

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	23/07/2018 17:26
Date Of Accident	21/07/2018 17:30
Exact Location Of Accident	STILL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2637H
Insured/Policyholder	
Name Of Registered Owner	PHANG KEE KEONG
NRIC No	S8078687E
Email Address	PHUNKEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91769699
Alternative Phone No	OTHERS-91769699

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 HYBRID (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

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA869955
Cover Note Number	

Driver

Name of Driver	PHANG KEE KEONG
NRIC No	S8078687E
Date Of Birth	16/06/1980
Occupation	INDOOR
Date Of Driving Pass	04/06/2005
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91769699
Fax Number	
Contact Number	OTHERS-91769699
E Mail Address	PHUNKEE@GMAIL.COM

Address	BLK 110 ALJUNIED CRESCENT #02-82 SINGAPORE
Postcode	380110
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)	3
Passenger 1	NAME: : WANG JIE GENDER: : FEMALE
Passenger 2	NAME: : PHANG HUI XUEN GENDER: : FEMALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2423M
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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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)**

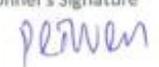
I understand, acknowledge, agree and consent that:

- (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

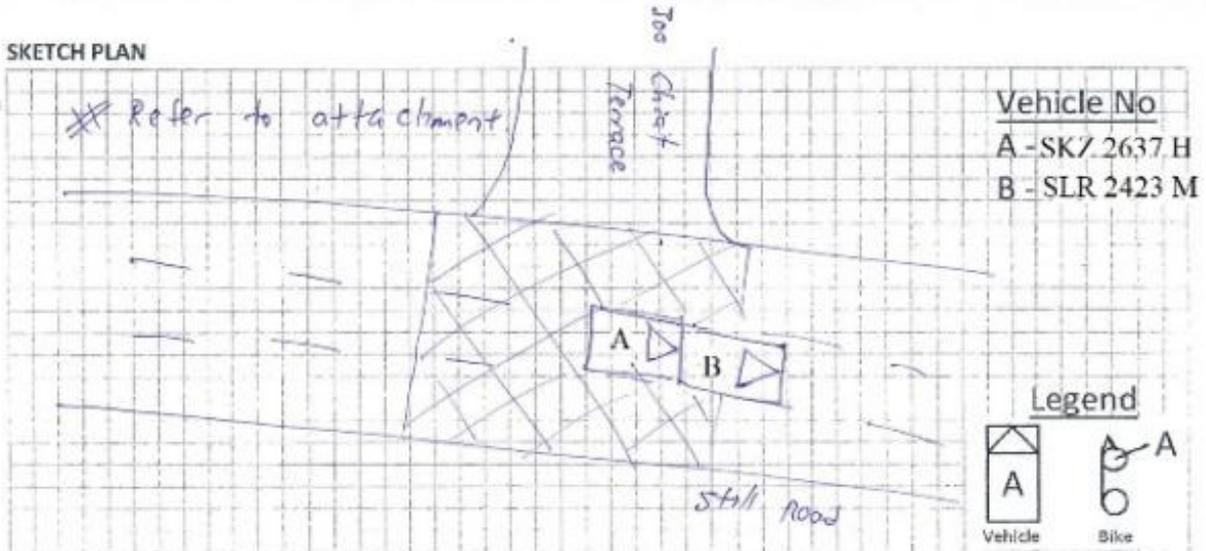
Date & Time: 23/7/18
6:30pm

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer to video link in attached file

At about 5.25 pm on 21 July Saturday, I am driving along still road from east coast road heading to geylang road. A vehicle registered SLR 2423 M overtook me at a high speed and cut into my lane even both Lane 1 and 2 is clear. The vehicle then break quickly at the traffic light at Lor Nangka Traffic light. ~~The car then~~

As the traffic turns green the vehicle proceed ahead and did a few abrupt breaks. I am leaving a safety distance as the traffic is coming to the next traffic light. As we close to the later junction of joo chiat terrace, the vehicle SLR 2423 M hit an emergency break stopping the car in 2 second to halt. I then stopped immediately following the vehicle behind. Both car SKZ 2637 H ~~by~~ the vehicle that I am driving and SLR 2423 M Bumper touched between the plate number level. There were no injury and damages on public property a human life. Vehicle Vezel SLR 2423 M had a paint scratch on the bumper on the area of both vehicle touched. (see attached photo). Intention of report is to report the incident without claims. A video was recorded from the dash cam to justify the incident.

