

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	01/08/2018 14:43
Date Of Accident	01/08/2018 07:00
Exact Location Of Accident	SLIP ROAD TURNING TO DUNERN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5909K
Insured/Policyholder	
Name Of Registered Owner	TEH YOKE KUAN
NRIC No	S2556896F
Email Address	KHONGTEH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96304710
Alternative Phone No	OFFICE-96304710

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA 2.4
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

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	96281814
Cover Note Number	

Driver

Name of Driver	KHONG KIONG SENG
NRIC No	S1604331A
Date Of Birth	02/01/1963
Occupation	INDOOR
Date Of Driving Pass	16/08/1990
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96281814
Fax Number	
Contact Number	
Email Address	KHONGTEH@YAHOO.COM.SG

Address	17 GAMBIR WALK #01-04
Postcode	538977
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	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)	2
Passenger 1	NAME: : AZIEL KHONG
	GENDER: : MALE

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 STATEMENT

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	SJV2955Y
Vehicle Make/Model/Colour	KIA CERATO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LEE LING
NRIC/Passport Number	S7879680D
Contact Number	83808801
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

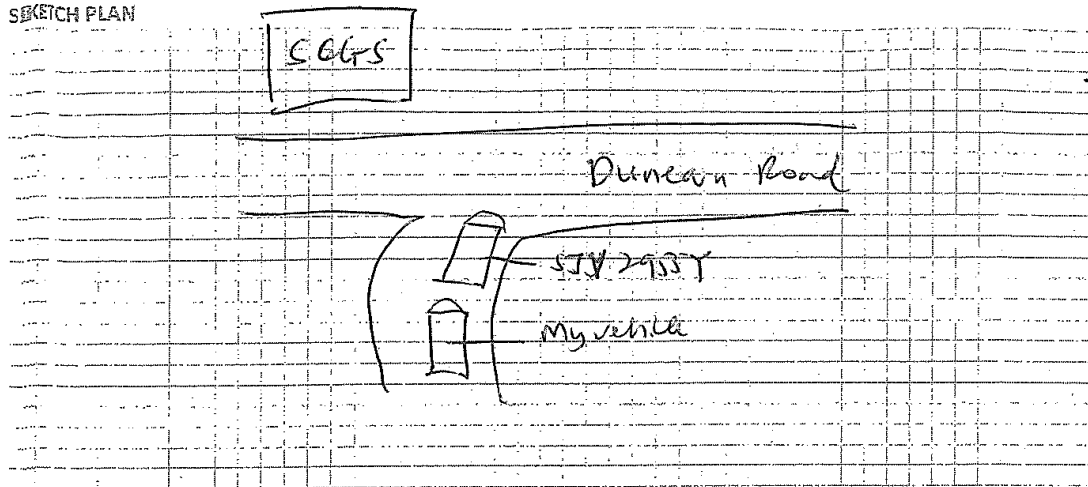
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was behind STV 2955Y, going to come out of slip road to turn into Dunearn Road. I looked out my left to see oncoming vehicles. I saw that it was clear, and there are no vehicles approaching. I thought STV 2955Y would move off, and I stepped on the oil to move off.

But STV 2955Y was stationary and never moved off, so my car bang into the rear of STV 2955Y. We drove further up and parked the car and alighted to check.

We saw that there was no damage, and owner of STV 2955Y we just exchanged telephone number. We didn't exchange details. Half an hour later, she whatsapp me say upon reaching office, she checked and saw that there were damages to her car, and hence we proceeded to make report.

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: 1/8/18, 2:30pm.

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

Sketch Plan Pg. 3

To Whom It May Concern,

Accident involving my vehicle no SJH5909K on 1/8/18 (date) with
SJV2955Y (other veh no) along slip road entering Dunkern Road

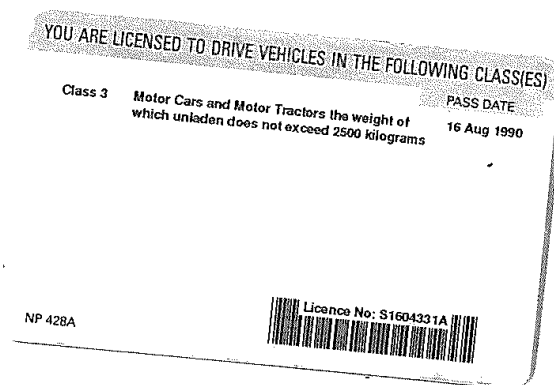
I, Teh Yoke Kuan NRIC No: S2556896F
owner of vehicle no- SJH5909K am aware of the accident of my vehicle on
1/8/18 (Date) while car was driven by Ichong King Leng
IC No: S1604331A. I hereby authorise him/~~her~~ to make the report.

