

## 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	04/09/2018 14:19
Date Of Accident	03/09/2018 23:05
Exact Location Of Accident	JUNCT RD OF COLEMAN STREET & HILLSTREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD9213S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ERNEST HENG CHEE ANN
NRIC No	S1807260B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98150968
Alternative Phone No	OFFICE-98150968

### Vehicle Particulars

Manufacturer	FIAT
Model	500 C BY GUCCI-1.4 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA351490/1
Cover Note Number	

### Driver

Name of Driver	COLLEEN ANG HENG HWEE
NRIC No	S6934073C
Date Of Birth	20/09/1969
Occupation	INDOOR
Date Of Driving Pass	01/09/1989
Driving Experience	29 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97580533
Fax Number	
Contact Number	
Email Address	COLERN@GMAIL.COM

Address	41 LUCKY GARDENS
Postcode	467678
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 - CROSS JUNCTION
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)	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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (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	SKE6831Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FRANCIS CHENG
NRIC/Passport Number	
Contact Number	97559065
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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 liability.
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 Pg. 1

## SKETCH PLAN

	<b>Vehicle</b> A - SKD 9213S B - SKE 6831X
	<b>Legend</b> 

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Sep 3, at 11:05 p.m I was travelling along Hill street towards Victoria Street. I had just turned out from River Valley road. and was on the extreme right end lane. At the junction of Hill street and Coleman Street, the traffic light just turned amber but I continued on as I was close to the junction stop line. I saw that a car in the opposite direction was making a right turn to Coleman Street, and honked several times to warn the driver but the car continued and hit the right side of my vehicle. My car was pushed to the left and mounted the curb. The car cannot be started after the accident.

## DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day 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.:

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that Colleen Ang Heng Hwee, NRIC: S6934073C, Tel: 9758 0533 has reported to the Police a non-injury traffic accident which occurred at the traffic light junction in front of Coleman Street and Hillstreet on 03.09.2018 at 11:05p.m. involving the following vehicles :-

- i) SKD 9213S (Complainant vehicle)
- ii) SKE 6831Y (BMW, Black)


2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SGT T170109 Maryani  
Date: 04/09/2018  
Time: 1210hrs  
Station Diary ref: 09  
Police Post/Unit: Bedok South NPC

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

version as of 15 Sep 2000

  
SGT Maryani  
Bedok South NPC  
No. 20 Chai Chee Drive  
Singapore 469045  
Tel: 1800-2448999

# Common Statement Pg. 1

## 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

<b>1</b> Date of accident Time 3/9/18 2:30		<b>2</b> Exact location of accident Junt Rd of Coleman Street & Hill Street		<b>3</b> Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *	
<b>4</b> Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		<b>5</b> 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)** SKD 9213S

**6** Insured / policyholder (see insurance cert.)  
 Name Ernest Heng Chee Ann  
 Address  
 NRIC / Passport no. S1807260B  
 Tel no. (from 9am till 5pm) 98150968  
 HP  
☒ **7** Vehicle  
 Make, type  
☒ **8** Insurance company AXA ☒ TPFT ☐ TPO  
 Does the policy cover damage to vehicle A?  
 No ☐ Yes ☐  
 Policy No. GA351490/1  
**9** Driver ☐ Same as Owner  
 Name Colleen Ang Heng  
 (capital letters) Awee  
 NRIC / Passport no. S6434073C  
 Class of licence 97580533  
 HP  
 Gender Male ☐ Female ☒

