

## 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             | 25/08/2018 17:28            |
| Date Of Accident           | 25/08/2018 16:15            |
| Exact Location Of Accident | PIE TOWARDS TOA PAYOH LOR 6 |
| Country/State of Loss      | SINGAPORE                   |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SLZ5222P                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | LOONG LI JUAN (LONG LIJUAN) |
| NRIC No                     | S8704928J                   |
| Email Address               | LLJUAN87@YAHOO.COM.SG       |
| Mobile Phone No             | (LOCAL) +65-90176051        |
| Alternative Phone No        | OFFICE-90176051             |

### Vehicle Particulars

|  |                             |
|--|-----------------------------|
| Manufacturer   | HYUNDAI                     |
| Model  | ELANTRA AD 1.6 GLS AT (AMS) |
| 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? | 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             | VPA/P2135857          |
| Cover Note Number         |                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | POH YONG WEE, BERNARD |
| NRIC No              | S8812332H             |
| Date Of Birth        | 14/04/1988            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 22/06/2009            |
| Driving Experience   | 9 YEARS AND 2 MONTHS  |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90933641  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | BERNARDPYW@GMAIL.COM  |

|   |  |
|---|--|
| Address   | BLK 259 BUKIT PANJANG RING ROAD #06-18 |
| Postcode  | 671259                                 |
| Was driver an employee of the Insured's Company     | NO                                     |
| If No, Relationship of the Driver with the Insured  | FRIEND                                 |
| 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?  |                   |
| 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: : PASSENGER |
|   | 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

PLEASE REFER TO STATEMENT

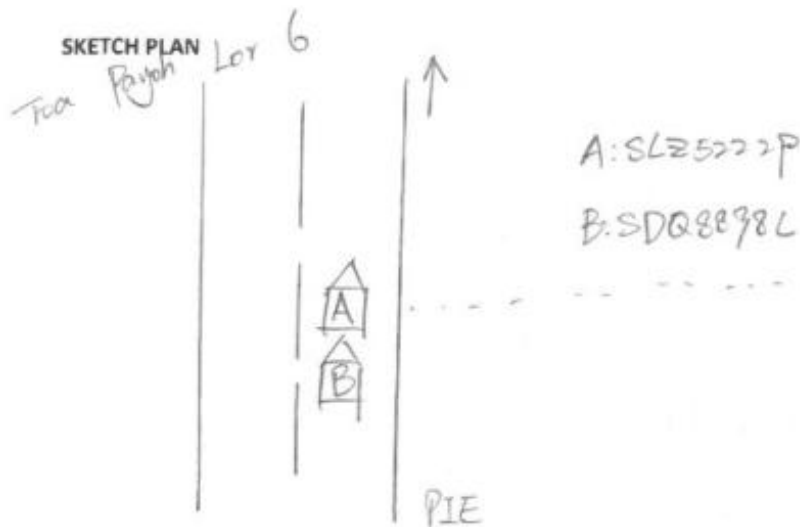
#### Attachment(s)

|   |     |
|---|-----|
| 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         | SDQ8898L          |
| Vehicle Make/Model/Colour           | MAZDA 3           |
| Details Of Properties               |                   |
| Vehicle Category                    | PRIVATE CAR       |
| Name of Driver                      | LUI YAN XUN, SEAN |
| NRIC/Passport Number                | S9136060H         |
| Contact Number                      | 9836 2992         |
| Address                             |                   |
| Postcode                            |                   |
| Insurance Company Name              |                   |
| Nature Of Damage                    |                   |
| No. Of Passenger (Including Driver) |                   |

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 25 August around 4.15pm

I was driving along PIE (flyover exit towards Tua Payoh Lor 6), when a white car Honda Vezel car SLV 8873L swerved from left to right lane, causing me to perform an emergency brake. As a result, another car Mazda 3, car plate number SDQ 8898L knocked onto my car. When we exited the car to find out what happened, the driver of SDQ 8898L went back into the car to try to reverse the car, but however accelerated the car instead to knock onto my car again to cause further damage.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

25/8/18 5.46pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/8/18 5.46pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Individual Statement

☐ Owner  
☒ Driver

## ACCIDENT STATEMENT

Date of Accident: 25/08/2018 Time: 16:15pm PIE Location of Accident: towards Toa Payoh Lor 6

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SL25222P  
Name of Policyholder: Loong Li Juan (Long Lijuan)  
NRIC/ FINI/ Passport/ ROC (if Policyholder is company): S8704928J  
Address: Blk 412 Serangoon Central #04-329 SC5504  
Contact Number: Hp 9017 6051  
Occupation: indoor

