

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	16/07/2018 10:10
Date Of Accident	16/07/2018 08:30
Exact Location Of Accident	SLIP RD OF JALAN EUNOS TOWARDS SIMS AVENUE EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5823X
Insured/Policyholder	
Name Of Registered Owner	SIA KONG HWEE
NRIC No	S1640861A
Email Address	SIA.PHILLIP@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94381004
Alternative Phone No	OFFICE-94381004

Vehicle Particulars

Manufacturer	AUDI
Model	A5-2.0 SPORTBACK (A)
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	GA074986/1
Cover Note Number	

Driver

Name of Driver	SIA KONG HWEE
NRIC No	S1640861A
Date Of Birth	27/03/1964
Occupation	INDOOR
Date Of Driving Pass	27/05/1981
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94381004
Fax Number	
Contact Number	OFFICE-94381004
EEmail Address	SIA.PHILLIP@YAHOO.COM

Address	8 JALAN YASIN
Postcode	417981
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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (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	SJM8045G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHARON TIO SHUHUI
NRIC/Passport Number	S8823234H
Contact Number	92355455
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

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



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

Vehicle No
A - SKR 387
B - SJM 804

Legend

Vehicle

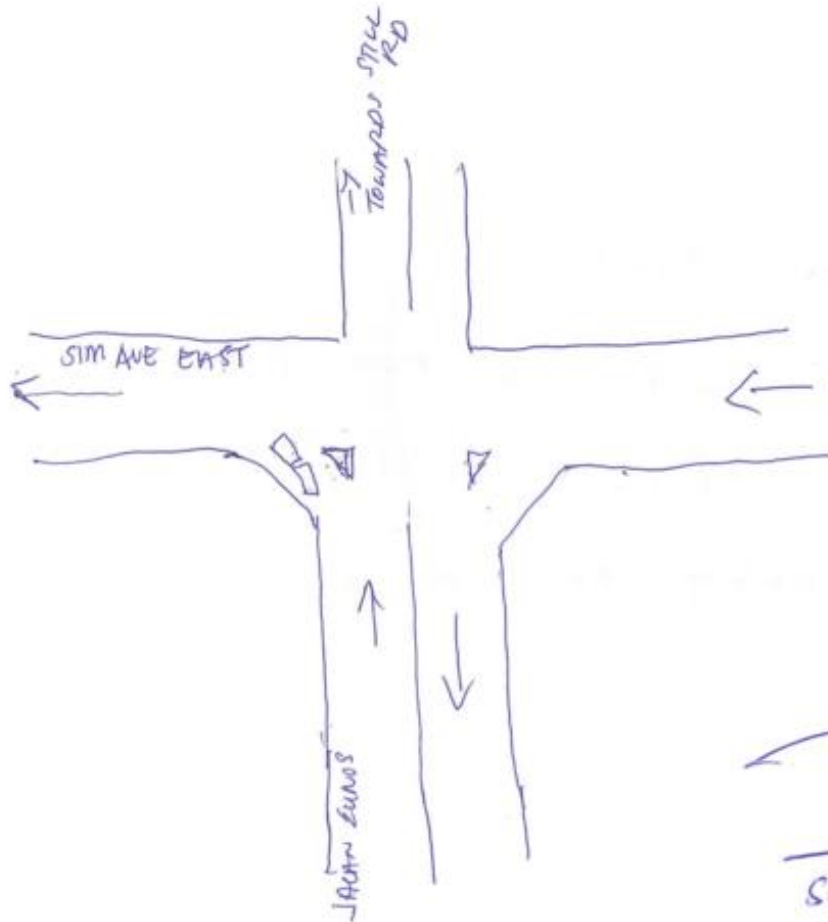
Bike

Refer to my attach statement.

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 time frame from the date of occurrence. Kindly check your policy for more details.

GIARMC SketchPlanForm_V3

Sketch Plan #3



Wiv
SIA, KONG HUEE
S1640861A

ABOUT 8:30 AM WHILE EXITING JALAN SUNDAS
TOWARDS SIM AVE EAST, THE CAR IN FRONT
OF ME SUDDENLY JAMMED BRAKE AND I COULD
NOT STOPPED IN TIME AND HIT IT.

SHARON TIO, SHU HUI

S88 23234 H

Blk 948, Jurong West St 91

#10-683 S(649948)

Tel: 92355455

Income
NTUC

SJM
8045 9

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 16/7/18 0830		2 Exact location of accident Slip Rd of Jln Tunas to Sims Ave East.		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 type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input 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) SKK5023X

6 Insured / policyholder (see insurance cert.)
Name SIA KONG HWEI
(capital letters)
Address
NRIC / Passport no. 21640861A
Tel no. (from 9am till 5pm)
HP 94381004

7 Vehicle
Make, type

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No.
9 Driver ☒ Same as Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence
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 Bicycles
<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"/>	Drunk 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) SJM 8045G

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 SHARON TIO SHU HUI
(capital letters)
NRIC / Passport no. S8523334H
Class of licence
HP 92355455
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 4.

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

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>Sia.phillip@yahoo.com</u>		
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	2 Vehicle registration no. _____ C.C. _____	If commercial vehicle, state permissible carrying capacity _____	
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input 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 _____	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	Was driver an employee of the insured's company? Yes <input 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		
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 type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input 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 type="checkbox"/> If yes, against whom? _____		
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
	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) <input type="checkbox"/>			
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 _____	



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
 03811

-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	SIA KONG HWEE	Certificate number	GA074986 / 1
Cover	Comprehensive	Chassis number	WAUZZZ8T6AA044884
Plan name	Essential	Engine number	CDN092964
NCD applicable	50%		
Vehicle registration number	SKK5823X		
Period of Insurance	from 02/12/2017 to 01/12/2018 (both dates inclusive)		
Finance loan company	MAYBANK		

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 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 400.00
	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.

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S1640861A**

Name **SIA KONG HWEE**

Birth Date **27 Mar 1964**

Issue Date **10 May 2003**

000469453G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1640861A**



Name **SIA KONG HWEE**

盛 光 輝

Race **CHINESE**

Date of Birth **27-03-1964** Sex **M**

Country of Birth **SINGAPORE**


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

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

PASS DATE **27 May 1981**

Licence No: **S1640861A**

NP 428A




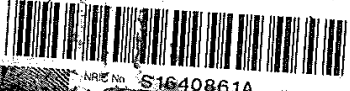
0346822

NPIC No **S1640861A**

Blood Group **O** Date of issue **19-05-1992**

8 JALAN YASIN
SINGAPORE 417981

NPIC No **S1640861A** Date: **03-01-2004** No: **48311**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