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: 23/7/2018
 5.30 pm

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

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

GIABMC SketchPlanForm_V2

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 Time 21/7/18 17:30		2 Exact location of accident Still Road	To be signed by BOTH drivers 3 Injuries even if slight No <input 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) _____ _____ _____

Registration No. (VEHICLE A) SKZ 2637H

6 Insured / policyholder (see insurance cert.)
 Name: Phang Koe Keong
 Address: _____
 NRIC / Passport no. S8078687E
 Tel no. (from 9am till 5pm) _____
 HP 917 69 699

7 Vehicle
 Make, type: Toyota Sienta 1.5G Hybrid

8 Insurance company
 AXA TPFT TPO
 Does the policy cover damage to vehicle A?
 No Yes
 Policy No. CN869955

9 Driver Same as Owner
 Name: _____
 NRIC / Passport no. _____
 Class of licence: 2
 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 Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drink 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 →

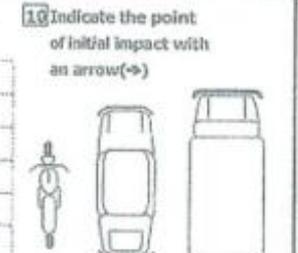
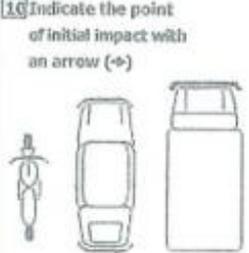
Registration No. (VEHICLE B) SLR 4731V

6 Insured / policyholder (see insurance cert.)
 Name: _____
 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: _____
 NRIC / Passport no. _____
 Class of licence: _____
 HP _____
 Gender: Male Female



11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

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 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>Phunkee@gmail.com</u>									
	2 Vehicle registration no.	C.C.	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 type="checkbox"/> Yes <input checked="" 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>16/6/80</u>	<u>Indoor</u>	<u>4/6/2005</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												
<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> </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									
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									
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											
Accident details	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
	If yes, against whom?											
	14 Weather conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others										
	15 Road surface	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others										
16 Speed of vehicles	A <input type="text"/> km/hr	B <input type="text"/> 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)												
22 State number of Passengers (including Driver) <input checked="" type="text" value="3"/> <u>Wang Jie (P)</u> <u>Phang Hui Xuen (P)</u>												
Declaration	I/We declare the foregoing particulars are true in every respect											
	Policyholder's signature <u> </u>		Date <u> </u>									
	Driver's signature (if driver is not the policyholder) <u> </u>		Date <u> </u>									

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M



Original

Agent Code: **05223**

Policy No. (if any): **P1876580**

Renewal

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **CN869955**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	PHANG KEE KEONG
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA SIENTA 1.5 G HYBRID CVT ABS D/AIRBAG 2WD
VEHICLE REGISTRATION NO.	SKZ2637H
YEAR OF MANUFACTURE	2015
ENGINE NO.	1NZR330026
CHASSIS NO.	NHP1707010703
ENGINE CAPACITY/TONNAGE	1496 CC
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	HONG LEONG FINANCE LIMITED
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 15/01/2018 TO: 14/01/2019
EXCESS (S\$)	400
AXA PREMIUM WORKSHOP?	YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by **META AGENCY PTE LTD** on **05/01/2018 3:55pm**

 Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8078687E



Name
PHANG KEE KEONG

彭基強

Race
CHINESE

Date of birth
16-06-1980

Country/Place of birth
MALAYSIA

Sex
M

S8078687E



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8078687E

Name
PHANG KEE KEONG

Birth Date: 16 Jun 1980

Issue Date: 15 May 2006



001418087G



5658884



NRIC No. S8078687E



Date of issue
11-10-2016

APT BLK 110 ALJUNIED CRESCENT #02-82
SINGAPORE 380110

NRIC No: S8078687E Date: 05/10/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	PASS DATE
Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	04 Jun 2005