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Hyundai Elantra Ad 1.6 GLS AT (AMS)  
Type of Vehicle: Sedan, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others  
Exact Purpose for which vehicle was being used at the time of accident: Private use  
Are you claiming under your own insurance policy? ☒ Yes ☒ No Remarks: TP  
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: VPA / P 2135857

### DRIVER

Name of Driver: Bernard Poh poh yong wee, Bernard  
NRIC/ FINI/ Passport: S8812732H S8812332H  
Date of Birth: 14-04-1988  
Occupation: indoor  
Driving Pass Date: 22-06-2009  
Gender: ☒ Male ☐ Female  
Contact Number: Hp 9093 3641  
Address:   
Email Address:   
Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured:   
Vehicle Number of Driver's Own Vehicle (if applicable):   
Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT  
Type of Collision (E.g. Chain Collision/ Head On, etc): 2 Pax (1F)  
Weather Conditions: TP Hit Insured (Front to Rear)  
Road Surface: ☒ Clear ☐ Raining ☐ Others  
Damage Area: ☐ Wet ☒ Dry ☐ Others

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes  
Was anybody injured in the accident? (including Witness) ☒ No ☐ Yes  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any camera video footage (in car)? ☒ No ☐ Yes  
DETAILS OF POLICE ACTION  
Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station & Report No:   
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?   
If Yes, against whom?

lljuan87@yahoo.com.sg  
bernardpyw@gmail.com

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SL35222P

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SD88898L

Vehicle Make/ Model/ Colour

Mercedes 3

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

Lui Yan Xun, Sean

NRIC/ FIN/ Passport

S9136060H

Contact Number / Email Address

9836 2992

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect

Signature of Policy Holder  
(Company Chief, if applicable)

25/8/18 5:46 pm  
Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

25/8/18 5:46 pm  
Date & Time

## Individual Statement

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

25/8/18 5:46pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/8/18

5:46pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## Individual Statement



reclaiming

Date: 25/08/2018

To: Owner of Vehicle Number: SL3 5277 P

The following has been advised to you via your workshop, BH Auto through their staff, Yap my

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 case 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.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated 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 original parts to repair your vehicle.  
For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

Others Third Party Claim

Signature and acknowledge by:

LOONG LIJUAN

Bernard Poh

Name and signature of policyholder/authorised driver

Name and signature of Workshop personnel including company stamp.

FRONT IDENTITY CARD (OWNER)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8704928J



Name  
LOONG LI JUAN  
(LONG LIJUAN)  
龙 丽 娟

Race  
CHINESE

Date of birth  
27-02-1987

Sex  
F

Country/Place of birth  
SINGAPORE





REAR IDENTITY CARD (OWNER)



IDENTITY CARD (DRIVER)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8812332H



Name  
POH YONG WEE, BERNARD  
(FU YANGWEI)  
傅 仰 伟



Race  
CHINESE

Date of Birth  
14-04-1988

Sex  
M

Country of Birth  
SINGAPORE



*Driver*

3303054



MEC No. S8812332H



Blood Group:      Date of issue  
26-04-2003

Address  
APT BLK 259 BUKIT PANJANG RING ROAD  
#06-1B  
SINGAPORE 671259

FRONT DRIVING LICENCE (DRIVER)

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S 88 1 2332 H**

Name:

**POH YONG WEE, BERNARD**  
**(FU YANGWEI)**

Birth Date: **14 Apr 1988**

Issue Date: **17 Aug 2012**

002090547G



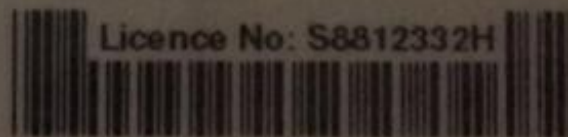
REAR DRIVING LICENCE (DRIVER)

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

EFFECTIVE DATE

**Class 3**    **Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg**    **22 Jun 2009**

NP 428A



# CERTIFICATE OF INSURANCE

AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel:(65)63387288 Fax:(65)63382522  
Website:www.axa.com.sg  
GST Registration Number: 199903512M  
customer.service@axa.com.sg



## CERTIFICATE OF INSURANCE

■ 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)

CERTIFICATE NO. : VPA/P2135857 Account No. : 08260  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : LOONG LI JUAN (LONG LIJUAN)  
Vehicle Registration No. : SLZ5222P  
Period of Insurance : From 08/05/2018 To 07/05/2019 (Both Dates Inclusive)

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

- (a) The Policyholder  
The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner  
(b) Any other person who is driving on the Policyholder's order or with his 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.

