

## 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	12/07/2018 13:44
Date Of Accident	10/07/2018 08:45
Exact Location Of Accident	EAST COAST ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1950D
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#### Insured/Policyholder

Name Of Registered Owner	ONG HUI SUAN MELINA CASSANDRA
NRIC No	S1710458F
Email Address	MELINA.RESTFULWATERS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94502883
Alternative Phone No	OTHERS-94502883

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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? NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category	PRIVATE CAR
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#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2055827
Cover Note Number	

#### Driver

Name of Driver	ONG HUI SUAN MELINA CASSANDRA
NRIC No	S1710458F
Date Of Birth	14/05/1965
Occupation	INDOOR
Date Of Driving Pass	15/11/1983
Driving Experience	34 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94502883
Fax Number	
Contact Number	OTHERS-94502883
EEmail Address	MELINA.RESTFULWATERS@GMAIL.COM

Address	BLK 60 MARINE DRIVE #03-60 SINGAPORE
Postcode	440060
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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 ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

#### 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	SLL9240J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG FOONG HAR
NRIC/Passport Number	S7023609E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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:

  
12/7/18  
1:40pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

  
Name: 

## Sketch Plan #2

### SKETCH PLAN

<p>ESSE</p> <p>LOR STANGEE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Shophouses</p>	<p><b>Vehicle No</b></p> <p>A - SLA 1950D</p> <p>B - SLL 9240J</p> <p><b>Legend</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Vehicle</p> </div> <div style="text-align: center;"> <p>Bike</p> </div> </div>
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### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, owner of vehicle no. SLA 1950D was driving along East Coast Road in the direction of Upper East Coast Road. There were cars parked in the public car park lots along East Coast Road. There was another car on my right. Having passed all the parked cars my car mirror (left hand side) accidentally hit the mirror of the car parked in the lot before Lorong Stangee. The driver was not present.

### 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 10/7/18		Time 0845		2 Exact location of accident East Coast Road		To be signed by BOTH drivers	
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)		6 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
						Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SLA1950D

6 Insured / policyholder (see insurance cert.)  
Name Ong Hui Suan melina  
(capital letters) Cassandra  
Address  
NRIC / Passport no. SH10458F  
Tel no. (from 9am till 5pm)  
HP 9150 2883

7 Vehicle  
Make, type Toyota Wish 1.8

8 Insurance company  
INA ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. P2055827

9 Driver ☒ Same as Owner  
Name  
(capital letters)  
NRIC / Passport no.  
Class of licence 3  
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 Bicycle                           |
| <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 Fall                    |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle             |
| <input type="checkbox"/> | Collision - Roundabout                          |
| <input type="checkbox"/> | Collision - U-Turn                              |
| <input type="checkbox"/> | Drunk Driving / Drug Influence                  |
| <input type="checkbox"/> | Fire, Explosion or Lightening                   |
| <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"/> | Thief   |

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SLL9240J

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 Wong Fong Har  
(capital letters)  
NRIC / Passport no. S7023607E  
Class of licence  
HP  
Gender Male ☐ Female ☐

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

11 Visible damage to vehicle A

14 My remarks

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 4:

15 Signatures of drivers

A

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

11 Visible damage to vehicle B

14 My remarks

B

\* 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: <u>melina.restfulwaters@gmail.com</u>	
	2 Vehicle registration no.	CC.	If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state where it is at present Tel no.			
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" 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	
	<u>14/5/65</u>	<u>Indoor</u>	<u>Outdoor</u>	<u>15/11/83</u>
	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Was injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which Police station			
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, against whom?			
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others			
	15 Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others			
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	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 <u>[Signature]</u>		Date <u>07/18 1:40pm</u>		
Driver's signature (if driver is not the policyholder)		Date		

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. : VPA/P2055827 Account No. : 14888  
 Coverage : Comprehensive (SmartDrive Toyota Prestige)  
 Sum Insured : Market Value At The Time Of Loss  
 Name of Policy Holder : ONG HUI SUAN MELINA CASSANDRA  
 Vehicle Registration No. : SLA1950D  
 Period of Insurance : From 24/02/2018 To 23/02/2019 (Both Dates Inclusive)

## PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

- (a) The Policyholder  
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner  
 (b) Any other person who is driving on the Policyholder's order or with his 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.

## LIMITATIONS 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, speedtesting, 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.

(01)

Basic Own Damage Excess : SGD 500.00

An Additional Excess is applicable as follows:

S\$2,500.00 for Young or Inexperienced Driver.

Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

(Please refer to your policy on the terms & conditions)\* 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 - SGOAGPH on 18/01/2018

## 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). 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, covernote and endorsement etc.



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S1710458F



Name  
**ONG HUI SUAN MELINA**  
**王慧璦**

Race  
**CHINESE**

Date of Birth  
**14-05-1965**

Country of Birth  
**SINGAPORE**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S1710458F**


Name  
**ONG HUI SUAN MELINA**  
**CASSANDRA**

Birth Date **14 May 1965**


Issue Date **08 Oct 2003**



0067306



NRIC No. **S1710458F**



Blood Group **B+** Date of issue **19-05-1993**

Address  
**APT BLK 60 MARINE DRIVE**  
**#03-60**  
**SINGAPORE 1544**


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

PASS DATE  
**15 Nov 1983**

**Class 3, Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

**94502883 (b)**

Licence No: **S1710458F**



NP 428A



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

