

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 21:01
Date Of Accident	03/12/2018 09:30
Exact Location Of Accident	PUNGGOL DRIVE TWDS PUNGGOL EAST TRAFFIC LIGHT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2389K
Insured/Policyholder	
Name Of Registered Owner	CHERYL LIM PEI NOI
NRIC No	S8934434D
Email Address	JIAHONG4@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97360865
Alternative Phone No	OFFICE-97360865

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.5 HYBRID (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	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	GA401295/1
Cover Note Number	

Driver

Name of Driver	LAU JIA HONG
NRIC No	S9032542F
Date Of Birth	23/08/1990
Occupation	INDOOR
Date Of Driving Pass	30/10/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97322842
Fax Number	
Contact Number	
E Mail Address	JIAHONG4@HOTMAIL.COM

Address	BLK 668B EDGEFIELD PLAINS #11-700
Postcode	822668
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	COLLISION - U-TURN
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

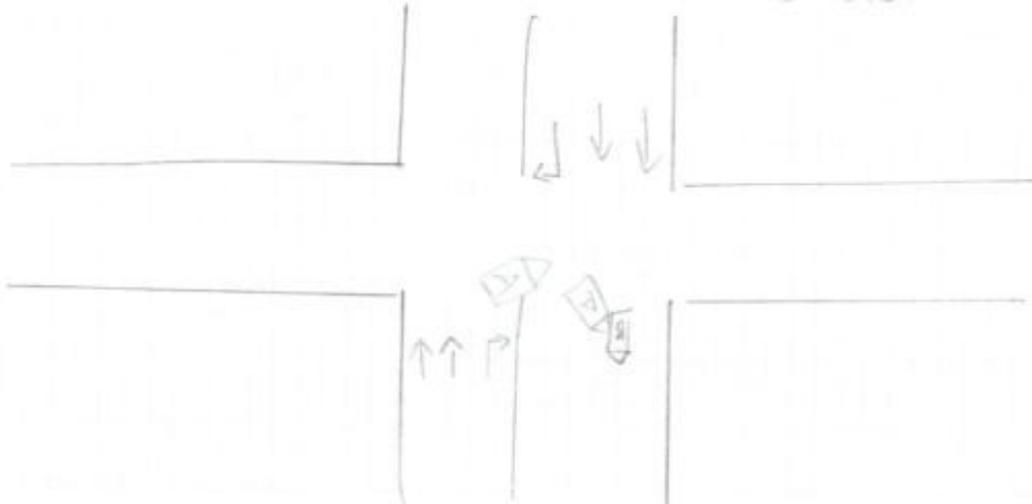
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD7073T
Vehicle Make/Model/Colour	BMW 318I
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH HSIU HSIEN
NRIC/Passport Number	S9142189E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

A → SME 2389K
B → SMD 7073T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/12/18 around 9.33am, I was driving Punggol Drive #. At the traffic light, I was about to make a U-turn. When the light turn green, I inch out when I was turning. The vehicle SMD 7073T was going straight and I hit on his passenger door. After the incident, we exchange contact and leave the ~~scene~~ place. No one is injured in this accident.

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: Wen Zheng
NRIC/FIN No.:



Common Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident: 03/12/2018 Time: 9:30 am Location of Accident: Punggol Drive Towards Punggol East Junction of traffic light

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SME 2389 K
 Name of Policyholder: Cheryl Lim Pei Noi
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S 3934434 D
 Address: BIK 668 B Edgefield Plains #11-700 S 822668
 Contact Number: Tel: Hip 9736 0865
 Occupation: Indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Honda Fit Hybrid 1.5 Auto
 Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus/M/tycle, Others Hatchback
 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: Reporting Only
 Private Commercial Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
 Type of Policy: Comprehensive TP Fire & Theft Third party
 Yes No
 Fleet Policy: Yes No
 Policy Number: 6A401295/1

