

## 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	25/06/2018 14:53
Date Of Accident	25/06/2018 07:00
Exact Location Of Accident	T JUNCTION OF AMK AVE 3 & AMK AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9204P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN HONG LEE MOTOR SERVICES
Co Reg No	26310200M
Email Address	CONTACTUS@BANHONGLEE.COM.SG
Mobile Phone No	(LOCAL) +65-92763272
Alternative Phone No	OFFICE-64825577

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	P1624268
Cover Note Number	01/01/2018 - 31/12/2018

### Driver

Name of Driver	CHO JIA XIANG
NRIC No	S8846094D
Date Of Birth	18/11/1988
Occupation	INDOOR
Date Of Driving Pass	10/02/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92763272
Fax Number	
Contact Number	OFFICE-64825577
E Mail Address	KLAZ_SERVO@HOTMAIL.COM

Address	BLK 130 ANG MO KIO AVE 3 #04-1583
Postcode	530130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	SLU5443U - -
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD - -

### 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)	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

REFER TO THE SKETCH PLAN BY DRIVER

### 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	SMA126L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO MEOW IM KAREN
NRIC/Passport Number	S7245663G
Contact Number	91118126
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### 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.



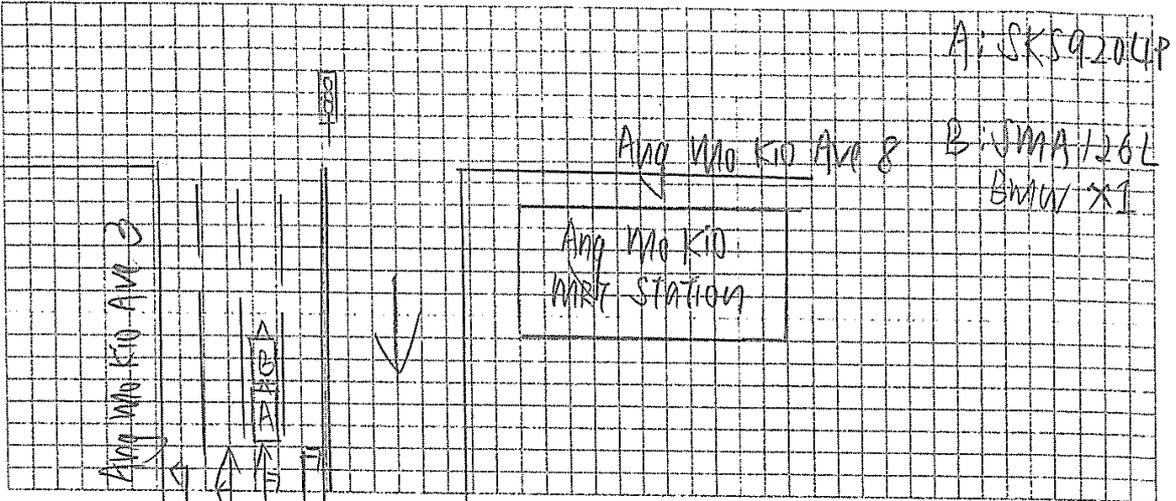
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SKS 9204P (AXA)  
 Date & Time: 25/06/2018 @ 0700  
 Location: Traffic junction of Ang Mo Kio Ave 3 & Ang Mo Kio Ave 8

Front vehicles moved off and i follow too. However, SMA126L in front brake to stop and i quickly follow but couldn't avoid in time. My vehicle front portion had accident hit onto the rear of SMA126L.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*\*Reporting Only.*



Policyholder's Signature  
Date & Time:

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



Reporting Officer's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 3

AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel:(65)63387288 Fax:(65)63382522  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.service@axa.com.sg



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)		
CERTIFICATE NO.	: VFX/P1624268	Account No. : 00296
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: BAN HONG LEE MOTOR SERVICES	
Vehicle Registration No.	: SKS9204P	
Period of Insurance	: From 01/01/2018 To 31/12/2018 (Both Dates Inclusive)	
<b>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b> Any person who is driving on the hirer'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.		
<b>LIMITATIONS AS TO USE*</b> (a) Use for the carriage of passengers or goods in connection with the hirer's business. (b) Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover (a) Use for racing, pace making, reliability trial or speed-testing (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired		
(09)		
* 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.		

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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

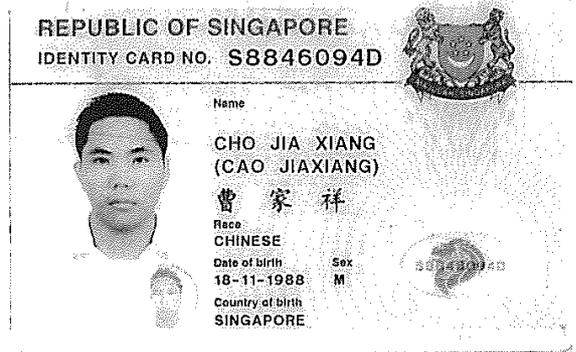
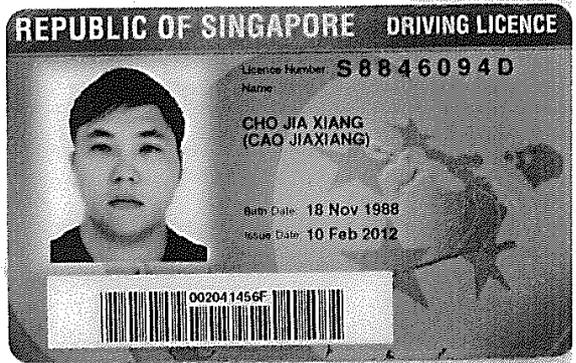
Issued by - SGOAKAS2 on 02/01/2018

**IMPORTANT :**

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)).

