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 witholding 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	02/11/2018 14:23
Date Of Accident	01/11/2018 17:30
Exact Location Of Accident	KPE EXIT TO TPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP6474Z
Insured/Policyholder	
Name Of Registered Owner	MONG KWOK KEE
NRIC No	S0199007A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97514948
Alternative Phone No	OFFICE-97514948
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY-1.5 L I-VTEC (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?	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	VPA/P0779206
Cover Note Number	
Driver	
Name of Driver	MONG SHAO WEI JEREMY
NRIC No	S8504213J
Date Of Birth	21/02/1985
Occupation	INDOOR
Date Of Driving Pass	22/08/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96880363
Fax Number	
Contact Number	
EMail Address	JEREMYMONG4@GMAIL.COM

Address	BLK 61 UPPER SERANGOON VIEW #17-17
Postcode	534015
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	WET

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?	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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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	GBB9989D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ASSARI MOHD
NRIC/Passport Number	S1653055G
Contact Number	96287842
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

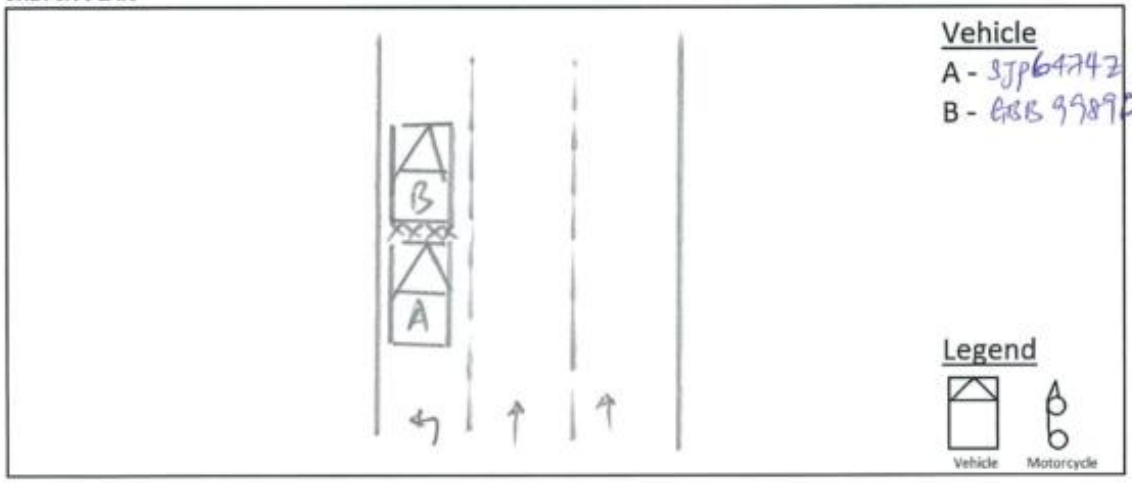
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to my statements.

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:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

Statement of Mong Shaowei Jeremy

I , Mong Shaowei Jeremy , IC S8504213J, was the driver of motor vehicle SJP6474Z that was involved in an accident along the ~~TPE exit to Punggol Road~~ at around 530pm 1/11/2018. I was in the filter lane leading to exit 9a (Punggol Road) of TPE and was behind a white van with registration number GBB9989D that was driven by Asaari Mohd S1653055G. I was travelling at around 30-40km/h in the filter lane and about 1.5 car length behind the van. The ground was wet as it has just rained. The van in front of me suddenly jammed braked and I jammed braked immediately as well but was unable to avoid hitting the van. As a result of the accidental collision, the van suffered minor dents as documented in the photos. My own car suffered a dented bonnet as documented in the photos. There was no physical injury to either me or the driver of van GBB9989D. This is all I have to say.

Mong Shaowei Jeremy
S8504213J
96880363

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg

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)

CERTIFICATE NO.	: VPA/P0779206	Account No. : 04460
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: MONG KWOK KEE	
Vehicle Registration No.	: SJP6474Z	
Period of Insurance	: From 31/03/2018 To 30/03/2019 (Both Dates Inclusive)	

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

(a) The Policyholder
The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
(b) Any other person who is driving on the Policyholder's order or with his 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.

LIMITATIONS 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, speedtesting, 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.

(01)

Basic Own Damage Excess : SGD 600.00

An Additional Excess is applicable as follows:
S$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.
S$5,000.00 for Undeclared Young and Inexperienced Driver.
(Please refer to your policy on the terms & conditions)

* 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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

N.B : (Private Car Only)
You have signed an Undertaking to use exclusively AXA Premium Workshops for all your accident repairs insured by AXA.
Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:
. 50% NCD - Nil Excess
. 0% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - WINNER06 on 19/02/2018

IMPORTANT :
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, covernote and endorsement etc.

