

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	06/07/2018 12:09
Date Of Accident	03/07/2018 07:30
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE CLEMENTI AVE 2 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ560T
Insured/Policyholder	
Name Of Registered Owner	CHEAH WAI SIONG
NRIC No	S8470100I
Email Address	XIE.WEIXIONG84@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91694615
Alternative Phone No	OTHERS-91694615

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID AT ABS D/AIRBAG 2WD
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?	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	GA233680/1
Cover Note Number	

Driver

Name of Driver	LIEW MENGJIE
NRIC No	S8947878B
Date Of Birth	10/03/1989
Occupation	INDOOR
Date Of Driving Pass	05/01/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91194915
Fax Number	
Contact Number	
Email Address	LIEWMENGJIE@GMAIL.COM

Address	BLK 198 BOON LAY DRIVE #15-51
Postcode	640198
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FIANCEE
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?	
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: : CHEAH WAI SIONG 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

PLEASE REFER TO STATEMENT

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	SLR7462S
Vehicle Make/Model/Colour	TOYOTA COROLLA AXIO SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIAW SOON NGOH VERONICA, MRS KUAN KENG SENG
NRIC/Passport Number	S1383030D
Contact Number	9619 0333
Address	21 HILLVIEW DRIVE S(069383)
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



A - vehicle A
B - vehicle B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date & Time: 3 July 18 7.30pm
Road Traffic Condition: Very Heavy

Vehicle A was entering AYE towards T/A5 from Clement Road. Traffic condition was heavy. The truck on the right lane left space for cars to filter into AYE near to the entrance. Vehicle B was filtering to the same lane from the right at about the same time. These vehicle A & B ended up being very close to each other and vehicle A failed to brake in time and rear-end collision happened.

DECLARATION

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

Policyholder's Signature _____
Date & Time: 4 July 2018
21.31

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 4 July 15
21:32

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

Individual Statement

Owner
Driver

ACCIDENT STATEMENT

Date of Accident: 03 July 18 Time: 7:30pm Location of Accident: AYE Towards Tuas before Clementi Ave 2 Exit

INSURED/ POLICY HOLDER (VEHICLE A)
Vehicle Registration Number:
Name of Policyholder:
NRIC/ FINI/ Passport/ ROC (if Policyholder is company):
Address:
Contact Number:
Occupation:

SLG560T
Liew Meng Jie
SS2701201
APT BUC 70, Mei Huan Drive, #08-18, SSG3431
Tel: 91674615
Project Engineer

VEHICLE PARTICULARS (VEHICLE A)
Vehicle Make / Model:
Type of Vehicle:
Exact Purpose for which vehicle was being used at the time of accident:

Honda Vezel
Sedan, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: SUV
going home after work

Are you claiming under your own insurance policy?
Vehicle category:

☒ Yes ☐ No Remarks: Report 1
☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:
Type of Policy:
Fleet Policy:
Policy Number:

AXA Insurance Pte Ltd
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☐ Yes ☒ No

DRIVER

Name of Driver:
NRIC/ FINI/ Passport:
Date of Birth:
Occupation:
Driving Pass (Date):
Gender:
Contact Number:
Address:
Email Address:
Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured:
Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

Liew Meng Jie
SS9479788
10/03/1987
Research Associate
05/01/2010
☐ Male ☒ Female
Tel: - Hp: 91144915
BKE 198, BURN LAY Drive, #15-01, 5640198
liewmengjie@gmail.com
☐ Yes ☒ No
financier

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision, Head On, etc):
Weather Conditions:
Road Surface:
Damage Area:

Revs - end
☒ Over ☐ Raining ☐ Others
☐ Wet ☒ Dry ☐ Others
skirt chair on the road, which on plastic part below the wheel

OTHER INFORMATION

Was there any foreign vehicle(s) involved?
Was anybody injured in the accident? (including witness)
Was any other vehicle(s) or property damaged?
Was there any camera video footage (in car)?
DETAILS OF POLICE ACTION:
Was the accident reported to the Police?
If Yes, please state which police station & Report No.
Was notice of Intended Prosecution given?
If Yes, against whom?