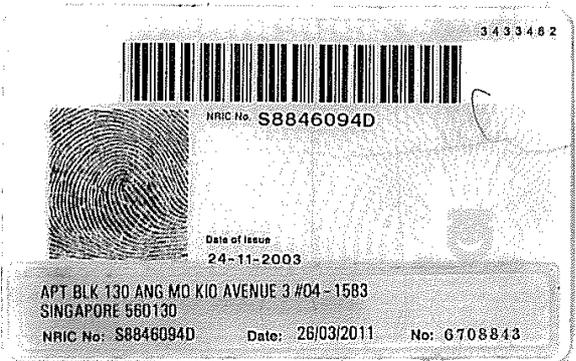
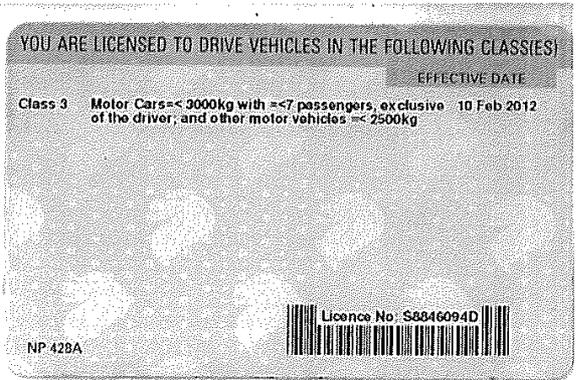
FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy



HP: 92763272

email: klaz\_servo@hotmail.com



To Whom It May Concern,

Accident involving my vehicle no SKS9204P on 25/06/2018 (date) with  
SMA126L (other veh no) along Traffic junction of Ang Mo Kio  
Ave 3 & Ang Mo Kio Ave 8

I, Tan Cheng Boon NRIC No: S12680484

owner of vehicle no - SKS9204P am aware of the accident of my vehicle on  
25/06/2018 (Date) while car was driven by Cho Jia Xiang (Cao Jia Xiang)  
IC No: S8846094D. I hereby authorise him/her to make the report.



Name Tan Cheng Boon  
Date: 25/06/2018

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the above accident.

\_\_\_\_\_  
Name  
Date

Sketch Plan Pg. 6



redefining / insurance

Date: 25/6/18

To: Owner of Vehicle Number: SK89204P

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 Reporting Only

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

[Signature] 

Name and signature of workshop personnel including company stamp

Sketch Plan Pg. 7

DATE OF ACCIDENT : 25/06/2018 TIME : 0700  
LOCATION : Junction of Ang Mo Kio Ave 3 & Park Ave 8

INFORMANT'S PARTICULARS

- 1) VEHICLE NO. : SJS 9204P MODEL : TOYOTA CAMRY
- 2) INSURANCE CO.: AXA POLICY NO.: VFX1P1624268
- 3) CLAIM TYPE : **OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)**
- 4) OWNER NAME : Ban Hung Lee Motor Svc IC 26310200M TEL: 64825577
- 5) OWNER EMAIL : CONTACT@banhonglee.com.sg ALTERNATIVE PHONE NO.:
- 6) DRIVER NAME : Ho Xia Xiang (Cao Xiaxiang) IC S846094D TEL: 92763272
- 7) DRIVER OCCUPATION : Security manager EMAIL : KLAZ\_SERVO@hotmail.com
- 8) RELATIONSHIP WITH OWNER : driver
- 9) DOES DRIVER OWN ANY CAR? **YES/NO** (QN 9 & 10 APPLY FOR NON OWNER ONLY)
- 10) DRIVER'S OWN VEHICLE REG NO.: SU5443U INS CO.: NTUC
- 11) WEATHER CONDITION : CLEAR / RAINING / OTHERS
- 12) ROAD SURFACE : DRY / WET / OTHERS
- 13) ANY SCENE PHOTOS : **YES/NO**
- 14) ANY VIDEO CAPTURED BY CAR CAMERA : YES / **NO**
- 15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT : pte usage
- 16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE : YES / **NO**
- 17) NO. OF PASSENGERS (INCLUDING DRIVER) : 1 A) PASSENGER NAME:             
MALE / FEMALE  
B) PASSENGER NAME:             
MALE / FEMALE

THIRD PARTY (OTHER VEHICLE) PARTICULARS

- VEHICLE 1**
- 1) VEHICLE NO.: SMA 126L MODEL: BMW X1
  - 2) DRIVER NAME : Yeo Meeow Im Karen IC S7245663G - alone
  - 3) ADDRESS :
  - 4) CONTACT NO.: 91118126 INS CO.:

- VEHICLE 2**
- 1) VEHICLE NO.:            MODEL:
  - 2) DRIVER NAME :            IC
  - 3) ADDRESS :
  - 4) CONTACT NO.:            INS CO.:

\* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : **YES/NO**  
IF YES, FOREIGN VEHICLE NO.:             
FOREIGN VEHICLE CATEGORY :           

WITNESS PARTICULARS

- 1) ANY WITNESS (YES/NO) - IF YES, PLS PROVIDE AS BELOW :-
- 2) NAME & NRIC :            TEL:
- 3) RELATIONSHIP WITH INVOLVED PARTIES :

OTHERS

- 1) ANY INJURIES **YES/NO** IF YES, STATE INJURY SUSTAIN :
- 2) WAS ACCIDENT REPORTED TO POLICE **YES/NO** - IF YES, PLEASE PROVIDE A COPY OF POLICE REPORT.
- 3) WAS NOTICE OF INTENDED PROSECUTION GIVEN **YES/NO** - IF YES, PLS PROVIDE A COPY OF THE NOTICE.
- 4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO THE ABOVE ACCIDENT **YES/NO**.

DRIVER'S SIGNATURE & DATE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