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8504213J

Name
MONG SHAOWEI, JEREMY
(MENG SHAOWEI)
蒙 少 炜
Race
CHINESE
Date of birth
21-02-1985
Sex
M
Country/Place of birth
SINGAPORE
S8504213J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8504213J
Name:
MONG SHAOWEI, JEREMY
(MENG SHAOWEI)
Birth Date: 21 Feb 1985
Issue Date: 22 Aug 2005
001363884A

5487175

NRIC No. S8504213J

Date of issue
20-06-2015
APT BLK 61 UPPER SERANGOON VIEW #17-17
SINGAPORE 534015
NRIC No: S8504213J Date: 01/07/2016

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

		PASS DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg	22 Aug 2005

NP 428A

Licence No: S8504213J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0199007A

Name

MONG KWOK KEE

436

Race
CHINESE

Date of Birth
27-10-1950

Sex
M

Country of Birth
SINGAPORE

3050274

NRIC No S0199007A

Blood Group
O+

Date of Issue
28-10-1998

Address
APT BLK 131 GEYLANG EAST AVENUE 1
#03-269
SINGAPORE 380131

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

To be signed by BOTH drivers

1 Date of accident: 1/11/18 Time: 1730

2 Exact location of accident: KPE Exit to TPE.

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): SJP6477Z

6 Insured /policyholder (see insurance cert.)

Name (capital letters): Mong Kwok Kee

Address:

NRIC / Passport no.: S6199027A

Tel no. (from 9am till 5pm):

HP: 97514948

7 Vehicle

Make, type:

8 Insurance company: AXA ☒C ☐TPFT ☐TPO

Does the policy cover damage to vehicle A? No ☐ Yes ☐

Policy No.:

9 Driver ☐ Same as Owner

Name (capital letters): Mong Shao Wei Jeremy

NRIC / Passport no.: S8304213J

Class of licence:

HP: 96880363

Gender Male ☒ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A		B
☐1	Chain Collision	1☐
☐2	Collided into Bicyclist	2☐
☐3	Collided into Motorcyclist	3☐
☐4	Collided into Parked Vehicle	4☐
☐5	Collided into Pedestrian	5☐
☐6	Collided into Property	6☐
☐7	Collision – Change/Cross Lane	7☐
☐8	Collision – Cross Junction	8☐
☐9	Collision – Head on Collision	9☐
☐10	Collision – Head to Rear	10☐
☐11	Collision – Major/Minor Rd	11☐
☐12	Collision – Opening Door of Vehicle	12☐
☐13	Collision – Roundabout	13☐
☐14	Collision – U-Turn	14☐
☐15	Drink Driving / Drug Influence	15☐
☐16	Fire, Explosion or Lightning	16☐
☐17	Flood	17☐
☐18	Hit and Run / Vandalism / Damaged whilst Parked	18☐
☐19	Hit by Fallen Tree / Other Objects	19☐
☐20	No Collision	20☐
☐21	Side Swipe	21☐
☐22	Theft	22☐

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B): GBB9989D

6 Insured /policyholder (see insurance cert.)

Name (capital letters):

Address:

NRIC / Passport no.:

Tel no. (from 9am 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 (capital letters): ASAARI MOHD

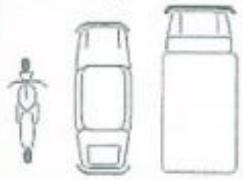
NRIC / Passport no.: S1653055G

Class of licence:

HP: 96287842

Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred 13

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

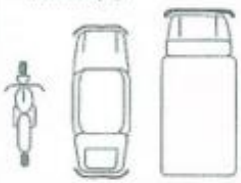
Alternatively, please make reference to one of the sketches on page 4 ☐

15 Signatures of drivers 15

A

B

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle 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 (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

1 Occupation (if more than one, state all) _____ Email: jeremymary4@gmail.com

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 child | State the vehicle number and name of insurer of driver's own vehicle (where applicable)

Of which vehicle are you the owner?

[/] A

[ ] B

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)

Driver or person in charge of vehicle at the time of accident (including insured)

7 Date of birth	Occupation		Date of license pass	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?	
	Indoor [/]	Outdoor [ ]		Yes [ ]	No [ ]	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

Injured persons

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

Damage to property & vehicles (other than vehicles A and B)

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)

Police action

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? _____

Accident details

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) [ ]

Declaration

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

Policyholder's signature _____ **Date** _____

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

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo