

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	20/10/2018 18:23
Date Of Accident	20/10/2018 11:40
Exact Location Of Accident	ALONG CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM6236Z
Insured/Policyholder	
Name Of Registered Owner	ANG KIM LENG
NRIC No	S1131806A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93692666
Alternative Phone No	OTHERS-93692666

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E280
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	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	GA095080/1
Cover Note Number	

Driver

Name of Driver	JULIAN LEE JUN YAN
NRIC No	S9009751B
Date Of Birth	19/03/1990
Occupation	INDOOR
Date Of Driving Pass	23/10/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93692666
Fax Number	
Contact Number	OTHERS-93692666
EEmail Address	LEE_JUNYAN@YAHOO.COM.SG

Address	BLK 57 STIRLING ROAD #01-324
Postcode	141057
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
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)	2
Passenger 1	NAME: : WIFE
	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

PLEASE REFER TO STATEMENT

Attachment(s)

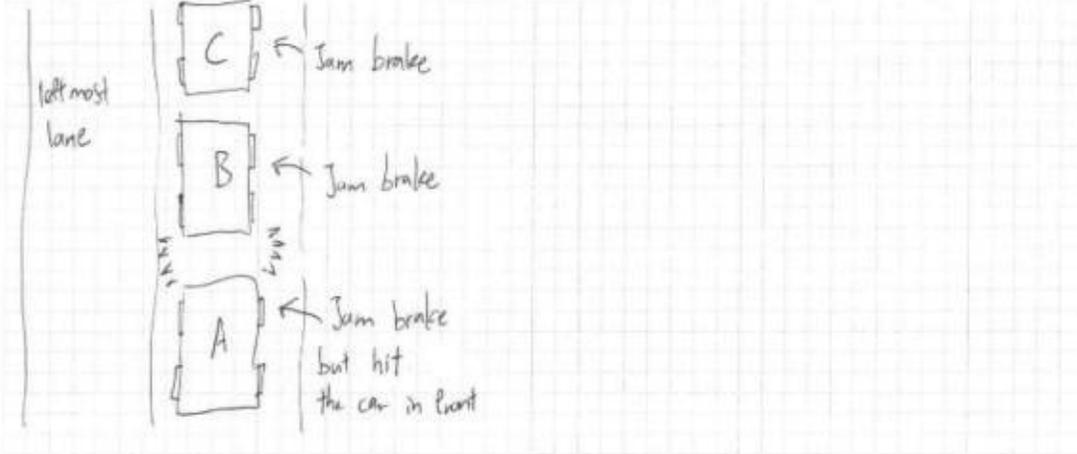
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB9903U
Vehicle Make/Model/Colour	AUDI A5
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)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on CTE towards City near Bendemeer Secondary School at around 11:40 AM on 20 October 2018. Traffic was very heavy. Accident occurred in the second lane from left.

Refer to diagram above. Car C jammed brakes and forced Car B to also jam brakes. Car B managed to stop in time to avoid hitting Car C. Car C left scene. Car A (which I was driving) also jammed brakes when Car B came to sudden stop. Car A did not manage to stop in time and impacted Car B.

No injuries from Car A occupants or Car B driver.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 20 ~~20~~ October 2018
6:05 pm

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

Individual Statement

<input type="radio"/> Owner
<input checked="" type="radio"/> Driver

ACCIDENT STATEMENT

Date of Accident: 20/10/2018 Time: 11:40am Location of Accident: A10-1 CTE towards City

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SKM62362
 Name of Policyholder: Ang Kim Leng
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1131806A
 Address: Blk 57 Stirling Road #01-324 S1141057)
 Contact Number: Tel 9369 2666
 Occupation: indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: _____
 Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, 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: report 24
 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: GA0950801

DRIVER

Name of Driver: Julian Lee Jun Yan
 NRIC/ FIN/ Passport: S9009751B
 Date of Birth: 19-03-1990
 Occupation: indoor
 Driving Pass Date: 23-10-2015
 Gender: Male Female
 Contact Number: Tel 9191 3442
 Address: Blk 181 Stirling Road #07-212 S19081)
 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): 2-Pax (1F) Insured Hit TP (Front to Rear)
 Weather Conditions: Clear Rainy 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 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? _____

lee_junyan@yahoo.com.sg

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SKM6236Z

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

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

SKB9903U
Audi A5

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

(We declare that the above particulars & information provided above are true in every aspect)

Date & Time

Signature of Policy Holder
(Company Chop if applicable)

[Handwritten Signature]

Date & Time: 20 Oct 2018
6:10 pm

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

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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 20 October 2018
6:05 pm


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

Individual Statement



Date: 20/10/2018

To: Owner of Vehicle Number SKM 62362

The following has been advised to you via your workshop, BM Auto through their staff, AP

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 Reporting Only

Signed and acknowledge by

Jalon Lee San Yan

Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp

FRONT IDENTITY CARD (OWNER)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1131806A