### 12 CIRCUMSTANCES

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

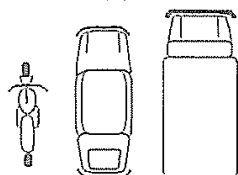
- |                             |   |
|-----------------------------|---|
| <input type="checkbox"/> 1  | Chain Collision                                 |
| <input type="checkbox"/> 2  | Collided into Bicyclist                         |
| <input type="checkbox"/> 3  | Collided into Motorcyclist                      |
| <input type="checkbox"/> 4  | Collided into Parked Vehicle                    |
| <input type="checkbox"/> 5  | Collided into Pedestrian                        |
| <input type="checkbox"/> 6  | Collided into Property                          |
| <input type="checkbox"/> 7  | Collision - Change/Cross Lane                   |
| <input type="checkbox"/> 8  | Collision - Cross Junction                      |
| <input type="checkbox"/> 9  | Collision - Head on Collision                   |
| <input type="checkbox"/> 10 | Collision - Head to Rear                        |
| <input type="checkbox"/> 11 | Collision - Major/Minor Rd                      |
| <input type="checkbox"/> 12 | Collision - Opening Door of Vehicle             |
| <input type="checkbox"/> 13 | Collision - Roundabout                          |
| <input type="checkbox"/> 14 | Collision - U-Turn                              |
| <input type="checkbox"/> 15 | Drink Driving / Drug Influence                  |
| <input type="checkbox"/> 16 | Fire, Explosion or Lightning                    |
| <input type="checkbox"/> 17 | Flood   |
| <input type="checkbox"/> 18 | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> 19 | Hit by Fallen Tree / Other Objects              |
| <input type="checkbox"/> 20 | No Collision                                    |
| <input type="checkbox"/> 21 | Side Swipe                                      |
| <input type="checkbox"/> 22 | Theft   |

**Registration No. (VEHICLE B)** SKK 6831Y

**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 Francis Cheng  
 (capital letters)  
 NRIC / Passport no.  
 Class of licence 97559065  
 HP  
 Gender Male ☒ Female ☐

← State TOTAL number of boxes marked with a cross →

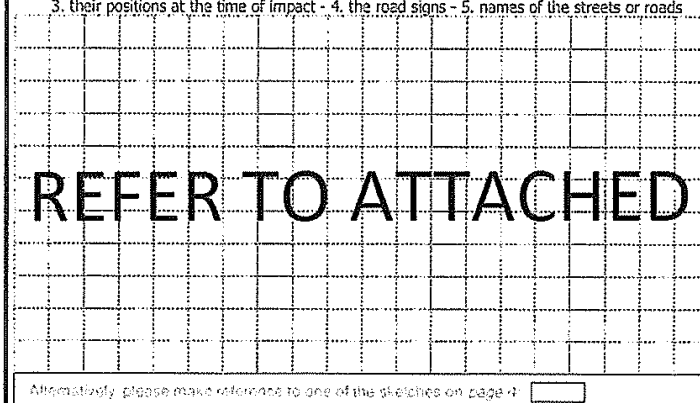
**10** Indicate the point of initial impact with an arrow (→)



**11** Visible damage to vehicle A

**14** My remarks

**13** Sketch of accident when impact occurred  
 Please 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



Alternatively, please make reference to one of the sketches on page 4

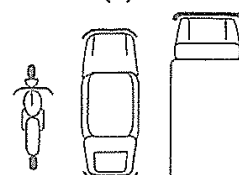
**15** Signatures of drivers

Signature of Driver A

**15**

**14** My remarks

**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 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

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>colern@gmail.com</u>											
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity											
	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> 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 checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>	If no, state where it is at present Tel no.											
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A													
	<input type="checkbox"/> B													
	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)													
	7 Date of birth													
	Occupation													
Driver or person in charge of vehicle at the time of accident (including insured)	Date of license pass		Was vehicle driven with the insured's permission?											
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>											
	Was driver an employee of the insured's company?		Yes <input 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													
	<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											
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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Bedok South NPC</u>													
	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?													
	14 Weather conditions													
	15 Road surface													
Accident details	16 Speed of vehicles													
	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)?													
	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 <u>[Signature]</u> 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  
 05185

-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	ERNEST HENG CHEE ANN	Certificate number	GA351490 / 1
Cover	Comprehensive	Chassis number	ZFA31200000735195
Plan name	Peace	Engine number	169A30001668941
NCD applicable	0%		
Vehicle registration number	SKD92135		
Period of Insurance	from 08/05/2018 to 07/05/2019 (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 600.00
	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 certificates, endorsement etc.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1807260B



