

## 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	25/07/2018 14:41
Date Of Accident	24/07/2018 18:30
Exact Location Of Accident	MCE TOWARDS ECP EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5050H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG HWEI YEE
NRIC No	S7805709B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96877194
Alternative Phone No	OTHERS-96877194

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (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	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	GA213296/1
Cover Note Number	

### Driver

Name of Driver	QUAH CHOO KANG (KE ZIJANG)
NRIC No	S7835332E
Date Of Birth	19/11/1978
Occupation	INDOOR
Date Of Driving Pass	08/06/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82000626
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	2 DUNMAN LANE #02-02 SINGAPORE
Postcode	439275
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
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	SFR3248S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KHENG HUAT
NRIC/Passport Number	S1153391D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFL36M
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YANG CHOON SIONG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

QUAH CHOO KANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKP5050H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### SKETCH PLAN

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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. The 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 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.:

## Sketch Plan #2

### SKETCH PLAN

Vehicle No	
A	3KP5650H
B	5FR3248S
C	5FL36M

Legend	
	A
	Bike

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along MCE towards ECP Exit on the 4<sup>th</sup> lanes. As I was travelling straight, the vehicle in front of me stopped so I follow to stop as well. All of a sudden, I felt a huge impact from my vehicle rear portion, and the impact caused my vehicle to swerve forward and hit onto the vehicle in front. Total 3 cars involved.

### 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)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

Reporting Centre: Progressive Automotive Pte Ltd

1 Date of accident: 24/07/2018 Time: 1830		2 Exact location of accident: MCE towards ECP Exit		To be signed by BOTH drivers	
3 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)		4 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
6 Insurance company: AXA		7 Insurance company: C <input type="checkbox"/> TPFT <input type="checkbox"/> TPO		8 Vehicle Video Camera Available No <input type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SKP5050H

6 Insured / policyholder (see insurance cert.)  
Name Ong Hwei Yee  
Address 2 Dunman Lane #02-02 S(439275)  
NRIC / Passport no. S780570913  
Tel no. (from 9am till 5pm) 96877194  
HP  
7 Vehicle  
Make, type Mercedes  
8 Insurance company  
AXA ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A? No ☐ Yes ☒  
Policy No. GA21329611  
9 Driver ☐ Same as Owner  
Name Ouyh Choo Kang  
NRIC / Passport no. S7835332E  
Class of licence 3  
HP 82000626  
Gender Male ☒ Female ☐

### 12 CIRCUMSTANCES

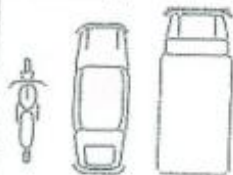
Put a cross (X) in each of the relevant boxes applicable to your vehicle

- ☐ Chain Collision
- ☐ Collided into Object
- ☐ Collided into Motorcyclist
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Cross Lane
- ☐ Collision - Cross Junction
- ☐ Collision - Head-on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Major/Minor Rd
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - U-Turn
- ☐ Left Hand / Right Hand
- ☐ Fire, Explosion or Lightning
- ☐ Flood
- ☐ Hit and Run / Verbal Abuse / Damage to vehicle Parked
- ☐ Hit by falling Tree / Other Objects
- ☐ No Collision
- ☐ Side Swipe
- ☐ Theft

Registration No. (VEHICLE B) SFR32485

6 Insured / policyholder (see insurance cert.)  
Name Lee Kheng Huan  
Address  
NRIC / Passport no. S11533910  
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  
(capital letters)  
NRIC / Passport no.  
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 include: 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



