

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	25/09/2018 16:54
Date Of Accident	25/09/2018 15:30
Exact Location Of Accident	ALONG DAIRY FARM RD TWDS UPPER BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC449U
Insured/Policyholder	
Name Of Registered Owner	WEE JYI LOONG (HUANG JILONG)
NRIC No	S7633962G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90901084
Alternative Phone No	OTHERS-90901084

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3GF CVT
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	GA368290/1
Cover Note Number	

Driver

Name of Driver	WEE JYI LOONG (HUANG JILONG)
NRIC No	S7633962G
Date Of Birth	31/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90901084
Fax Number	
Contact Number	OTHERS-90901084
Email Address	NOEMAIL

Address	BLK 775 YISHUN RING ROAD #02-3606
Postcode	760775
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	SIDE SWIPE
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)	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

PLEASE REFER TO STATEMENT

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	SLQ5336S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	9455 0706
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Upper Bukit Timah Road

A: SMC449U

B: SLG5336S

Lim Chu Keng Road

B: SLA5336S

I was driving along Dairy Farm Road and had filtered out and changing lane to turn right to Hill view road when I was hit by the car, SLQ 536S driving along Upper Bukit Timah Road towards Bukit Timah.

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

Date & Time: 25/07/18 5:11 pm

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Individual Statement

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 25/09/2008 Time: 12:30pm Location of Accident: Along Dairy Farm Road towards upper Bukit Timah Road

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SMC449U
Name of Policyholder: Wee Jui Loong (Huang Jilong)
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S763501629
Address: Blk 775 Yeshun Ring Road #02-3606 S(760775)
Contact Number: Tel 9090 1084
Occupation: outdoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Honda Fit 1.3GF CVT
Type of Vehicle: ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ M/cycle ☐ 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:
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: GA368290/1

DRIVER

Name of Driver: -/-
NRIC/ FIN/ Passport: -/-
Date of Birth: 31-10-1976
Occupation: -/-
Driving Pass Date: 9-12-2008
Gender: ☒ Male ☐ Female
Contact Number: -/-
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.): 1 PM Side Swipe
Weather Conditions: ☒ Clear ☐ Raining ☐ Others
Road Surface: ☐ Wet ☒ Dry ☐ Others
Damage Area:

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 cars)? ☐ 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?:

thumpthump26@hotmail.com

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SMC449U

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SLQ5336S

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

9455 0706

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 Stamp if applicable)

Date & Time 25/09/18 17:12

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

Date & Time 25/09/18 17:12

Individual Statement

SKETCH PLAN

IMPORTANT NOTICE

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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: 28/09/18 5.11


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


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

Individual Statement



redlining (1/1/2018)

Date: 25/09/2018

To: Owner of Vehicle Number SMC 449U

The following has been advised to you via your workshop, BH Auto through their staff, Top-y

Please tick the applicable box if you had been advice 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: Own Damage claim

Signed and acknowledge by

Wee Jyi Loong

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



IDENTITY CARD & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7633962G

Name: WEE JYI LOONG (HUANG JILONG)

Birth Date: 31 Oct 1976

Issue Date: 14 Jun 2003

000670478D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7633962G

Name: WEE JYI LOONG (HUANG JILONG)

黄 咭 龍

Race: CHINESE

Date of birth: 31-10-1976

Country of birth: SINGAPORE

Sex: M

8284331




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

Class	Description	PASS DATE
Class 1B	Motorcycles <= 200 CC	27 Feb 1987
Class 1A	Motorcycles between 201 CC and 400 CC	30 Oct 1988
Class 1	Motorcycles > 400 CC	16 Dec 2002
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	29 Dec 2008

S / No. 9000091224

NP 428A

57633962G

License No: S7633962G

8284331

NRIC No: S7633962G

Date of issue: 15-08-2008

APT BLK 775 YISHUN RING ROAD #02-3606

SINGAPORE 780775

Date: 18/12/2011 (RI)

No: 8991079




CERTIFICATE OF INSURANCE



Certificate of Insurance

account number
10962

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1967 (Road Transport Act, 1987 (Malaysia))
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1959 (Malaysia)

Policy details

Policyholder name	WEE JYI LOONG (HUANG JILONG)	Certificate number	GA368290 / 1
Policy type	Comprehensive	Chassis number	GK31316494
Policy in name	Flexi	Engine number	L1381419194
Policy applicable	20%		
Policy registration number	SMC449U		
Period of Insurance	from 25/06/2018 to 24/06/2019 (both dates inclusive)		
Insurance loan company	MAYBANK		

Persons or classes of persons entitled to drive*

The Policyholder
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*

Policy is only for social, domestic and pleasure purposes and for the Policyholder's business.
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, 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.

CESS	Basic Own Damage Excess	SGD 400.00
	Windscreen Excess	SGD 100.00

Additional Excess is applicable as follows:

1. S\$500 for untrained 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

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 in the case 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).

A 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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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