Address	EUGENELOH000@HOTMAIL.COM

Address	BLK 485A TAMPINES AVENUE 9 #04-148
Postcode	520485
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	SLIGHTLY WET

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ9197Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH JYEK YUAN
NRIC/Passport Number	S7923072C
Contact Number	94870112
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN


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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.

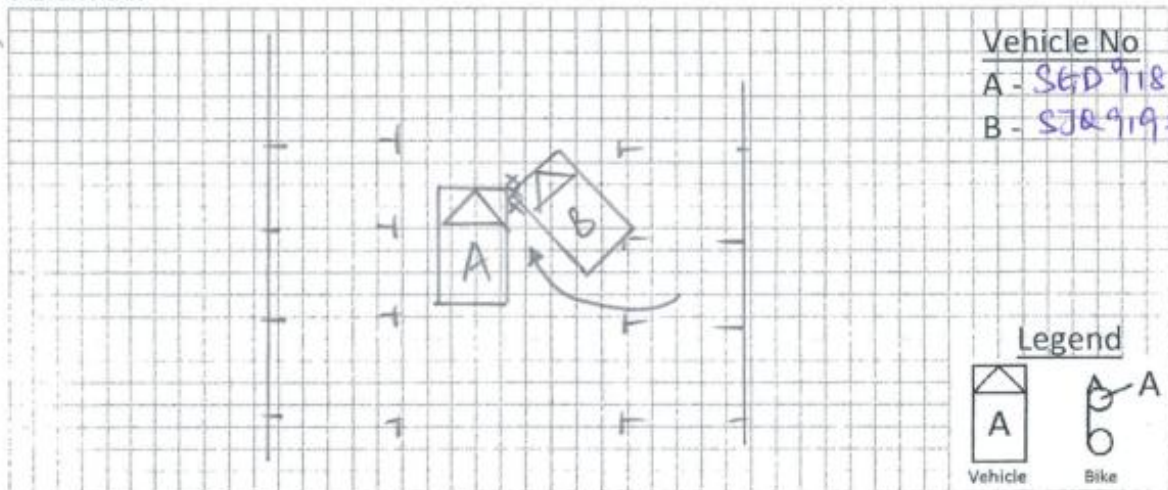
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I just had lunch at BLK 419 (520419). I exited my car and was travelling straight towards the exit of the carpark. As I was doing so, the other person exited his carpark lot on the right side of the carpark (he was turning towards the same exit). He failed to keep a proper lookout for oncoming traffic and we collided. ~~Note: There is a sign.~~

### 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: 20/5/18 Time: 12:40 2 Exact location of accident: Carpark at 131K 420 Tampines St. 41

3 To be signed by BOTH drivers

4 Material damage: To vehicles other than vehicles A and B: No ☐ Yes ☒ To objects other than vehicles: No ☐ Yes ☐ 5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B):

6 Injuries even if slight: No ☒ Yes ☐ 7 Vehicle Video Camera Available: No ☐ Yes ☐

Registration No. (VEHICLE A) 54D 91076

6 Insured / policyholder (see insurance cert.):

Name: Pow Lin Tai

Address:

NRIC / Passport no.: S25050072

Tel no. (from 8am till 5pm): 98770381

HP:

7 Vehicle:

Make, type: Honda Civic

8 Insurance company: AXA ☐ C ☐ TPFT ☒ TPO

Does the policy cover damage to vehicle A? No ☐ Yes ☐

Policy No.:

9 Driver: ☐ Same as Insured

Name: Loh Hong Meng

Address:

NRIC / Passport no.: S9350034B

Class of licence: 81801043

HP:

Gender: Male ☒ Female ☐

12 CIRCUMSTANCES

Put (X) in each of the relevant boxes applicable to your vehicle:

01 Clean Collision

02 Collided into Bicycle

03 Collided into Motorcycle

04 Collided into Partial Vehicle

05 Collided into Pedestrian

06 Collided into Property

07 Collision - Change/Drive Lane

08 Collision - From Foot Lane

09 Collision - Head-on Collision

10 Collision - Head to Rear

11 Collision - Major/Minor Rd

12 Collision - Crossing Point of Vehicle

13 Collision - Roundabout

14 Collision - U-Turn

15 Left Turning / Drop Pedestrian

16 Running Red or Yellow Light

17 Hit and Run / Violation of Damage to Public Property

18 Other / Other Type of Collision

19 No Collision

20 Not Stated

21 Total

Registration No. (VEHICLE B) SJR 91972

6 Insured / policyholder (see insurance cert.):

Name:

Address:

NRIC / Passport no.:

Tel no. (from 8am 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: Lin Jyek Yuan

Address:

NRIC / Passport no.: S7923072C

Class of licence: 94870112

HP:

Gender: Male ☒ Female ☐

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

11 Visible damage to vehicle A

13 Sketch of accident when impact occurred

14 State TOTAL number of boxes marked with a cross

15 REFER TO ATTACHED

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

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 this 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>Eugene Loh0088@hotmail.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>child</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 checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____																
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A																
	<input type="checkbox"/> B																
	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 checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)																
	7 Date of birth _____ Occupation _____ Date of license pass _____																
	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																
Driver or person in charge of vehicle at the time of accident (including insured)	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																
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty									
	Date	Offence	Penalty														
10 Name(s), address(es) and approximate age(s) _____																	
Injuries sustained _____																	
If vehicle occupants, state in which vehicle _____																	
Injured persons	Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																
	Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" 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? _____																
	14 Weather conditions: Clear <input type="checkbox"/> Rainy <input checked="" type="checkbox"/> Others <u>Drizzling</u>																
	15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <u>Slightly wet</u>																
Accident details	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 checked="" 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) <u>Eugene Loh</u> Date _____																



redefining / insurance

AXA Insurance Pte Ltd  
 ☎ 1800 680 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 📠 (65) 6880 4740  
 ✉ customer.care@axa.com.sg  
 🌐 www.axa.com.sg

account number  
 04307

## 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)

### Policy details

Policyholder name	POW LIN TAI	Certificate number	GA326412 / 1
Cover	Third Party Only	Chassis number	JHMFD16306S203897
Plan name	Third Party	Engine number	R18A11013889
NCD applicable	50%		
Vehicle registration number	SGD9187G		
Period of insurance	from 16/04/2018 to 02/09/2019 (both dates inclusive)		
Finance loan company	Nil		

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

- (a) The Policyholder  
 (b) 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 at 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.

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorized Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$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

Nil

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

Authorized 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 specified period (along with there would be a stipulation under the policy, renewal certificate, endorsement etc)

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

1 of 3

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9350034B



Name  
LOH HENG MENG, EUGENE

罗兴铭

Race

CHINESE

Date of birth

16-12-1993

Sex

M

S9350034B

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9350034B

Name:

LOH HENG MENG, EUGENE

Birth Date: 16 Dec 1993

Issue Date: 10 Oct 2012



4330478

NRIC No. S9350034B



Date of issue

31-12-2008

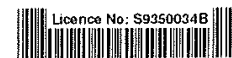
Address

APT BLK 485A TAMPINES AVENUE 9  
#04-148  
SINGAPORE 520485

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 10 Oct 2012



NP 428A





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2505007Z




Name  
POW LIN TAI  
包莲娣  
Race  
CHINESE  
Date of Birth  
30-12-1960  
Country of Birth  
PERAK


Sex  
F



0464031



NRIC No S2505007Z



Blood Group  
B+

Date of issue  
07-08-1992

501-149  
SINGAPORE 1234567890

NRIC No: S2505007Z Date: 30-08-1994 No: 1453058

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