☒ No ☐ Yes
☒ No ☐ Yes
☐ No ☒ Yes
☐ No ☒ Yes
☒ No ☐ Yes
☒ No ☐ Yes

Individual Statement

OWN VEHICLE / OTHER INFORMATION NUMBER

SUR500T

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE A)

Vehicle Registration Number

SUR 74625

Vehicle Make/Model/Colour

Toyota Corolla Axio Silver

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Damage on Rear bumper and trunk

Name of Driver

Liam Soon Ngan Veronique, Mrs Kuan Keng Seng

NRIC/FIN/Passport

S13930307

Contact Number / Email Address

9619 0333

Address

21 Hillview Drive, Singapore 669383

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

-

Vehicle Make/Model/Colour

-

Details of Properties (if Other Party is not a Vehicle)

-

Damage Area

-

Name of Driver

-

NRIC/FIN/Passport

-

Contact Number / Email Address

-

Address

-

Name of Insurance Company

-

DETAILS OF WITNESS

Name

Chen Loh Seng

Phone / Email Address

91694615

Address

Apt B1K 70, Mei Huan Drive, HDB-19, S568431

NRIC/FIN/Passport

S82701001

DETAILS OF INJURED PERSON 1

Name

-

NRIC/FIN/Passport

-

Address

-

Approximate Age

-

Injuries Sustained

-

If Vehicle Occupants, state in which vehicle?

-

Were Seat Belts Worn?

☐ Yes ☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes ☐ No

DETAILS OF INJURED PERSON 2

Name

-

NRIC/FIN/Passport

-

Address

-

Approximate Age

-

Injuries Sustained

-

If Vehicle Occupants, state in which vehicle?

-

Were Seat Belts Worn?


☐ Yes ☐ No


Was Injured conveyed to hospital by Ambulance?

☐ Yes ☐ No

Declaration

We declare that the above particulars & information provided above are true & every word.

 4 Jul 18 21:31 Date & Time
Signature of Policy Holder
(Company Chief if applicable)

 4 Jul 18 21:31 Date & Time
Signature of Driver (Date & Time
if Driver is not the Policy Holder)

Individual Statement

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: 4 July 2018
21 32


Driver's Signature
(If driver is not the policyholder)
Date & Time: 4 July 2018
21 32

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

Individual Statement

Date: 04/07/08

To: Owner of Vehicle Number SLA560T

The following has been advised to you via your workshop, _____ through their staff, _____

Please tick the applicable box if you had been advised 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.

Other: Report - & Duty

Signed and acknowledged by

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

FRONT IDENTITY CARD & DRIVING LICENCE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S84701001**



Name
CHEAH WAI SIONG
謝維雄

Race
CHINESE

Date of birth
05-08-1984

Sex
M

Country/Place of birth
MALAYSIA




Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8947878B**



Name
LIEW MENGJIE
刘梦洁

Race
CHINESE

Date of birth
10-03-1989

Sex
F

Country of birth
CHINA




Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S84701001**

Name:
CHEAH WAI SIONG

Birth Date: **05 Aug 1984**

Issue Date: **30 Mar 2007**




001489543J



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8947878B**

Name:
LIEW MENGJIE

Birth Date: **10 Mar 1989**

Issue Date: **05 Jan 2010**




001818596F



REAR IDENTITY CARD & DRIVING LICENCE

9363418



NRIC No: S84701001



Nationality
MALAYSIAN
Date of birth
18-09-2015

Address
APT BLK 70 MEI HWAN DRIVE
#08-18
SINGAPORE 568431


Owner

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

CLASS DATE


Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 30 Mar 2007

NP 425A




Licence No: S84701001

3727937



NRIC No: S8947878B



Date of birth
28-05-2005

Address
APT BLK 198 BOON LAY DRIVE
#15-51
SINGAPORE 640198


Driver

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

CLASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 05 Jan 2010

NP 425A



Licence No: S8947878B

CERTIFICATE OF INSURANCE



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
03809

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189); Motor Vehicles (Third Party Risks and Compensation) Rules, 1967; Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	CHEAH WAI SIONG	Certificate number	GA233680 / 1
Cover	Comprehensive	Chassis number	RU31226898
Plan name	Flexi	Engine number	LE85928909
NCD applicable	10%		
Vehicle registration number	SLQ560T		
Period of insurance	from 27/06/2018 to 26/06/2019 (both dates inclusive)		
Finance loan company	DBS BANK LTD		

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 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 imposed respectively by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 5b of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 600.00
	Windscreen Excess	SGD 100.00

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

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 Duplicate Declaration to the effect must be made. Failure to comply with the 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 from 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

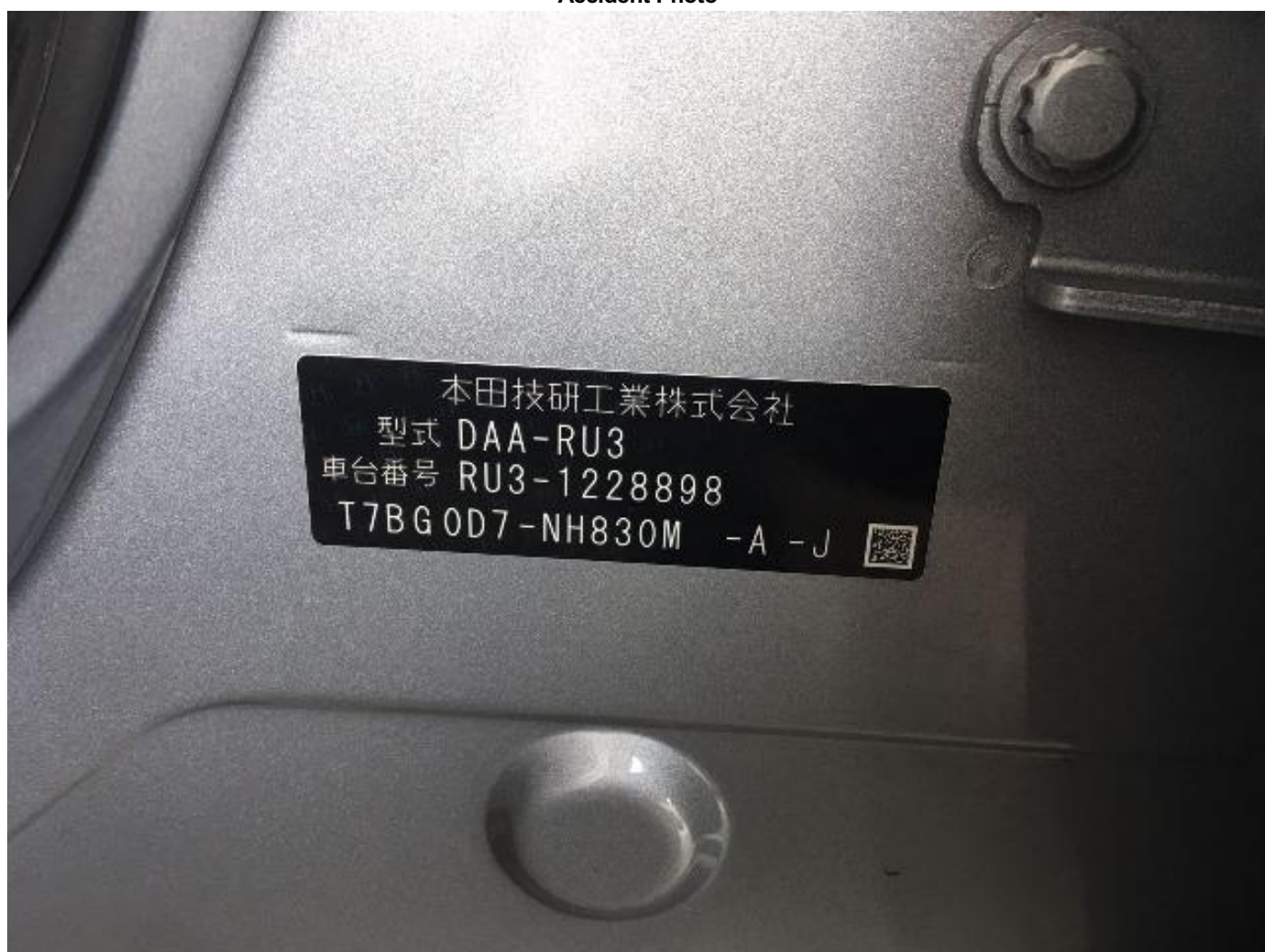
Accident Photo



Accident Photo



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