

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	10/07/2018 12:19
Date Of Accident	09/07/2018 08:20
Exact Location Of Accident	ALONG PIE EXIT 4A TO SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5197A
Insured/Policyholder	
Name Of Registered Owner	NGOH YAW WAI
NRIC No	S7501265I
Email Address	YAWWAI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91865186
Alternative Phone No	OFFICE-91865186

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID 1.8V AT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA310149
Cover Note Number	

Driver

Name of Driver	NGOH YAW WAI
NRIC No	S7501265I
Date Of Birth	18/01/1975
Occupation	INDOOR
Date Of Driving Pass	03/03/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91865186
Fax Number	
Contact Number	OFFICE-91865186
E Mail Address	YAWWAI@YAHOO.COM

Address	42 MOUNT VERNON RD #12-34
Postcode	368061
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

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	SLM8926R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD KASSIM BIN SAMSURI
NRIC/Passport Number	S7312634G
Contact Number	96838944
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Common 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: 10/7/2018
1052am

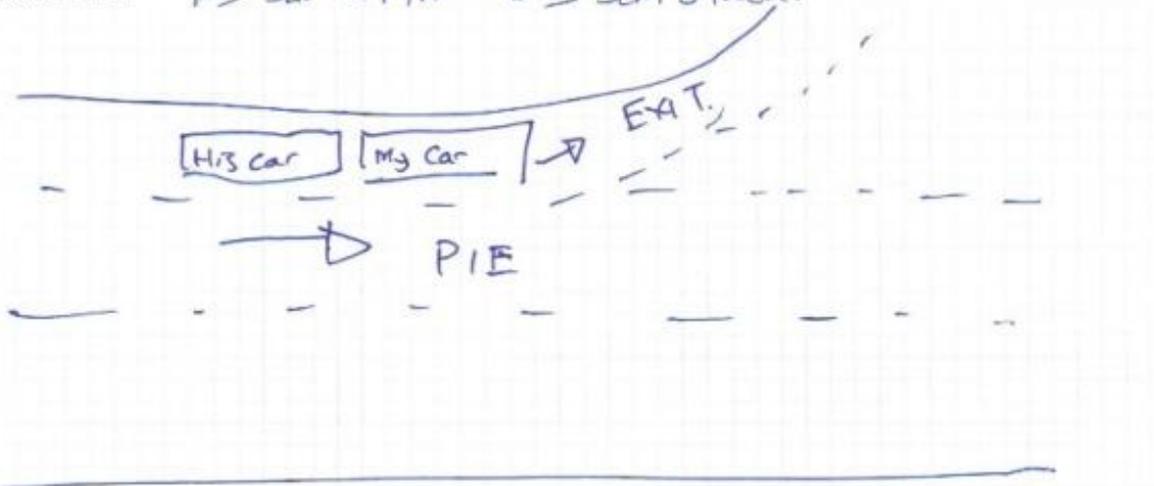

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

A => SLV 5197A B => SLM 8926R.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE and filtered to the left most lane to exit PIE about 300m from Exit 4A. Just before reaching the exit, there was a traffic congestion and I had to slow down to a stop. Shortly after, ~~the~~ I felt a collision from the back of my car.

DECLARATION

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


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

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident: 9 July 2018
 Time: 8:20am
 Location of Accident: Along PIE cat 4A to Simai Ave

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SLV 5197A.
 Name of Policyholder: NGOH YAW WAI.
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S75012651
 Address: 42 Mount Vernon Road #12-34, S(368061)
 Contact Number: Tel: Hp: 9186 5186
 Occupation: Bank Officer

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Toyota Vaux Hybrid
 Type of Vehicle: MPV CRV Van Lorry Bus M/cycle Others
 Exact Purpose for which vehicle was being used at the time of accident: Going to Office
 Are you claiming under your own insurance policy? Yes No
 Vehicle category: Private Commercial Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
 Type of Policy: Comprehensive TP Fire & Theft Third party
 Fleet Policy: Yes No
 Policy Number: GA310149.