Name

ERNEST HENG CHEE ANN



王 志 安

Race

CHINESE

Date of Birth

22-12-1967

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6934073C



Name

COLLEEN ANG HENG HWEE



洪 杏 慧

Race

CHINESE

Date of Birth

20-09-1969

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6934073C

Name

COLLEEN ANG HENG HWEE



Birth Date: 20 Sep 1969

Issue Date: 06 Sep 2010



001832751F

1451942



NRIC No S1807260B



Blood Group

A+

Date of issue

22-11-1993

Address

41 LUCKY GARDENS

SINGAPORE 467678

NRIC No: S1807260B

Date: 07-01-2001

No: 3930338

A0093231



NRIC No S6934073C



Blood Group

A+

Date of issue

31-12-2001

Address

41 LUCKY GARDENS  
SINGAPORE 467678

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 01 Sep 1989



Licence No: S6934073C

NP 428A

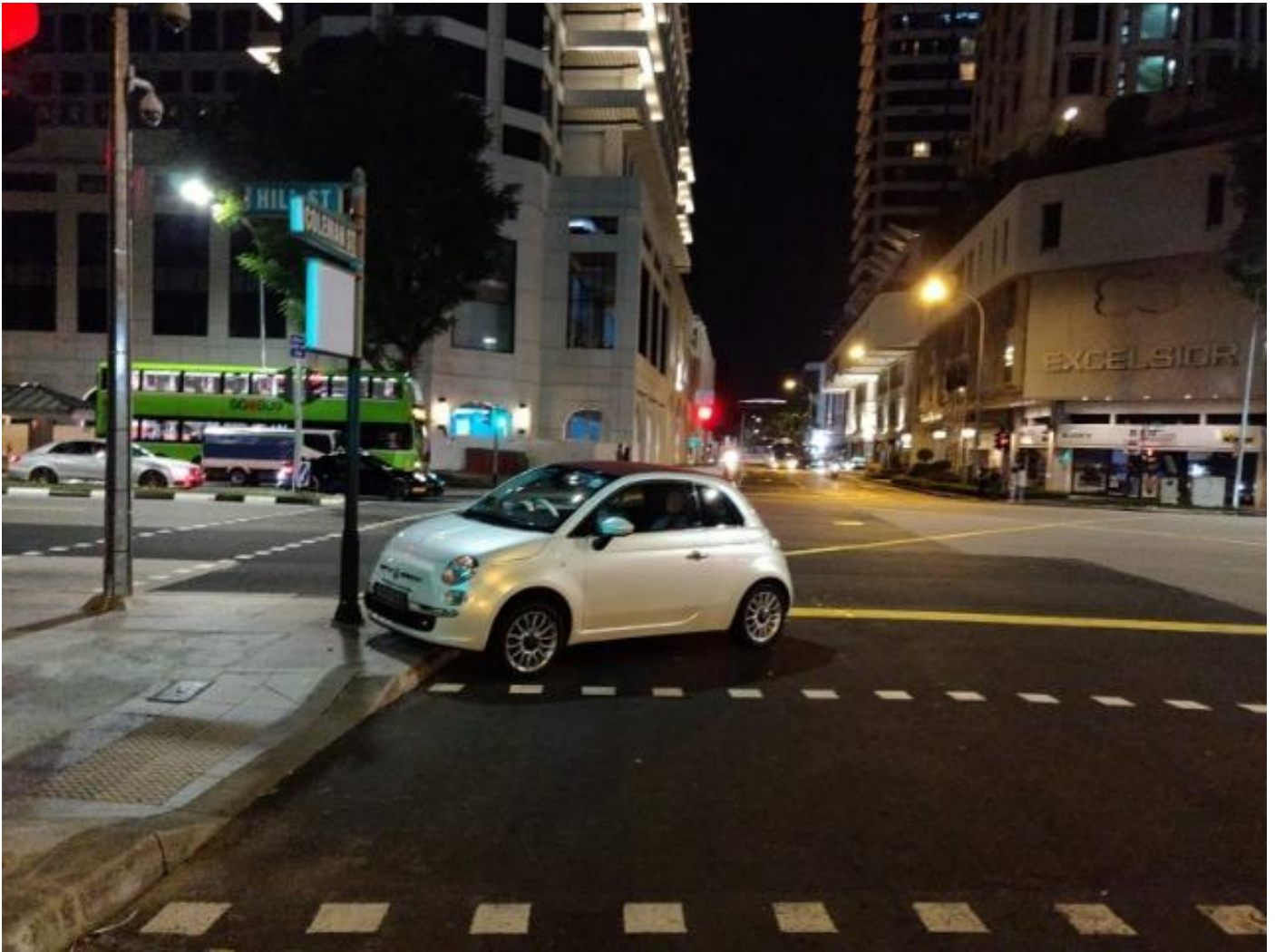
Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