DRIVER

Name of Driver: Lau Jia Hong
 NRIC/ FIN/ Passport: S9032542 F
 Date of Birth: 23/08/1990
 Occupation: Indoor
 Driving Pass Date: 30/10/2009
 Gender: Male Female
 Contact Number: Tel: Hip 9732 2842
 Address: BIK 668 B EDGEFIELD PLAINS #11-700
 Email Address: Yes No
 Was driver an employee of the Insured's Company?
 If No, relationship of Driver with the Insured: Spouse
 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.):
 Weather Conditions: Clear Raining Others
 Wet Dry Others
 Road Surface:
 Damage Area: 1 pax
 Front 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?

jiahong4@hotmail.com

Common Statement

OWN VEHICLE REGISTRATION NUMBER

SME 2389 K

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SMD 7073 T
Bmw 318i

Vehicle Make/ Model/ Colour

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

Damage Area

Name of Driver

Soh Hsin Hsin
S 91142189 E

NRIC/ FIN/ Passport

Contact Number / Email Address

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.

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

Common Statement

SKETCH PLAN

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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:

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

DRIVER IC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9032542F



Name
LAU JIA HONG
劉嘉宏

Race
CHINESE

Date of birth
23-08-1990

Country/Place of Birth
SINGAPORE

Sex
M

5458004



5458004



NRIC No. S9032542F



Date of issue
09-09-2016

APT BLK 6888 EDGEFIELD PLAINS #11-700
SINGAPORE 822688

NRIC No: S9032542F Date: 25/02/2017

CLASSIFIED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS

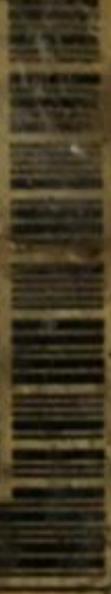
19 Feb 2009
13 Apr 2010
30 Oct 2009

- Class 2B Motorcycles =< 200 CC
- Class 2A Motorcycles between 201 CC and 400 CC
- Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

S9032542F

S / No. 9000116609

Licence No. S9032542F



NP



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 9 0 3 2 5 4 2 F**

Name:

LAU JIA HONG

Birth Date: **23 Aug 1990**

Issue Date: **19 Feb 2009**

001711764K





3 6 1 9 4 0 2



NRIC No. **S8934434D**

Date of Issue

01-10-2004

APT BLK 668B EDGEFIELD PLAINS #11-700
SINGAPORE 822668
NRIC No: **S8934434D** Date: **25/02/2017**

OWNER IC



AUTHORISATION LETTER

Authorization Form

I, (Name) Cheryl Lim Kai Noi of (NRIC) S8934434D authorized

(Name) LAU JIA HONG of (NRIC) S9032542F to Repair/Reporting at

BH AUTO SERVICES PTE LTD located at BK1 Sin Ming Industrial Estate, Sector C #01-111/113/115/117
S575636

On behalf of me for my vehicle number SME2389K

My residential address is BK 668B Edgefield Plains #11-700 (S822665) and
contact number is 9732 2842



Signature
Owner Name: Cheryl Lim Kai Noi



Signature
Witness Name: wen zhang

CERTIFICATE OF INSURANCE



redefining / 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
03809

-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	CHERYL LIM PEI NOI (LIN PEINA)	Certificate number	GA401295 / 1
Cover	Comprehensive	Chassis number	GP53415704
Plan name	Flexi	Engine number	LEB6070369
NCD applicable	0%		
Vehicle registration number	SME2389K		
Period of insurance	from 24/09/2018 to 23/09/2019 (both dates inclusive)		
Finance loan company	SING INVESTMENTS & FINANCE LIMITED		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
 - 1. LAU JIA HONG
- (c) 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, #B1-01