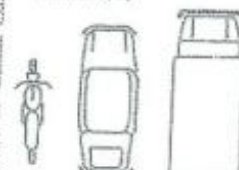
15 Signatures of drivers

A

*[Signature]*

B

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



11 Visible damage to vehicle B

14 My remarks

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information in detail

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 File Ltd

INDIVIDUAL STATEMENT (Part II)																
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)															
	2. Vehicle registration no.		C.C.		3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state Relationship of Driver with owner: <u>Spouse</u>											
	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															
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present: <u>workshop</u> Tel no. _____															
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)															
	7. Date of birth: <u>19/11/1978</u> Occupation: <u>Indoor</u> Date of license pass: <u>08/06/1999</u> Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
Driver or person in charge of vehicle at the time of accident (including insured)	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															
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty								
Date	Offence	Penalty														
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 checked="" type="checkbox"/> No <input type="checkbox"/>											
	<u>Quah Choo Kang</u>		<u>Neck &amp; Shoulder</u>	<u>SEPSO50H</u>	Yes <input checked="" 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)											
	<u>Yang Choon Siang</u>		<u>SEL36M</u>													
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 checked="" type="checkbox"/> If yes, against whom? _____															
Accident details	14. Weather conditions: Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Others: _____															
	15. Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others: _____															
	16. Speed of vehicles: A _____ km/hr B _____ km/hr															
	17. What warnings were given by driver or other party? _____															
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" 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)															
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: _____ Date: _____																
Driver's signature (if driver is not the policyholder): <u>[Signature]</u> 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  
 04437

-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	ONG HWEI YEE	Certificate number	GA213296 / 1
Cover	Comprehensive	Chassis number	WDD2043312G329828
Plan name	Flexi	Engine number	27491030177000
NCD applicable	50%		
Vehicle registration number	SKP5050H		
Period of Insurance	from 01/07/2018 to 30/06/2019 (both dates inclusive)		
Finance loan company	DBS BANK LTD		

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
  1. QUAH CHOO KANG
- (c) 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      Windscreen Excess      Not Applicable

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 NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Quah Choo Kang

Licence Number: **S7835332E**  
Name: **QUAH CHOO KANG (KE ZIJIANG)**  
Birth Date: **19 Nov 1978**  
Issue Date: **07 May 2003**

Barcode: 000460396J

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7835332E**

Portrait photo of Quah Choo Kang

Name: **QUAH CHOO KANG (KE ZIJIANG)**  
**柯子江**  
Race: **CHINESE**  
Date of birth: **19-11-1978** Sex: **M**  
Country of birth: **SINGAPORE**

4328655

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: **05 Jun 1999**

Licence No: **S7835332E**

NP 428A

Barcode

NRIC No: **S7835332E**

Portrait photo of Quah Choo Kang

Date of issue: **29-12-2008**


**2 DUNMAN LANE #02-02 SINGAPORE 439275**

**S7835332E** **17/03/2013**

AUTHORIZATION LETTER

I, Quah Choo kang, S7835332E to  
authorize darren (S96289742) to act on  
behalf of me to submit this report as I will  
be going overseas on 25th July 2018 @ 10.20am

  
Quah Choo kang  
24th July 2018

  
Darren Ng  
24th July 2018

Thank you for choosing AirAsia.



YMFKKF

[Manage My Booking »](#)

[Web Check-In »](#)

[View and print  
Travel Itinerary\\*\\* »](#)

**\*\* Any latest changes made to your booking will be automatically reflected in your travel itinerary.**

Flight	Depart		Arrive
QZ 263 CL	<b>SIN</b> Singapore Wed 25 Jul 2018 10:20AM		<b>CGK</b> Jakarta Wed 25 Jul 2018 11:05AM
QZ 266 CL	<b>CGK</b> Jakarta Fri 27 Jul 2018 01:45PM		<b>SIN</b> Singapore Fri 27 Jul 2018 04:40PM



#### Required documents

Guests are responsible for obtaining all entry and exit, health, visas and other travel documents required by law, regulations, order, demands or requirements of the countries flown from, into or over. We reserve the right to refuse carriage to any guest who has not complied to such applicable laws, regulations, orders, demands or requirements.



#### Self check-in

Remember to self check-in before your flight. [More on self check-in.](#)



#### Baggage drop

Please take note of our baggage drop counters' opening and closing times if you have bags to check-in.



#### Baggage

All guests (except infants) are allowed to carry on board 2 pieces of cabin baggage. The total weight of both pieces must not exceed 7kg. Various options of checked baggage allowances can be pre-booked by logging into your BIG Member account.



#### Liquids

Subject to the prevalent applicable local laws and regulations guest may take liquids on board in their cabin baggage with a maximum volume of 100ml. The items must be placed in a transparent, re-sealable plastic bag.



#### Boarding time

Guests are required to be at the boarding gate at least 20 minutes before the scheduled time of departure or you will be denied boarding.

To further understand these points, please read our full friendly reminders and Terms and Conditions of Carriage before your flight. Need help? [AskAirAsia](#) or contact us here.



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Terms and conditions apply



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Accident Photo





Accident Photo



Accident Photo



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