### LIMITATIONS 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, speedtesting, 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.

(01)

Basic Own Damage Excess :

An Additional Excess is applicable as follows:  
S\$500.00 for Unnamed Authorized Driver  
S\$2,500.00 for Undeclared Young and Inexperienced Driver.  
(Please refer to your policy on the terms & conditions)

\* 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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

### N.B :

Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSP2 on 20/06/2018

### IMPORTANT :

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, covernote and endorsement etc.



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



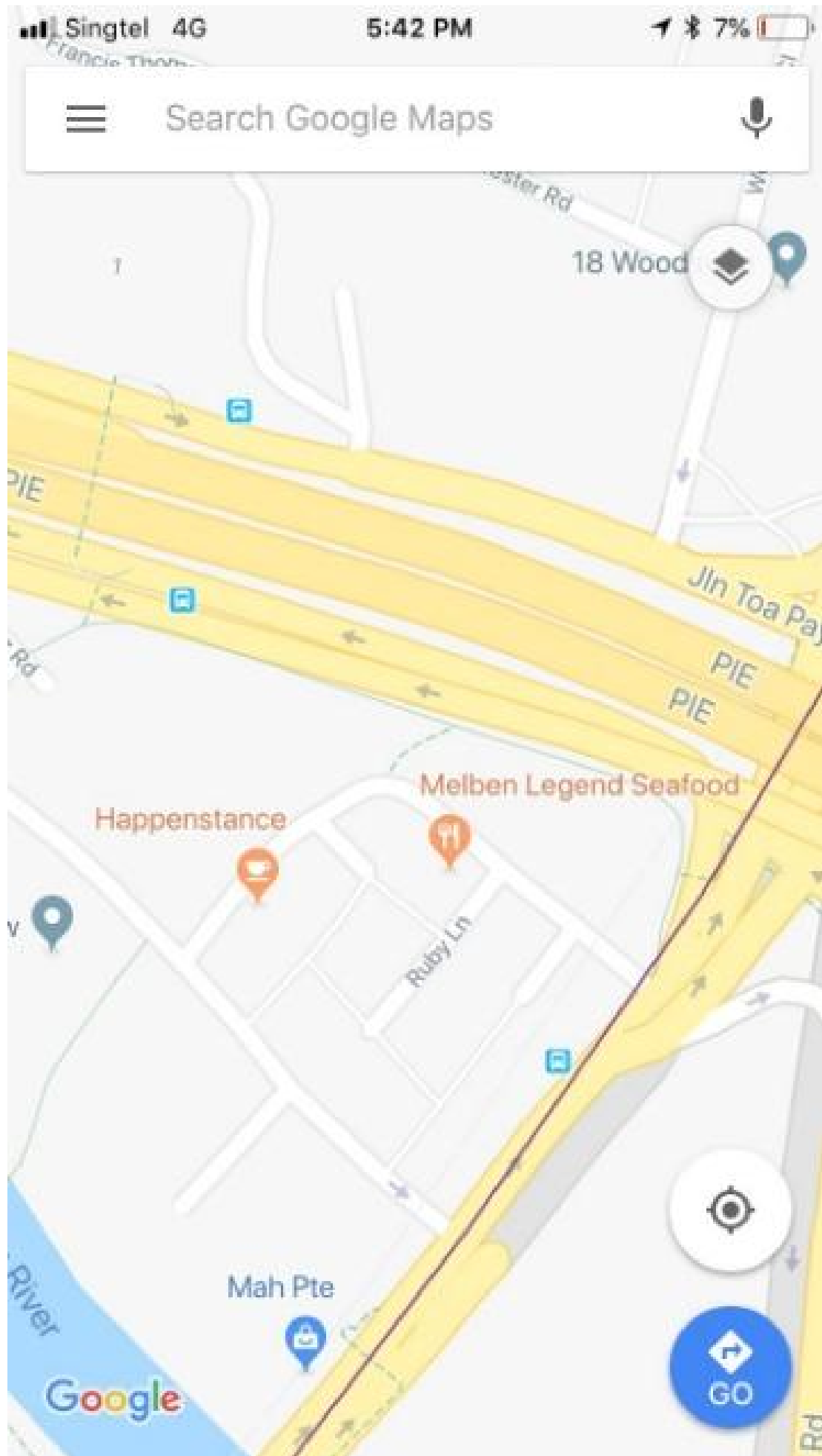
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Accident Photo



Accident Photo





Accident Photo



Accident Photo