DRIVER

Name of Driver: NGOH YAW WAI.
 NRIC/ FIN/ Passport: S75012651
 Date of Birth: 18-1-1975
 Occupation: BANK OFFICER
 Driving Pass Date: 3rd March 1998
 Gender: Male Female
 Contact Number: Hp: 9186 5186
 Address: 42 Mount Vernon Road, #12-34, S(36 5061)
 Email Address: yawwai@yahoo.com
 Was driver an employee of the Insured's Company? Yes No

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc): Rear Ended by the car behind.
 Weather Conditions: Clear Raining Others
 Road Surface: Wet Dry Others
 Damage Area:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? No Yes
 Was anybody injured in the accident? (including Witness) No Yes
 Was any other vehicle(s) or property damaged? No Yes
 Was there any camera video footage (in car)? No Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? No Yes
 If Yes, please state which police station & Report No:
 Was notice of intended Prosecution given? No Yes
 If Yes, against whom?

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number: **SLM892CR KIA GRAY**
Vehicle Make/ Model/ Colour
Details of Properties (if Other Party is not a Vehicle)
Damage Area: **Front of car**
Name of Driver: **Muhammad Kassim Bin Samsuri**
NRIC/ FIN/ Passport: **S73126349**
Contact Number / Email Address: **9683 8994**
Address

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
Phone / Email Address
Address
NRIC/ FIN/ Passport

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

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

10/7/2018
10.5am.
Date & Time

Signature of Driver (Date & Time
(if Driver is not the Policy Holder)

Date & Time



Certificate of Insurance

AXA001101001
04000

Motor Vehicle (Third-Party Third and Compensation) Act, Chapter 189 - Motor Vehicle (Third-Party Risk and Compensation) Rules, 1989 - Road Transport Act, 1987 (Malaysia) or Motor Vehicle (Third-Party Risk) Rules, 1989 (Singapore)

Policy details

Policyholder name	H80419/WAI	Certificate number	64310149 / 1
Cover	Comprehensive	Class number	24H5002B0045
Plan name	Fled	Eng no number	2270CA07700
RCD available	50%		
Vehicle registration number	SLV3137A		
Period of insurance	from 20/11/2017 to 20/11/2018 (both dates inclusive)		
Finance institution	STANDARD CHARTERED BANK (SINGAPORE) LIMITED		

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 their 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 motor racing, racing, speedmaking, liability trial, speed testing, the carrying of goods other than cargo in connection with any trade or business, use for any purpose in connection with motor trials or when the Motor Car, whether stationary, is used or otherwise, as a crane, a mobile work shop, a crane, a hoist, a hoist, a crane or any other mode of transport or any other mode of transport which is typically used for racing, speedmaking or similar purposes.

* Limitations imposed respectively Section 8 of the Motor Vehicle (Third-Party Risk and Compensation) Act, Chapter 189 and Section 25 of the Road Transport Act, 1987 (Malaysia), where applicable and in these headings.

EXCESS	Own Own Damage Excess	\$50,000.00
	Windscreen Excess	\$50,000.00

A) Additional excess is applicable as follows:

- \$3,000 for unlicensed Adult Driver
- \$4,000 for licensed Young and New/Inexperienced Driver
- \$85,000 for accidental driving and intentional errors. This additional excess is reduced to \$62,500 if you have chosen AXA Premium Windscreen.

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 Vehicle (Third-Party Risk 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 advised 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 issued, you are advised to advise the insurer in the event of an accident, claim or any other event which may affect the validity of the Motor Vehicle (Third-Party Risk and Compensation) Act, 1987.

The Premium Waiver Clause requires the premium to be paid in full within a specific period following which there would be no liability under the policy, in usual conditions, unless otherwise stated.

AXA Insurance Pte Ltd (1696 0350) Pte
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre: 4611 01

1 of 3

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S75012651**



Name:
NGOH YAW WAI
(OHU YOUWEE)
伍有偉

IC-EMPH:
Date of Birth: 19-01-1975 Sex: M
Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: **S75012651**

Name:
NGOH YAW WAI
(OHU YOUWEE)

Date of Issue: 18 Jan 1975
Issue Date: 08 Apr 2005



2704443



IC-EMPH: S75012651

Date of Issue: 18-04-2005

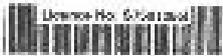
42 MOUNT NELSON ROAD #12-04
SINGAPORE 119067

IC-EMPH No.: S75012651 **Expiry:** 02/04/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Validity
Class 3	Motor cars up to 3500 kg with up to 7 passengers, exclusive of the driver, and motor tractors, vehicles up to 2500 kg	02 Mar 1999

HP-4269



License No. S75012651

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report