Name

ANG KIM LENG



洪金龙

Race

CHINESE

Date of Birth

28-06-1955

Sex

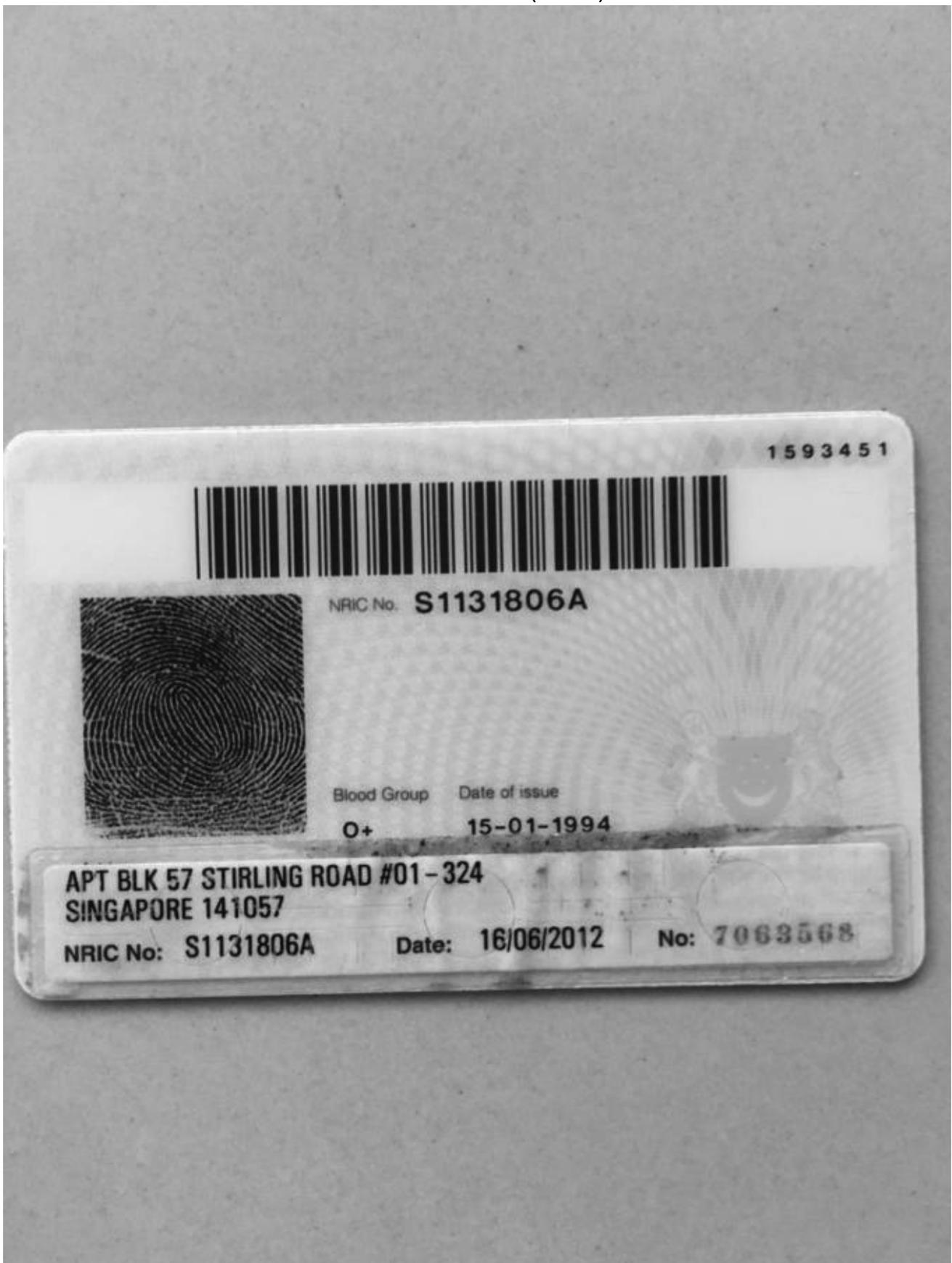
M

Country of Birth

SINGAPORE



REAR IDENTITY CARD (OWNER)



IDENTITY CARD & DRIVING LICENCE (DRIVER)

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9009751B**

Name:
JULIAN LEE JUN YAN

Birth Date: **19 Mar 1990**
Issue Date: **23 Jan 2015**

062309362K



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9009751B**

Name:
JULIAN LEE JUN YAN

李俊彦

Race:
CHINESE

Date of birth: **19-03-1990** Sex: **M**

Country of birth:
SINGAPORE

S9009751B



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	23 Jan 2015

NP 428A

Licence No: **S9009751B**

3880199

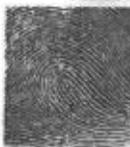
S9009751B

S9009751B

Date of issue:
18-03-2008

APT BLK 181 STIRLING ROAD #07-212
SINGAPORE 140181

NRIC No: **S9009751B** Date: **24/07/2018 (R)**



CERTIFICATE OF 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
03908

-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	ANG KIM LENG	Certificate number	GA095080 / 1
Cover	Comprehensive	Chassis number	WD82110542A929459
Plan name	Essential	Engine number	27294330284935
NCD applicable	30%		
Vehicle registration number	SKM6236Z		
Period of insurance	from 27/03/2018 to 26/03/2019 (both dates inclusive)		
Finance lean company	Nil		

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 certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #81-01

1 of 3

AUTHORIZATION FORM

20 October 2018

BH Auto Services Pte Ltd

Dear Sirs

TO WHOM IT MAY CONCERNED

I, Ang Kim Leng, NRIC No. S1131806A

authorized Ang Jia Xin NRIC No.

S9445631B to Repair / Report

at BH Auto Services Pte Ltd on

behalf of me for any vehicle

no. SKM 6236Z.

My residential address is

57 Stirling Road #01-324 S141057.

Ang Kim Leng

Signature

Ang Kim Leng

Signature

Witness

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

