

## 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	02/10/2018 16:23
Date Of Accident	01/10/2018 16:35
Exact Location Of Accident	ALONG LORNIE ROAD TOWARDS BRADDELL DIRECTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2921B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO KIEN MUN
NRIC No	S6931813D
Email Address	KMHOSPORE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96319444
Alternative Phone No	OFFICE-96319444

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (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?	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	GA267912/1
Cover Note Number	

### Driver

Name of Driver	HO KIEN MUN
NRIC No	S6931813D
Date Of Birth	10/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96319444
Fax Number	
Contact Number	OFFICE-96319444
EEmail Address	KMHOSPORE@GMAIL.COM

Address	BLK 242 BISHAN STREET 22 #02-266
Postcode	570242
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?	
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

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	SKS893J
Vehicle Make/Model/Colour	HONDA ODYSSEY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HERYANTO TAN
NRIC/Passport Number	S8681029H
Contact Number	97230570
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN



A: SJP 2921 B

B: SKS 893 J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1st Oct 2018, I was driving along Lornie Road towards Brnddell direction.

I'd stopped my vehicle ~~due to vehicle~~ slowly due to vehicle in front slowed down.

When my vehicle has stopped, vehicle SKS 893 J banged on my boot, causing my body to jerk forward.

I'd suffered headache after the incident.

The bang has resulted my rear bumper badly damaged.

## DECLARATION

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

Policyholder's Signature

Date & Time:

2/10/18  
16:00 pm

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

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

# Common Statement

☒ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident: 01/10/2018 Time: 1631 hrs Location of Accident: Along Lornie Road Towards Braddell Direction.

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SJP 2921 B  
Name of Policyholder: Ho Kien Mun  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S6931813 D  
Address: Blk 242 Bishan Street 22 #02-266 Singapore 570242  
Contact Number: Tel: 9631 9444  
Occupation: outdoor

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Toyota Camry  
Type of Vehicle: ☒ Sedan ☐ 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  
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: GA267912/1

### DRIVER

Name of Driver: " "  
NRIC/ FIN/ Passport: " "  
Date of Birth: 10/09/1969  
Occupation: " "  
Driving Pass Date: 23/09/1994  
Gender: ☒ Male ☐ Female  
Contact Number: Tel: 9631 9444  
Address: " "  
Email Address: " "  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured: Owner

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.): Head To Rear (TP hit Insured)  
Weather Conditions: ☒ Clear ☐ Raining ☐ Others  
Road Surface: ☐ Wet ☒ Dry ☐ Others  
Damage Area: Rear portion

### 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?:

kmhospore@gmail.com

## Common Statement

OWN VEHICLE REGISTRATION NUMBER

SJP 2921 B

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

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

Vehicle Registration Number

SKS 893 J

Vehicle Make/ Model/ Colour

Honda Odyssey

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

Damage Area

Name of Driver

Heryanto Tan

NRIC/ FIN/ Passport

S 8681029 H

Contact Number / Email Address

9723 0570

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.



Date & Time

21/01/8 1600 hrs

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

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

## Common Statement

### SKETCH PLAN

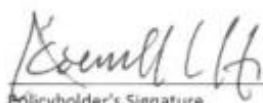
### IMPORTANT NOTICE

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:

2/10/18 16:00h

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

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

# CERTIFICATE OF INSURANCE



redefining / insurance

AXA Insurance Pte Ltd  
1800 680 4888 (Within Singapore)  
(65) 6880 4888 (International)  
(65) 6880 4740  
customer.care@axa.com.sg  
www.axa.com.sg

account number  
15896

## 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)

### Policy details

<b>Policyholder name</b>	HO KIEN MUN	<b>Certificate number</b>	GA267912 / 1
<b>Cover</b>	Comprehensive	<b>Chassis number</b>	MR053BK4107042121
<b>Plan name</b>	Essential	<b>Engine number</b>	1A2E128791
<b>NCD applicable</b>	30%		
<b>Vehicle registration number</b>	SJP29218		
<b>Period of Insurance</b>	from 18/09/2017 to 17/03/2019 (both dates inclusive)		
<b>Finance loan company</b>	SINGAPORE FINANCE LTD		

### 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.

<b>EXCESS</b>	Windscreen Excess	Not Applicable
---------------	-------------------	----------------

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorized Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undecleared *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

/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 certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

1 of 3

OWNER IC & DRIVING LICENCE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S6931813D**  
 Name: **HO KIEN MUN**  
 Birth Date: **10 Sep 1969**  
 Issue Date: **24 Feb 2004**


 001136701H

**REPUBLIC OF SINGAPORE**


**IDENTITY CARD NO. S6931813D**


 Name: **HO KIEN MUN**  
**何建汶**  
 Race: **CHINESE**  
 Date of birth: **10-09-1969** Sex: **M**  
 Country of birth: **SINGAPORE**


 S6931813D

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Sep 1994


 Licence No: S6931813D

NP 425A


 3960031


 NRIC No: **S6931813D**

Date of issue: **30-10-2006**

**APT BLK 242 BISHAN STREET 22 #02-266**  
**SINGAPORE 570242**  
 NRIC No: **S6931813D** Date: **06/08/2012** No: **7060749**



# AXA FORM



redefining... ...the way we think

Date: 02/10/2018

To: Owner of Vehicle Number: SJP 2921 B

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

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: 3rd party @ BH Auto

Sign and acknowledge by

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

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



Accident Photo



**Accident Photo**

