

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	13/06/2018 16:03
Date Of Accident	13/06/2018 12:15
Exact Location Of Accident	UBI AVE 3 SLIP ROAD TOWARDS PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS5467X
Insured/Policyholder	
Name Of Registered Owner	CHEW TOH WAI
NRIC No	S2191403G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82016909
Alternative Phone No	OTHERS-82016909

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (M)

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? YES

If No, Please state action to be taken

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	GA173408/1
Cover Note Number	

Driver

Name of Driver	CHEW TOH WAI
NRIC No	S2191403G
Date Of Birth	09/08/1966
Occupation	INDOOR
Date Of Driving Pass	30/08/1999
Driving Experience	18 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82016909
Fax Number	
Contact Number	OTHERS-82016909
Email Address	NOEMAIL

Address	BLK 524 JELAPANG ROAD #03-311 SINGAPORE
Postcode	670524
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	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	SLH395B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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/also 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 claim 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:

3:45pm
13/6/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature




Name:

NRIC/FIN No.:

perman

Sketch Plan #2

SKETCH PLAN

	<u>Vehicle No</u> A - <u>SG5546TX</u> B - <u>SLH 395B</u>
Legend <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Vehicle </div> <div style="text-align: center;">  Bike </div> </div>	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the slip road from Ubi Ave. 3 towards Paya Lebar Rd. SLH 395B was in front of me. When I saw that traffic was cleared on the right, I moved forward not realising that SLH 395B didn't move and I knocked into the back of SLH 395B.

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: 13/6/18

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Primen

2

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: 13/6/18 Time: 1215		2 Exact location of accident: Ubi Ave 3 Slip Road towards paya lebar road		3 To be signed by BOTH drivers 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 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) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) S9S5467X

6 Insured / policyholder (see insurance cert.)
Name Chew Tih Wai
(capital letters)
Address _____
NRIC / Passport no. S21914036
Tel no. (from 9am till 5pm) _____
HP 8201 6909

7 Vehicle
Make, type Mitsubishi Lancer 1.6M

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA173408/1

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

A	Q1 Chain Collision
Q2	Collided into Roadside
Q3	Collided into Motorcyclist
Q4	Collided into Parked Vehicle
Q5	Collided into Pedestrian
Q6	Collided into Property
Q7	Collision - Change/Cross Lane
Q8	Collision - Cross Junction
Q9	Collision - Head on Collision
Q10	Collision - Head to Rear
Q11	Collision - Major/Minor Rd
Q12	Collision - Opening Door of Vehicle
Q13	Collision - Roundabout
Q14	Collision - U-Turn
Q15	Drunk Driving / Drug Influence
Q16	Fire, Explosion or Lightening
Q17	Flood
Q18	Hit and Run / Vandalism / Damaged whilst Parked
Q19	Hit by Fallen Tree / Other Object
Q20	No Collision
Q21	Side Swipe
Q22	Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SLH395B

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 _____
(capital letters)
NRIC / Passport no. _____
Class of licence _____
HP _____
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

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

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

11 Visible damage to vehicle A

14 My remarks

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

15 Signatures of drivers

B

15 Signatures of drivers

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:	
	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 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 checked="" type="checkbox"/> No <input 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?	
	9/8/66	Indoor	Outdoor	30/8/1999	Yes <input checked="" 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"/>	
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 checked="" 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)?				
Declaration	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 checked="" type="checkbox"/>				
	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
03790

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1900 - Road Transport Act, 1987 (Malaysia)
-Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	CHEW TOH WAI	Certificate number	GA173408 / 1
Cover	Comprehensive	Chassis number	JMYSNCS3A7U006396
Plan name	Private APW	Engine number	4G18HY7681
NCD applicable	50%		
Vehicle registration number	SGS5467X		
Period of Insurance	from 19/03/2018 to 18/03/2019 (both dates inclusive)		
Finance loan company	SPEED CREDIT PTE 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 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 0.00
	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.

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2191403G

Name
CHEW TOH WAI



周杜慧

Race
CHINESE

Date of Birth
09-08-1966

Sex
F

Country of Birth
PERAK

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2191403G

Name
CHEW TOH WAI

Birth Date: 09 Aug 1966

Issue Date: 15 Aug 2003

1000749611H



1274417

NRIC No S2191403G

Blood Group Date of issue
O+ 13-09-1993

APT BLK 524 JELAPANG ROAD #03-311
SINGAPORE 670524

NRIC No S2191403G Date: 10/07/2011 No: 6774348


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

PASS DATE
30 Aug 1999

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

NP 428A

Licence No S2191403G



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