Yoke Kuan
Name: Teh Yoke Kuan
Date: 1/8/18
HP 96304710


To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

Yoke Kuan
Name Teh Yoke Kuan
Date 1/8/18




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2556896F



Name
TEH YOKE KUAN
鄭玉娟
Race
CHINESE
Date of birth
12-11-1962
Sex
F
Country of birth
MALAYSIA

4970116


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1604331A




Name
KHONG KIONG SENG
康忠信
Race
CHINESE
Date of birth
02-01-1963
Sex
M
Country/Place of birth
SINGAPORE

5869549

4970116



NRIC No. S2556896F




Date of issue
26-04-2013

17 GAMBIR WALK #01-04
SINGAPORE 538977
NRIC No: S2556896F Date: 07/12/2015

5869549



NRIC No. S1604331A



Date of issue
09-02-2018

Address
17 GAMBIR WALK
#01-04
SINGAPORE 538977



redefining / insurance

COPY

AXA Insurance Pte Ltd
 ☎ 1800 890 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

Certificate of Insurance

account number
08198

-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	TEH YOKE KUAN	Certificate number	GA056061 / 1
Cover	Comprehensive	Chassis number	ACR500072960
Plan name	Private MPV APW	Engine number	2AZC405815
NCD applicable	50%		
Vehicle registration number	SJH5909K		
Period of Insurance	from 14/08/2017 to 13/08/2018 (both dates inclusive)		
Finance loan company	UNITED OVERSEAS BANK 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 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

寶業(保險)代理私人有限公司
 INSMART (INSURANCE) AGENCY PTE LTD
 NO. 1 KAHN BURN ROAD 1
 #03-27 ENTERPRISE ONE
 SINGAPORE 410934
 TEL: 6842 0766 FAX: 6842 6955 / 6842 7855

1 of 2

Sketch Plan Pg. 7

Date: 6/08/2018

To: Owner of Vehicle Number: STH 59091C

The following has been advised to you via your workshop, CDUE through their staff, him.

Please tick the applicable box if you had been advised on the content as seen below:

- ☒ You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ The Estimation waiting time for the spare parts to arrive is _____
The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.
For vehicles above Three (3) years old, your insurance company will be carrying out r using any combination of genuine, original parts and/or original equipment manufacture (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own f repairs on workmanship related to the accident.
- ☐ For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.
- ☐ Others _____

Signed and acknowledge by:

