

## 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	03/12/2018 15:17
Date Of Accident	28/10/2018 02:55
Exact Location Of Accident	ALONG ROAD 1 SIMS AVE ,LOR 19 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5124Y
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#### Insured/Policyholder

Name Of Registered Owner	FOONG YUEN FONG (FENG YUNFANG)
NRIC No	S7626397C
Email Address	SAM@GOODCHEER2.COM
Mobile Phone No	(LOCAL) +65-92299898
Alternative Phone No	OFFICE-92299898

#### Vehicle Particulars

Manufacturer	VOLVO
Model	XC60-2.0 T5 (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
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	PRIVATE CAR
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#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA192379/1
Cover Note Number	

#### Driver

Name of Driver	NG SWEE LEONG (HUANG RUILONG)
NRIC No	S7811531I
Date Of Birth	02/04/1978
Occupation	INDOOR
Date Of Driving Pass	24/06/2002
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92299898
Fax Number	
Contact Number	
EEmail Address	SAM@GOODCHEER2.COM

Address	BLK 213 SERANGOON AVENUE 4 #15-64
Postcode	550213
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : FOONG YUEN FONG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### Attachment(s)

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

Accident Sketch Plan Pg. 1

SKETCH PLAN

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7. By the lodging 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.

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

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

Policyholder's Signature  
Date & Time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

I was late to report as I was oversea.  
I received 2 letters to report, not sure we have to report as we already made traffic police through.

He advised that we need not to do anything after reporting to him.

I visited TP IO Md Saifian on 5th Nov, he took photos himself. And I submitted to him all my videos. At that time, he witnessed that my car is ok, no track of accident. At that time, my car was red in color.

I sent my car for whole carspray on 20th Nov. changed to dark green. Pls take note.

DECLARATION

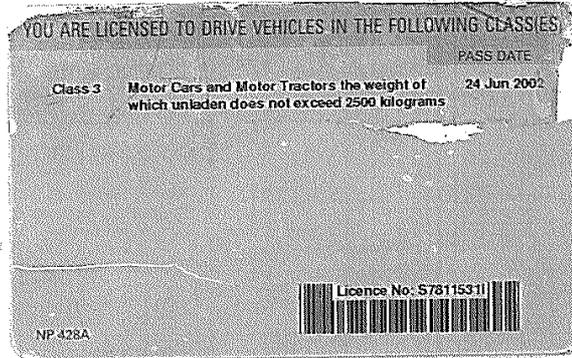
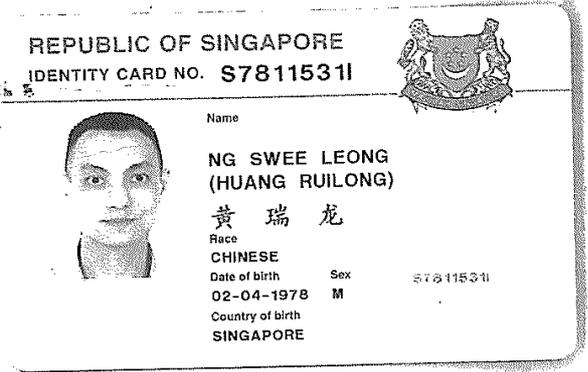
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan Pg. 3



**Accident Sketch Plan Pg. 4**



**SINGAPORE  
POLICE FORCE**



T/20181105/2061

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3  
Report No. T/20181105/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/11/2018 13:36		Vide Report No.:		Station Diary No.: 39	
<b>Informant's Particulars</b>					
Name of Informant: NG SWEE LEONG			Address: APT BLK 213 SERANGOON AVENUE 4 #15-64 SINGAPORE 550213		
ID Type / ID No.: NRIC NO / S78115311			Contact No.: Home/Office:                      Mobile: 92299898		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 02/04/1978	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BUSINESSMAN			Driving Licence Information: Class: 3                              Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2018 02:55	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE LORONG 19 GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: NO COLLISION				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6042D	Car	KIA		Silver	No Damage	1
SKV5124Y	Car	VOLVO	XC60 T5	Red	No Damage	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**Accident Sketch Plan Pg. 5**



**SINGAPORE  
POLICE FORCE**



T/20181105/2061

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20181105/2061

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	NG SWEE LEONG	ID No.	S78115311
Related Vehicle	SKV5124Y (Car)	Contact No.	92299898
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 03/11/2018, I received a letter from Traffic Police requesting me to lodge a report as there was an accident reported involving my vehicle. I called up the Investigation Officer Mohamed Sufian Mohamed Junid. I extracted the footage as requested by the investigation officer.

On 05/11/2018 at about 11am, I met up with the investigation officer and told him that I was not involved in any accident. However, the driver of the taxi that reported against me had jammed his brakes and subsequently came to a complete stop. I managed to stop my vehicle in time. The driver and passenger of the taxi then came down and tried to stop my vehicle from leaving. I did not leave my vehicle as I believed that they are drunk, so I drove off when I could.

All the video evidence had already been handed over to the investigation officer.



SINGAPORE  
POLICE FORCE



T/20181105/2061

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

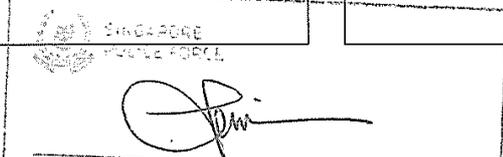
Report No. T/20181105/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Staff Sgt ELVIN KIMBERLY MARY 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2018 13:36
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	



redefining / insurance

AXA Insurance Pte Ltd  
 1800 830 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

# Certificate of Insurance

account number  
 00914

-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	FOONG YUEN FONG (FENG YUNFANG)	Certificate number	GA192379 / 1
Cover	Comprehensive	Chassis number	YV1DZ475BC2318322
Plan name	Private	Engine number	B4204T71079923
NCD applicable	50%		
Vehicle registration number	SKV5124Y		
Period of Insurance	from 15/05/2018 to 14/05/2019 (both dates inclusive)		
Finance loan company	OCBC BANK LIMITED		

## 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 400.00
	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.

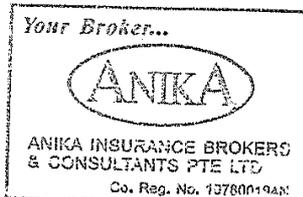
## Additional clauses & endorsements to your policy

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.

Accident Sketch Plan Pg. 8

Date: 3/14/2018

To: Owner of Vehicle Number: SKU 5124Y

The following has been advised to you via your workshop, COLE through their staff, [Signature]

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 event 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.
- The Estimation 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 below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
- Others \_\_\_\_\_

Signed and acknowledge by: [Signature]  
Name and signature of policyholder/ authorised driver

\_\_\_\_\_  
Name and signature of workshop personnel including company stamp

authorization letter

Dear AXA Insurance Pte Ltd,

Your Ref: CC4/ASM18019642/K1ea3/S8M010YU

My Ref: SKV 5124Y

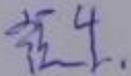
I hereby authorize my husband, Mr Ng Swee Leong S7811531I, to handle the above mentioned case on my behalf.

Thank you very much.

Yours sincerely,

Foong Yuen Fong

S7626397C



3 Dec 2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Addendum Sheet Pg. 1**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS00206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCDS18156227 Vehicle Registration No: SKV5124Y  
Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 28/10/2018 Time of Accident : 0255  
Place of Accident : Along Road + Sims Ave, Lor 19 Geylang  
Insurance Company : AXA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\* To amend sketch plan.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

CP66, Puhem  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: 3/12/18.  
Date: