

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	02/06/2018 11:15
Date Of Accident	01/06/2018 08:15
Exact Location Of Accident	PIE - JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE5864J
Insured/Policyholder	
Name Of Registered Owner	ONG SWEE KEONG
NRIC No	S7318239E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97853871
Alternative Phone No	OTHERS-97856196

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS - ACR50 (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA039624
Cover Note Number	

Driver

Name of Driver	TAN TZE LING
NRIC No	S7538563C
Date Of Birth	29/12/1975
Occupation	INDOOR
Date Of Driving Pass	04/04/1998
Driving Experience	20 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97856196
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	349 TANAH MERAH KECHIL AVENUE
Postcode	465802
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	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)	2
Passenger 1	NAME: : KIMBERLY ONG GENDER: : FEMALE

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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

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	SLD2506G
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 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

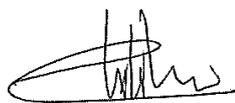
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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

	<p>Vehicle No</p> <p>A - 9KE 584J</p> <p>B - 9LD 2506G</p>
	<p>Legend</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

Happened on 1 Jun 8:15am on PIE towards Jurong. It was raining & the traffic was high but speed was low. Both of us travelling on the outer lane of the highway. Car B was moving & braking for a while, when there was a distance between us, I sped up a little to close the gap. At that time she braked again, at the moment I stepped up. I was not in time to brake. No injury involved. We exchanged numbers & took some pictures.

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 1/6/18 0815		2 Exact location of accident PIE - Jurong		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
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"/>		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) **SKES 864J**

6 Insured / policyholder (see insurance cert.)
Name **Ang Swee Keang**

Address _____

NRIC / Passport no. **S7318239E**

Tel no. (from 9am till 5pm) _____

HP **97853871**

7 Vehicle **Toyota Estima**
Make, type _____

8 Insurance company **DVA** C TPFT TPO

Does the policy cover damage to vehicle A?
No Yes

Policy No. **G14039624**

9 Driver Same as Owner
Name **Tan Tze Ling**
(capital letters)

NRIC / Passport no. **S7538563L**

Class of licence **9786196**

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 Bicyclist
<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"/>	Drink Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<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

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) **SLO 2506G**

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 (→)

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 8:

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

11 Visible damage to vehicle A

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 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)		Own Workshop Email / Fax (if any)		
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:	
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity	
	Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input 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	
	29/12/15	Indoor	Outdoor	
			44/98	
			Yes <input checked="" 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				
Date		Offence	Penalty	
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? 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"/>	
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
			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	Nature of damage	
			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 type="checkbox"/>	Raining <input checked="" type="checkbox"/>	
		Wet <input checked="" type="checkbox"/>	Dry <input type="checkbox"/>	
		Others <input type="checkbox"/>	Others <input type="checkbox"/>	
	15 Road surface	16 Speed of vehicles		
		A <input type="checkbox"/> km/hr	B <input type="checkbox"/> 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)				
22 State number of Passengers (including Driver) <u>2</u> (F) Kimberly Ong				
Declaration	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		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7538563C



Name
TAN TZE LING
(CHEN SHILIN)
陳詩琳

Race
CHINESE

Date of birth
29-12-1975

Sex
F

Country of birth
SINGAPORE

S7538563C

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7538563C

Name
TAN TZE LING
(CHEN SHILIN)

Birth Date 29 Dec 1975

Issue Date 05 Mar 2005

001325345E

3661686



NRIC No. S7538563C



Date of issue
23-12-2004

349 TANAH MERAH KECHIL AVENUE
SINGAPORE 465802

NRIC No: S7538563C Date: 17/01/2017

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

	PASS DATE
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg	04 Apr 1998

NP 428A

3661686

License No: S7538563C





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
04238

-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	ONG SWEE KEONG	Certificate number	GA039624 / 1
Cover	Comprehensive	Chassis number	ACR500035713
Plan name	Private MPV APW	Engine number	2AZF029324
NCD applicable	50%		
Vehicle registration number	SKE5864J		
Period of insurance	from 01/06/2018 to 31/05/2019 (both dates inclusive)		
Finance loan company	OCBC BANK LIMITED		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy:
 1. TAN TZE 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	SGD 0.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised 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

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 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, endorsement etc.

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

1 of 3

Letter acknowledge by owner



redefining / insurance

Date: 2/6/18

To: Owner of Vehicle Number: SKE 5864 J

The following has been advised to you via your workshop, PROGRESSIVE AUTOMOTIVE PTE LTD through their staff, Lily

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 _____

Signed and acknowledge by:

[Signature]
Name and signature of policyholder/authorised driver

[Signature]
Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

