

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 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. 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	09/10/2018 14:04
Date Of Accident	09/10/2018 07:20
Exact Location Of Accident	TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9988Z
Insured/Policyholder	
Name Of Registered Owner	PHUA BOON THAI
NRIC No	S8275747C
Email Address	WENTAI82@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90663962
Alternative Phone No	OTHERS-90663962

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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	GA258627/1
Cover Note Number	

Driver

Name of Driver	PHUA BOON THAI
NRIC No	S8275747C
Date Of Birth	16/07/1982
Occupation	INDOOR
Date Of Driving Pass	23/06/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90663962
Fax Number	
Contact Number	OTHERS-90663962
E Mail Address	WENTAI82@YAHOO.COM

Address	92 PUNGGOL CENTRAL #03-29 SINGAPORE
Postcode	828723
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	RAINING
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)	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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB3696T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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:


JPM
9/10/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

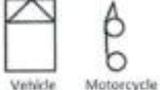
Name:

NRIC/FIN No.:


PENAN

Sketch Plan #2

SKETCH PLAN

	<u>Vehicle</u> A - SL59988Z B - SJB3696T
	<u>Legend</u>  Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Today morning, it was rainy heavily & road was slippery. Along TPE (SLE), car B suddenly jam break causing my car to hit his rear vehicle.

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: 9/10/18
2pm

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

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

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

1 Date of accident: 9/10/18 Time: 0718 2 Exact location of accident: TPE (SLE)

3 Injuries even if slight: No Yes

4 Material damage: To vehicles other than vehicles A and B: No Yes To objects other than vehicles: No Yes

5 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 Yes

Registration No. (VEHICLE A) **SLS 9988Z**

6 Insured / policyholder (see insurance cert.)
Name: **Phua Boon Thai**
Address: _____
NRIC / Passport no. **S8275747C**
Tel no. (from Sam till 5pm) _____
HP **9066 3962**

7 Vehicle
Make, type: **Honda Shuttle 15X Hybrid X**

8 Insurance company: **AXA** TPFT TPO
Does the policy cover damage to vehicle A? No Yes
Policy No. **AA25862711**

9 Driver: Same as Owner
Name: _____
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"/>	Chase Collision
<input type="checkbox"/>	Collided into Bicycle
<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 - Major/Minor Rd
<input checked="" type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Foal
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) **SJB 3696T**

6 Insured / policyholder (see insurance cert.)
Name: _____
Address: _____
NRIC / Passport no. _____
Tel no. (from Sam 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: _____
NRIC / Passport no. _____
Class of licence: _____
HP _____
Gender: Male Female

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

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

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

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

syafrah@bw.com.sg

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: Email: wentai82@yahoo.com

1 Occupation (if more than one, state all) _____

2 Vehicle registration no. _____ C.C. _____ If commercial vehicle, state permissible carrying capacity _____

3 Is driver the owner? Yes No 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: Private use Commercial use Hire & reward Private Hire
 Others - please specify _____

5 Is the vehicle still in use? Yes No 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 No
 If no, state action to be taken: Third Party Reporting Only Third Party (Own Workshop)

7 Date of birth: 16/7/82 Occupation: Indoor Outdoor: 23/6/2017 Was vehicle driven with the insured's permission? Yes No Was driver an employee of the insured's company? Yes No

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

Date	Offence	Penalty

10 Name(s), address(es) and approximate age(s) _____ Injuries sustained _____ If vehicle occupants, state in which vehicle _____ Were seat belts being worn? Yes No Was injured conveyed to hospital by ambulance? Yes No

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) _____

12 Was the accident reported to the Police? Yes No
 If yes, please state which Police station _____

13 Was notice of intended prosecution given? Yes No
 If yes, against whom? _____

14 Weather conditions: Clear Raining Others _____

15 Road surface: Wet Dry 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 No

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) _____

22 State number of Passengers (including Driver) 1

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

Policyholder's signature _____ Date 9/10/18 2pm

Driver's signature (if driver is not the policyholder) _____ Date _____



AXA Insurance Pte Ltd
 1100 880 4888 (Within Singapore)
 (65) 6580 4888 (International)
 (65) 6580 4740
 customer.care@axa.com.sg
 www.axa.com.sg

Certificate of Insurance

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

Policy details

Policyholder name Driver	THUA SION THUM Comprehensive	Certificate number Chassis number	GA35627 / 1 GP71117205
Plate number ICD applicable	8F4 Yes	Engine number	LEB6321216
Vehicle registration number Period of insurance	SL59988Z from 15/08/2018 to 17/08/2019 (both dates inclusive)		
Finance lease company	NI		

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 an 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 route by whatever name called that are typically used for racing, pace-making or such similar purposes.
 * Limitations mentioned in Schedule B of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 90 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 500.00
	Wendscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:
 1. S\$500 for unlicensed Authorized 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 the 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

[Signature]
 Authorized Signature

Important note

Policyholders are advised 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 Vehicles (Third Party Risks and Compensation) Act (Cap. 189).
 The Premium Warranty Clause requires the premium to be paid in full within a specified period failing which there would be no liability under the policy, renewal certificate, endorsement, etc.

