

## 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	08/09/2018 10:32
Date Of Accident	07/09/2018 15:50
Exact Location Of Accident	TEMASEK BOULEVARD TOWARDS RAFFLES BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA9513S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHENG YEN CHU (ZHENG YUANZHU)
NRIC No	S7901753A
Email Address	CHENGYEN2002@YAHOO.COM
Mobile Phone No	(LOCAL) +65-83399956
Alternative Phone No	OTHERS-83399956

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI (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	P1256176
Cover Note Number	

### Driver

Name of Driver	CHENG YEN CHU (ZHENG YUANZHU)
NRIC No	S7901753A
Date Of Birth	12/01/1979
Occupation	INDOOR
Date Of Driving Pass	01/06/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83399956
Fax Number	
Contact Number	OTHERS-83399956
Email Address	CHENGYEN2002@YAHOO.COM

Address	70 MARINE PARADE ROAD #15-26 SINGAPORE
Postcode	449302
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	DRIZZLING
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : CHRISTINE GENDER: : FEMALE
Passenger 2	NAME: : TAN GEOK ENG 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD242C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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/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:

8/9/18  
10:23AM

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



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

PERMAN

Vehicle  
 A - SKA9513S  
 B - SHD242C

Legend

Vehicle (represented by a rectangle with a triangle on top)  
 Motorcycle (represented by a vertical oval)

Both cars were turning left. The car in front stopped abruptly and my car hit the rear left bumper.

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.

Date & Time: 10:23am  
8/9/18

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

policy must be made within the stipulated timeframe

---

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

# Common Statement

## 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: <u>7/9/18</u> Time: <u>1550</u>		<b>2</b> Exact location of accident: <u>Temasek Boulevard towards Raffles Boulevard</u>		<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"/> To objects other than vehicles: 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)** SKA9513S

**6** Insured / policyholder (see insurance cert.)  
 Name: Chong Yen Chu  
 (capital letters) (Zheng Yuanzhu)  
 Address: \_\_\_\_\_  
 NRIC / Passport no. S7901753A  
 Tel no. (from 5pm till 5pm) \_\_\_\_\_  
 HP 83399956

**7** Vehicle  
 Make, type: Volkswagen Jetta  
1.4TSI

**8** Insurance company  
AXA ☒ TC ☐ TPFT ☐ TPO  
 Does the policy cover damage to vehicle A?  
 No ☐ Yes ☒  
 Policy No. P1256176

**9** Driver ☒ Same as Insured  
 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

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Chain Collision                                |
| <input type="checkbox"/> | Collided into Object                           |
| <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 - Motor/Motor Bk                     |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle            |
| <input type="checkbox"/> | Collision - Roundabout                         |
| <input type="checkbox"/> | Collision - Turn                               |
| <input type="checkbox"/> | Drink Driving / Drug Influence                 |
| <input type="checkbox"/> | Fire, Explosion or Lightning                   |
| <input type="checkbox"/> | Reversing                                      |
| <input type="checkbox"/> | Hit and Run / Vanishing / Damages not Reported |
| <input type="checkbox"/> | Hit by Fallen Tree / Other Objects             |
| <input type="checkbox"/> | No Collision                                   |
| <input type="checkbox"/> | Side Swipe                                     |
| <input type="checkbox"/> | Truck  |

**Registration No. (VEHICLE B)** SHD40C

**6** Insured / policyholder (see insurance cert.)  
 Name: \_\_\_\_\_  
 (capital letters)  
 Address: \_\_\_\_\_  
 NRIC / Passport no. \_\_\_\_\_  
 Tel no. (from 5pm 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 ☐

← State TOTAL number of boxes marked with a cross →

**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**

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

**11** Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11** Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14** My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**15** Signatures of drivers

**A** Angela

**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)					
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>changyan202@yahoo.com</u>				
	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 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 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 type="checkbox"/> No <input checked="" type="checkbox"/> 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	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	<u>12/1/79</u>	<u>Indoor</u>	<u>Outdoor</u>	<u>1/6/1999</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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?	Was injured conveyed to hospital by ambulance?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others <u>drizzling</u>				
	15 Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others _____				
	16 Speed of vehicles A _____ km/hr B _____ 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)? _____				
	20 If your vehicle is commercial, state weight of load carried at time of accident _____				
Declaration	21 State how accident happened, width of roads, speed limits, etc (Refer to attached) <u>① Christine ② Tan Geok Eng</u>				
	22 State number of Passengers (Including Driver) <u>③</u>				
Declaration	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 _____				

AXA Insurance PTE LTD  
 100, Raffles Place, #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



Private Cars COMP  
 POLICY SCHEDULE  
 RENEWAL  
 Original

<b>POLICY INFORMATION</b>		Policy No. : VPA/P1256176	
Source	: (01) 13820 ARF AP) PTE LTD (VW-ENHANCED)		
Insured	: CHENG YEN CHU (ZHENG YUANZHU)		
Address	: 70 MARINE PARADE ROAD #15-26 SINGAPORE 449302		
Business/Profession	: CONSULTANT - OLIVER WYMAN Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance	: From 15/04/2018 To 14/04/2019 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
Replacing Policy No.	: 11761096		
<b>PREMIUM</b>			
Premium After 50.00% NCD	: SGD 1,519.35		
Prem W/Shop 15.00%	Disc	: SGD 227.90	
Safe Driver 5.00%	Disc	: SGD 75.97	
GST 7.00%		: SGD 85.09	
Annual Premium		: SGD 1,300.57	
Total Payable		: SGD 1,300.57	
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	: Comprehensive		
Regn No.	: SKA9513S		
Type Of Use	: Private Car		
Make/Model	: VOLKSWAGEN JETTA 1.4 TSI		
Year of Manufacture	: 2010	Seating Capacity (excl. Driver)	: 04
Body Type	: SALOON	Engine C.C.	: 1390
Engine No.	: CAX631012		
Chassis No.	: WVWZZZ1KZBM010029		
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use : As specified in Certificate of Insurance			
<u>Extra Coverage(Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
VW Daily Cash Benefit			
Basic Own Damage Excess		: SGD	
<u>Named Drivers</u>			
1 CHENG YEN CHU (ZHENG YUANZHU)			
2 CHENG CHIA PAN			



DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7901753A

Name: CHENG YEN CHU (ZHENG YUANZHU)

Birth Date: 12 Jan 1979

Issue Date: 05 Jul 2016

002584893F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7901753A

Name: CHENG YEN CHU (ZHENG YUANZHU)

郑 渊 柱

Race: CHINESE

Date of birth: 12-01-1979

Sex: M

Country of birth: SINGAPORE

S7901753A

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  01 Jun 1999

Licence No: S7901753A

NP 428A

4387469

NRIC No. S7901753A

Date of issue: 16-04-2009

70 MARINE PARADE ROAD #15-26  
SINGAPORE 449302

NRIC No: S7901753A Date: 20/06/2015

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

