

## 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	24/12/2018 12:12
Date Of Accident	23/12/2018 22:00
Exact Location Of Accident	BLK 576 WOODLANDS DRIVE 16
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3157J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG SENG LOON
NRIC No	S1397306G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96815165
Alternative Phone No	OTHERS-96815165

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-2.0 TYPE-R (M)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA352294/1
Cover Note Number	

### Driver

Name of Driver	JONATHAN ONG SWEE HEAN
NRIC No	S9219917G
Date Of Birth	09/06/1992
Occupation	INDOOR
Date Of Driving Pass	19/08/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93396096
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 262 SERANGOON CENTRAL DRIVE #02-87 SINGAPORE
Postcode	550262
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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.	YES
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY8477E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HE XIAOHUA
NRIC/Passport Number	S8584822D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

Vehicle No.	
A -	SJP3157J
B -	SJY 8477B

Legend	
Vehicle	Bike

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parked at the rubbish chute waiting for my girlfriend to come down. While I was waiting, suddenly I felt an impact at the rear portion of my vehicle. When I got down of my vehicle, I realised vehicle B had collided onto the rear portion of my vehicle. The driver of vehicle B had wrote a statement stating that he had collided onto my vehicle.

### DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date 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.:



# Common Statement

## ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

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 23/12/2018 10pm		2 Exact location of accident Woodlands Drive 16 Block 576		To be signed by BOTH drivers	
3 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Witness' name, address and tel no. (to be underlined if witness is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

Registration No. (VEHICLE A) **SJP357J**

6 Insured / policyholder (see insurance cert.)  
Name **NG SENG LOON**  
(capital letters)  
Address **Block 262 Serangoon Central Drive #02-14 Serangoon**  
NRIC / Passport no. **S1397306G**  
Tel no. (from 9am till 5pm) **96815165**  
HP \_\_\_\_\_

7 Vehicle  
Make, type **Honda Civic type-R**

8 Insurance company  
**AXA** ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☐  
Policy No. **GA352294/1**

9 Driver  
☐ Same as Owner  
Name **JONATHAN ONG SNEE**  
(capital letters)  
HEAN  
NRIC / Passport no. **S9219917G**  
Class of licence **3**  
HP **95396096**  
Gender Male ☒ Female ☐

### 12 CIRCUMSTANCES

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

- ☐ Chain Collision
- ☐ Collided into Object
- ☐ Collided into Motorcyclist
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Over Lane
- ☐ Collision - Cross Junction
- ☐ Collision - Head-on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Motor/Motor Tail
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - U-Turn
- ☐ Excess Drinking / Drug Influence
- ☐ Fire, Explosion or Lightning
- ☐ Flood
- ☐ Hit and Run / Vandalism / Damaged while Parked
- ☐ Hit by Fallen Tree / Other Objects
- ☐ Hit Collision
- ☐ Side Swipe
- ☐ Theft

Registration No. (VEHICLE B) **SJY8477F**

6 Insured / policyholder (see insurance cert.)  
Name **HE XIAOHUA**  
(capital letters)  
Address **Block 576 Woodlands Drive 16 #14-512 SL 130576**  
NRIC / Passport no. **S8584822D**  
Tel no. (from 9am till 5pm) **91096803**  
HP \_\_\_\_\_

7 Vehicle  
Make, type **Mitsubishi Lancer**

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)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

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  
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

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



11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

\* 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

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
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: _____				
	2 Vehicle registration no. <u>SJP31573</u>		C.C. _____		If commercial vehicle, state permissible carrying capacity _____
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner <u>Son</u>		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 <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire				
	<input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____				
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)				
	7 Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	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				
Driver or person in charge of vehicle at the time of accident (including insured)	Date _____		Offence _____		Penalty _____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
Injured persons	10 Name(s), address(es) and approximate age(s) _____		Injuries sustained _____		If vehicle occupant, state in which vehicle _____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
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 _____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	If yes, please state which Police station _____				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	If yes, against whom? _____				
	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____				
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____				
Accident details	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 <input type="checkbox"/> No <input type="checkbox"/>				
	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) <u>1</u>				
	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 _____					



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  
 05579

-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	ONG SENG LOON	Certificate number	GA352294 / 1
Cover	Comprehensive	Chassis number	FD21403887
Plan name	Essential	Engine number	K20A5824018
RCD applicable	0%		
Vehicle registration number	SJP31571		
Period of Insurance	from 10/05/2018 to 09/05/2019 (both dates inclusive)		
Finance loan company	KENSO LEASING PTE LTD		

### 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 800.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. \$500 for unnamed *Authorised Driver*
2. \$500 for declared *Young and Inexperienced Driver*
3. \$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$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



**SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**JONATHAN ONG SWEET  
HEAN**

NRIC No  
**S9219917G**



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S9219917G**  
Name  
**JONATHAN ONG SWEET HEAN**

Birth Date: **09 Jun 1992**  
Issue Date: **19 Aug 2011**



001992924C



GEMALTO00PU105151030116

NRIC No/Colour  
**S9219917G/ PINK**

Race  
**CHINESE**

Date Of Birth  
**09/06/1992**

Service Status  
**REGULAR**

Address  
**Blk 262 SERANGOON CENTRAL DRIVE  
#02-87 SINGAPORE 550262**


Blood Group  
**O (+)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**MILITARY EXPERT**

Sex  
**M**

00000050270628



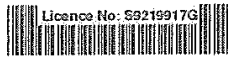
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **19 Aug 2011**

NP 428A

Licence No: **S9219917G**




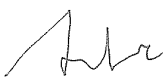


STATEMENT BY TP DRIVER Pg. 1

I, HENRI HUA, REVERSED AND HIT INTO  
PARKED CAR SJP 3157 J HONDA CIVIC TYPE R.  
WITH MY CAR SJ4 8477E MITSUBISHI LANCER.  
AT TIME 12.03 PM 23 DEC 2018 AT WOODLANDS DR16  
BLOCK 576.

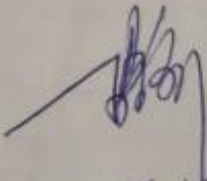
THE PARKED CAR SJP 3157 J WITHOUT PUT ON  
THE HAZARD LIGHT.

  
S9219917G  
93396096

  
S8584822D  
91096803

AUTHORIZATION LETTER

I, Ong Seng Loon, S13973064 hereby  
authorised, Jonathan Ong Swee Hean, S92199174  
to proceed with the claims and insurance.  
for SJP3157J

  
ONG SENG LOON

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