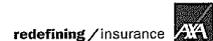
AXA Insurance Pte Ltd (199909512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #91-01

Claims procedure

- A. At the Accident Site**
- Exchange particulars with all parties involved in the accident including name, NRIC/FIN number, telephone number, address and insurance company.
 - Take note of the third party vehicle numbers. Please also take digital photographs (e.g. ANS) of all the third party vehicles involved in the accident and a view of the accident scene. These are to be included in the accident report to be filed later.
 - If there are witnesses, note down their names, NRIC/FIN numbers, telephone numbers and addresses.
- B. What to do immediately after**
- Call our Customer Helpline at 1800-8804888 or AXA's Premium Workshops listed below for further advisory assistance.
 - Report the accident to one of AXA's Premium Workshops listed below, with your vehicle whether damaged or not, within 24 hours of the accident or by the next working day. AXA's Premium Workshops are authorized to assist our policyholders for accident report.
 - Lodge a police report for the following motor accident cases:
 - injury case;
 - non-injury case involving a government vehicle or damage to government property;
 - non-injury case involving a foreign vehicle;
 - non-injury case involving a pedestrian or cyclist;
 - any accident outside of Singapore.
 - Avoid all unauthorised tow-truck operators or repair workshops.
 - Forward all letters and communications received from third parties concerning the accident to AXA Insurance Pte Ltd.

AXA Premium Workshops

- NORTH / CENTRAL ZONE**
- Ah Lin Motor Company(Male)**
 10 Ang Mo Kio Ind. Park 2A, #01-09 AMK Auto Point, Singapore 568047, Tel: 6483 1244, Fax: 6483 6170
- Ah Lin Motor Company(Branch)**
 176 Sin Ming Drive, #05-12 Sin Ming Autocare Singapore 575721, Tel: 6456 3637, Fax: 6456 3686
- BH Auto Services Pte Ltd**
 Blk 1 Sin Ming Industrial Estate Sector C, #02/111/113/115/115 Singapore 575636, Tel: 6559 8944/ 9233 6244/ 9101 3232, Fax: 6551 3144
- Combridge Engineering Pte Ltd (male)**
 205 Braddell Road, Singapore 579701, Tel: 6383 7116/6553 1111, Fax: 6284 4284
- K. Kim Hin Auto Pte Ltd**
 160 Sin Ming Drive #02-20 Sin Ming Autocare, Singapore 575722, Tel: 6452 7018, Fax: 6458 2895
- S & H Motor Pte Ltd**
 160 Sin Ming Drive #07-02 Sin Ming Autocare, Singapore 575722, Tel: 6453 4730, Fax: 6457 1931
- Turb Tech Pte Ltd (Male/Screen Only)**
 160 Sin Ming Drive #04-07 Autocare, Singapore 575722, Tel: 6453 3722/9666 6729, Fax: 6260 7309
- SOUTH ZONE**
- Cham's Customcraft**
 Blk 1010 Bukit Merah Lane 3, #01-105, Singapore 159724, Tel: 6271 7054, Fax: 6273 6676
- Hin Lung Workshop**
 Blk 1008 Bukit Merah Lane 3, #01-20, Singapore 159722 Tel: 6858 3000, HP: 9730 0733, Fax: 6476 0075
- NOVA Automotives**
 Blk 1008 Bl. Merah Lane 3 #01-04 Singapore 629792, Tel: 6272 3892, Fax: 6270 8314
- EAST ZONE**
- Alpine Motors Pte Ltd (Commercial vehicles only)**
 7 Ubi Close Singapore 408904, Tel: 6511 3022 (Ext: 343/6511 1675, Fax: 6456 3700
- ETHOS Group Ltd (Branch)**
 22 Tampines Street 92, Singapore 528876, Tel: 6654 7501, Fax: 6654 7648
- Progressive Automotive Pte Ltd**
 Blk 3022A, Ubi Road 1 #01-45/46, Singapore 408716, Tel: 6741 5336, Fax: 6741 7208
- SME Motor Pte Ltd**
 1 Kaki Bukit Ave 6, Blk D #02-15/16/17/18, Autobay@ Kaki Bukit Singapore 417883, Tel: 6747 6106, Fax: 6744 2368



DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8275747C
Name: PHUA BOON THAI
Birth Date: 16 Jul 1982
Issue Date: 23 Jun 2017



002697123H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8275747C



Name: PHUA BOON THAI
潘文泰
Race: CHINESE
Date of birth: 16-07-1982
Sex: M
Country of birth: MALAYSIA



S8275747C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	23 Jun 2017

NP 428A



Licence No: S8275747C



8739810



NRIC No: S8275747C
Nationality: MALAYSIAN
Date of issue: 28-10-2005

92 PUNGGOL CENTRAL #03-28
SINGAPORE 828723
NRIC No: S8275747C Date: 28/07/2017

Accident Photo



Accident Photo



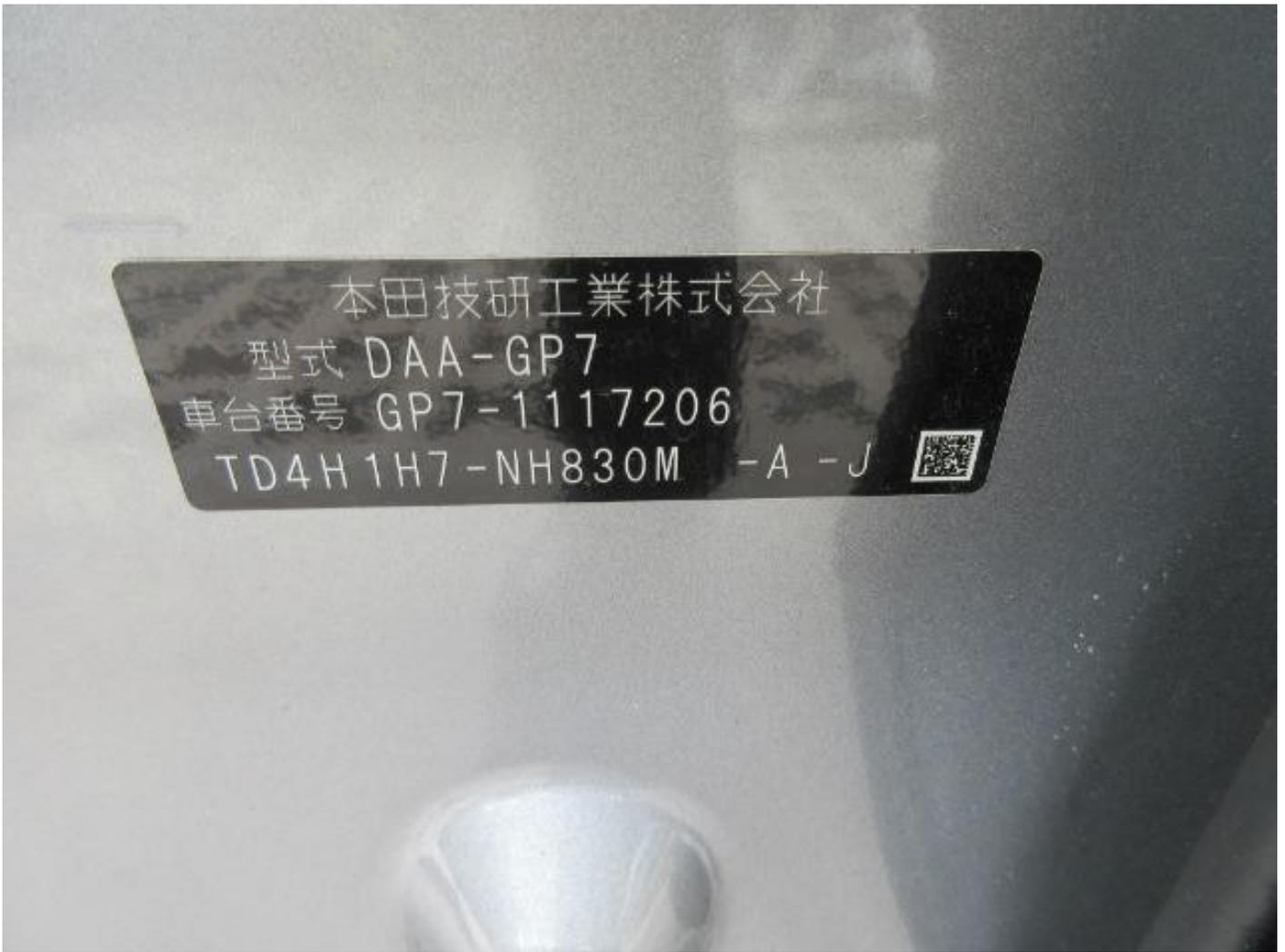
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