Khong Kieng Song
Name and signature of policyholder/ authorized driver

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



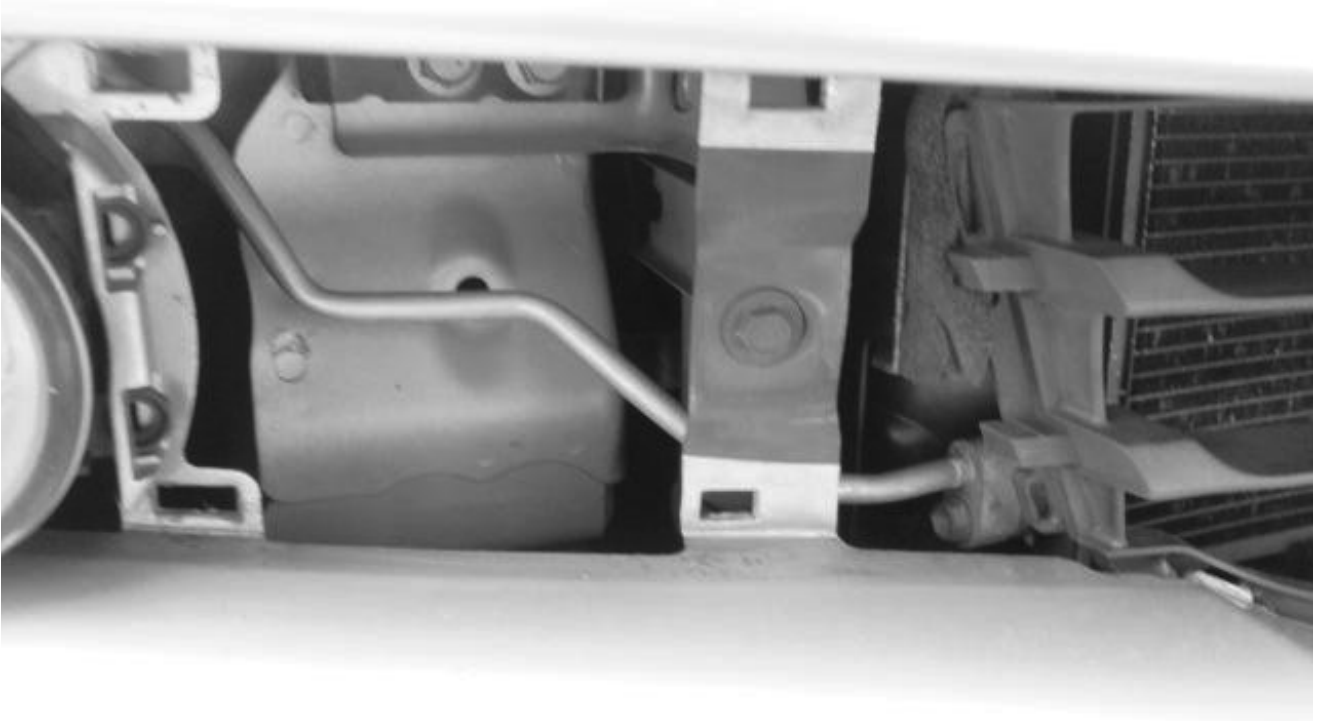
Accident Photo



Accident Photo



Accident Photo



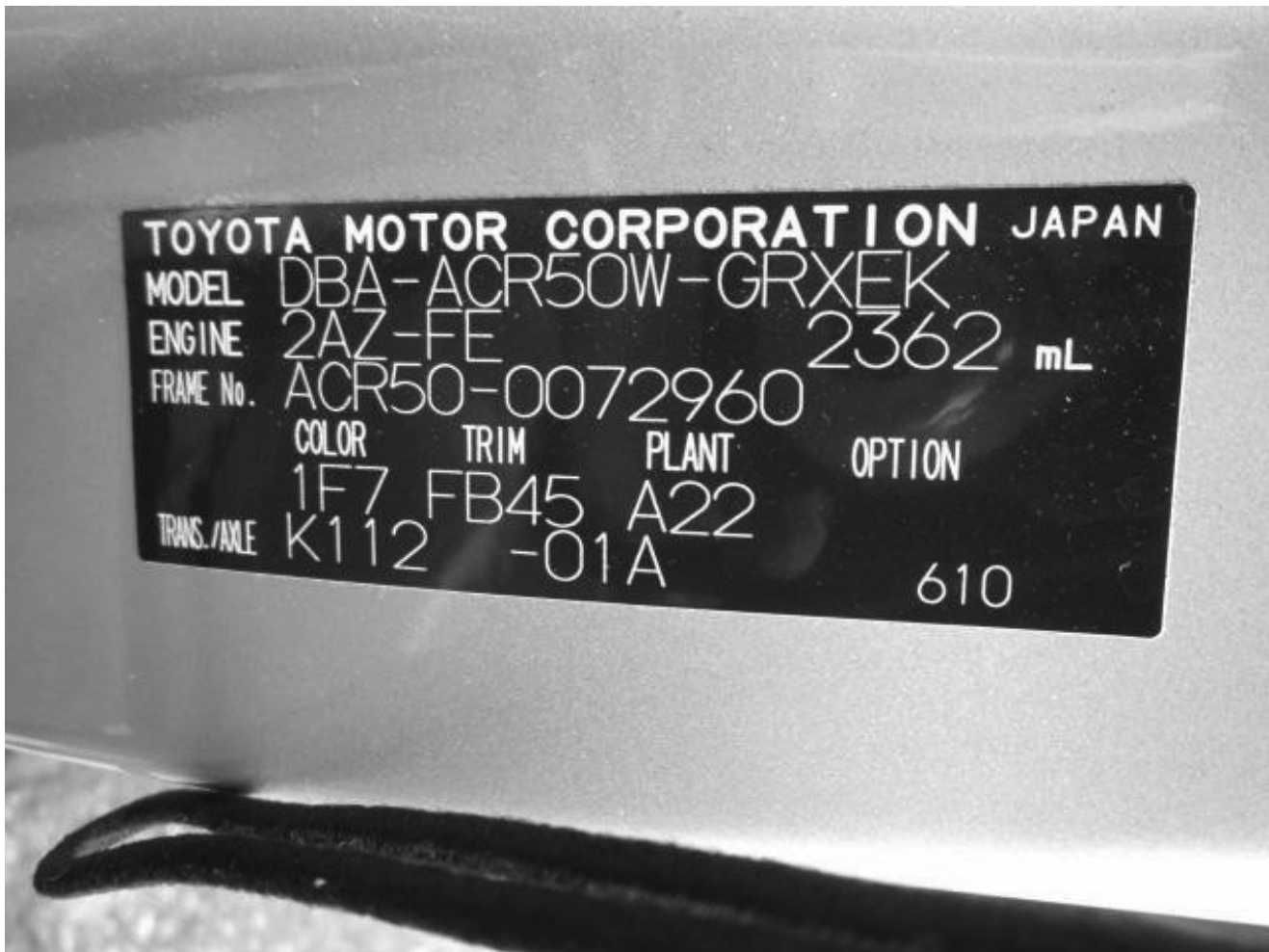
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Accident Photo



Accident Photo



Accident Photo



Accident Photo