NP 428A

Licence No: S8078687E



Accident Photo



Accident Photo



Accident Photo



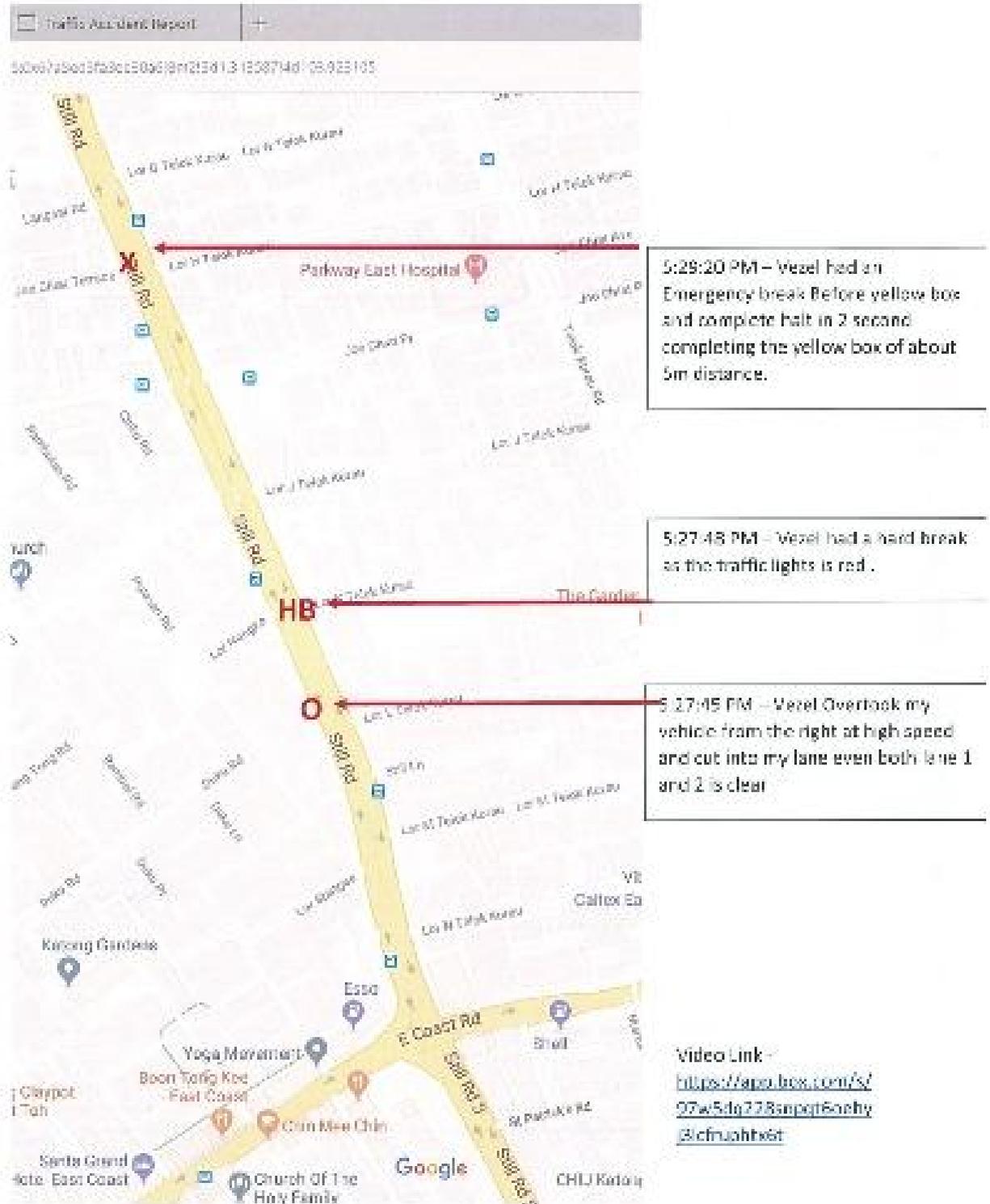
Accident Photo



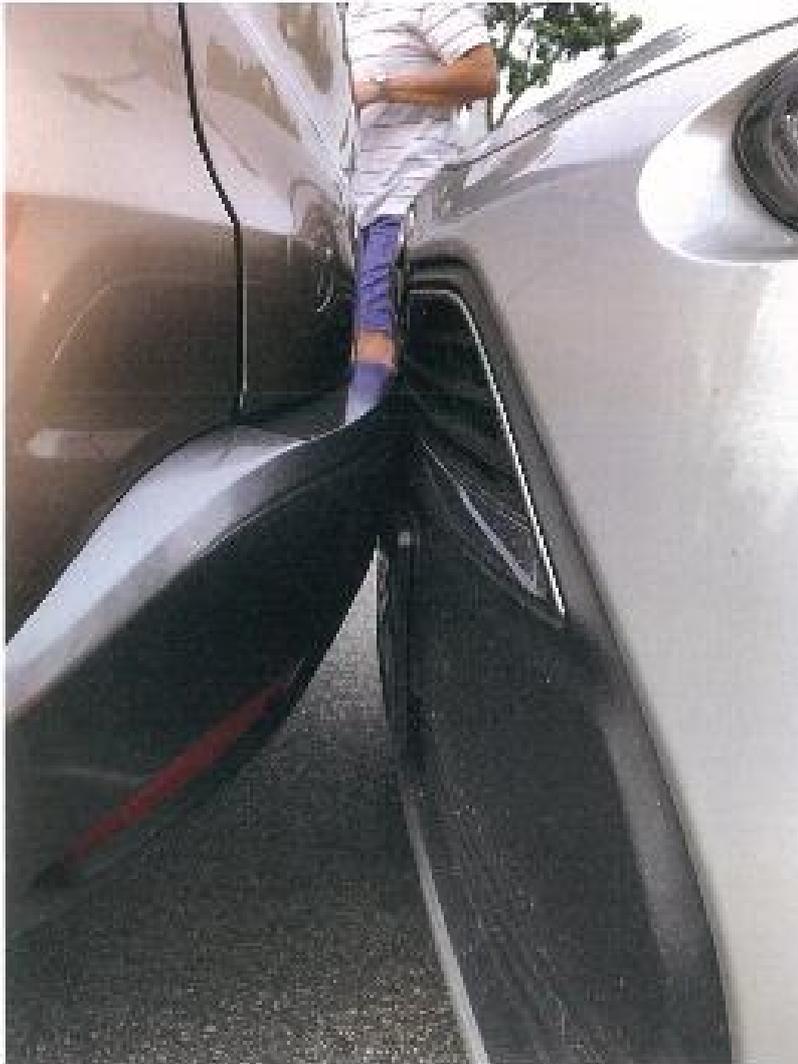
Accident Photo



ACCIDENT PLACE



SCENE PHOTO



Picture of the accident incident. Both car bumper kisses

SCENE PHOTO



2 Surface scratch mark that could be a result from the bumper "kiss"



No dent or dislodge on the bumper

SCENE PHOTO



Boot door is still in operation and no dent mark and dislodge on bumper



Rear view of the Vezel after the incident.

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA 218095128 Vehicle Registration No: SKZ 2637H
Name (as shown in NRIC) : Phang Kae Kiong NRIC/FIN/Passport No : S8078687E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BK 110 Aljunied Crescent #02-82 Singapore 380110
Contact (Tel) : _____ Mobile No. : 91769699
Email Address : _____
Date of Accident : 21/7/18 Time of Accident : 1730
Place of Accident : Still Road
Insurance Company: FAA Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach video

[Signature]
Policyholder / Driver's Signature
Date: 21/7/18

[Signature]
Reporting Centre Personnel's Signature
Name: Prithvi
NRIC/FIN No.: _____
Date: 21/7/18