1 of 3

AXA FORM

Refining

Date: 03/12/2018

To: Owner of Vehicle Number: SME 2389 K

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 Reporting only

Signed 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



本田技研工業株式会社
型式 DAA-GP5
車台番号 GP5-3415704
TATH1B0-B610M -H -J 

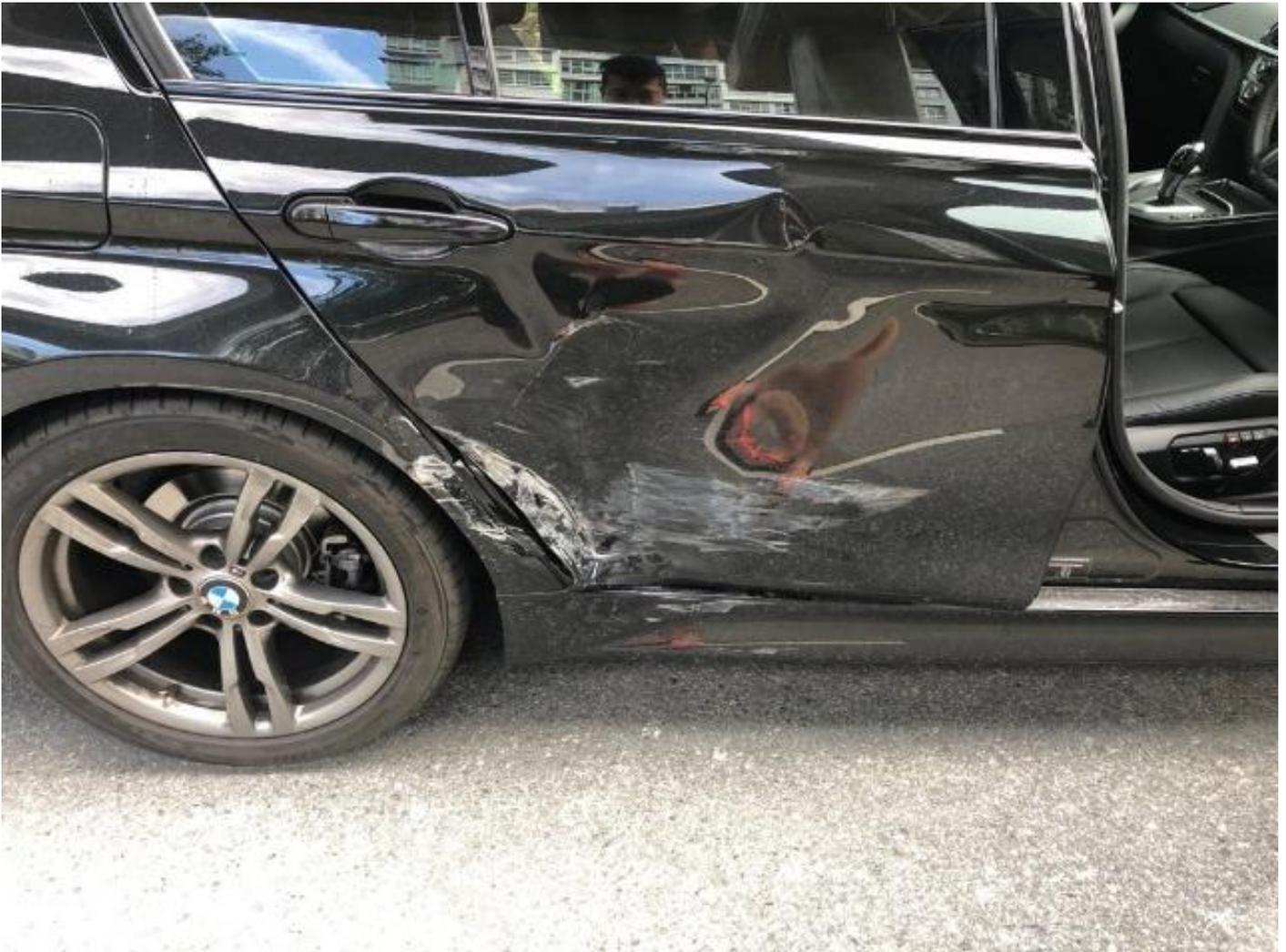
Accident Photo



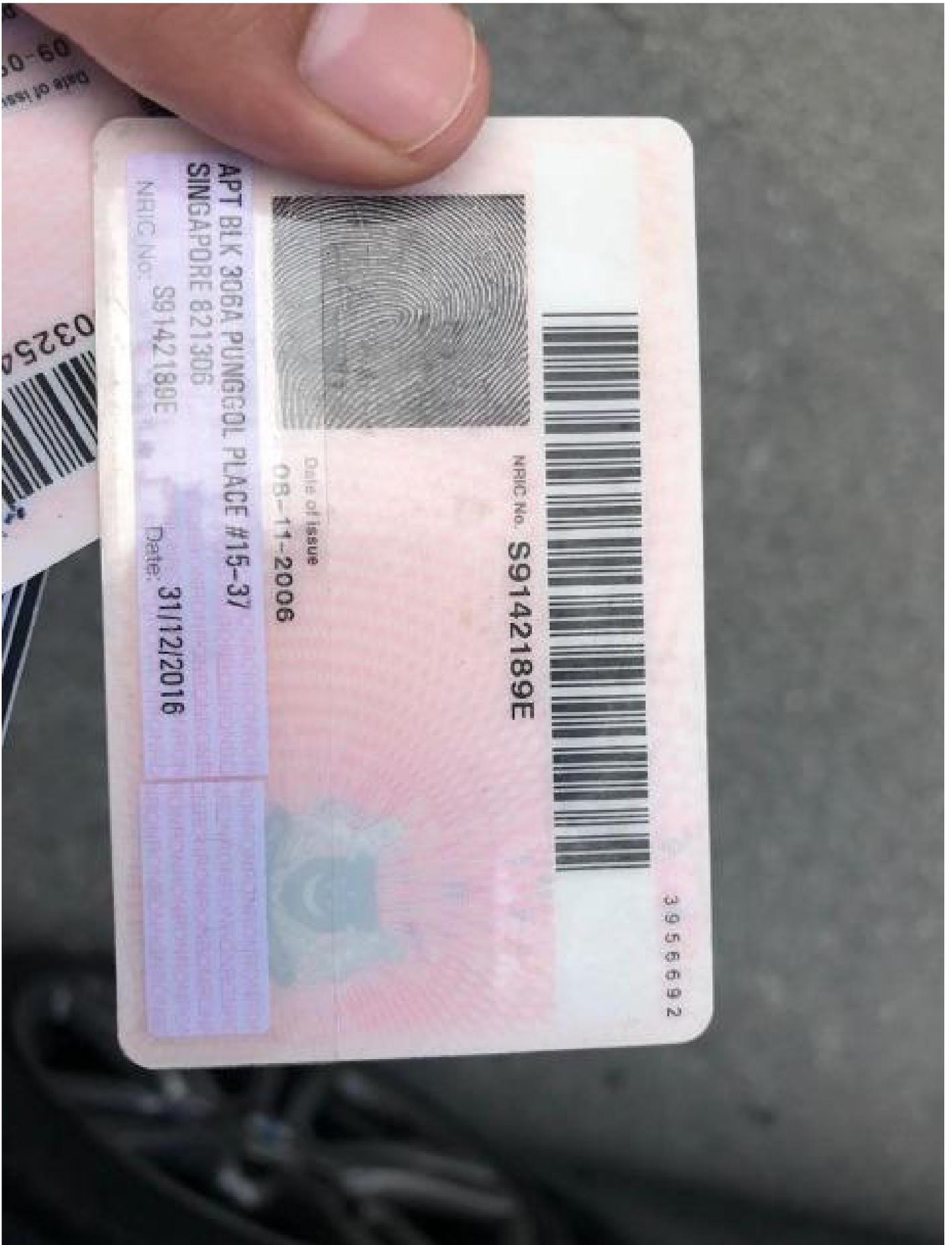
Accident Photo



Accident Photo



Accident Photo



APT BLK 306A PUNGGOL PLACE #15-37
SINGAPORE 821306
NRIC No. S9142189E
Date: 31/12/2016

Date of issue
08-11-2006

NRIC No. S9142189E

3956692