

## 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	23/01/2019 20:19
Date Of Accident	13/01/2019 21:30
Exact Location Of Accident	MALAYSIA JOHOR BAHRU CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4180R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG KANG HO
NRIC No	S7321312F
Email Address	KANGMEEI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98765512
Alternative Phone No	OFFICE-98765512

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (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	VPA/P1660697
Cover Note Number	

### Driver

Name of Driver	CHONG KOK CHON
NRIC No	S2719832E
Date Of Birth	22/09/1943
Occupation	INDOOR
Date Of Driving Pass	06/09/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92762589
Fax Number	
Contact Number	
Email Address	KANGMEEI@YAHOO.COM

Address	70 SHELFORD ROAD SINGAPORE
Postcode	288466
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	
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: : CHONG KANG HO GENDER: : MALE

#### 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)

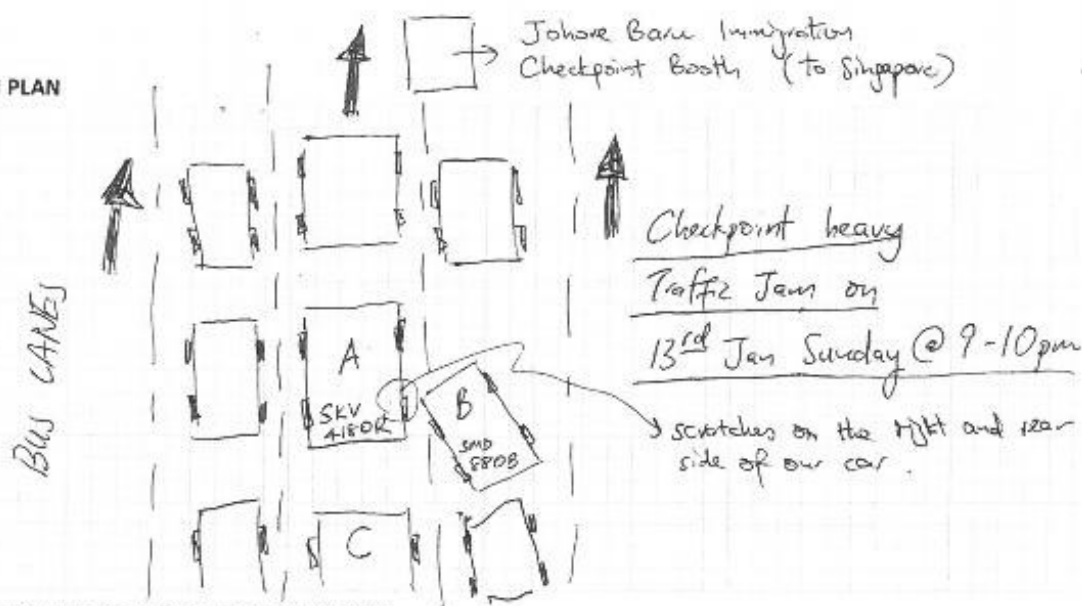
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD880B
Vehicle Make/Model/Colour	
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)	

# Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13<sup>th</sup> January 2019, my son and I went to JB for a wedding dinner and on our way back to <sup>Singapore</sup>, we were stuck in a heavy traffic jam at the Johore Bahru Malaysia Immigration checkpoint. I was the driver, and my son was in the front passenger seat.

At about 9.00-9.30pm, we felt that another car ~~we~~ came into contact with ~~the~~ our rear car-door on the right of our car. Our car was moving <sup>very</sup> slowly forward, or may not even be moving at all, at that time. Our car was not cutting into other lanes. Our car was facing ahead.

The next moment, the driver of SMD 880B got out of the car and knock ~~at~~ at our rear window on the right, with his hands several times signalled us to come out.

(at the right and rear side)

My son and I came out of the car, and saw our car had some scratches. ~~He~~ That driver claimed that we hit his car, and said that he had video camera as proof. After about 1 min, we <sup>all</sup> had to go back to our car because the car behind us (Car C) started at us to get out of the way.

We got back into ~~the~~ our car, did not have the chance to note down <sup>number plate of</sup> the car which hit us. Also lost him in the traffic jam. ~~The traffic jam took~~

## DECLARATION ~~STATE~~

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

Policyholder's Signature

Date & Time:

23/1/19 8.30pm

Chong Kang Ho

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/1/19 8.30pm

Chong Kok Chuan

Reporting Centre Personnel's Signature

Name: Maa Wen Zhong

NRIC/FIN No.:

# Common Statement

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident 13/01/2019 Time 2130 hrs Location of Accident Malaysia Johor Bahru checkpoint.

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number  
Name of Policyholder  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)  
Address  
Contact Number  
Occupation

SKV 4180 R  
Chong Kang Ho  
S7321312 F  
58 Shelford Road Singapore 288448  
Tel - Hp 9876 5512  
Indoor

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model  
Type of Vehicle  
Exact Purpose for which vehicle was being used at the time of accident  
Are you claiming under your own insurance policy?  
Vehicle category

Hyundai Elantra  
Saloon MPV, CRV, Van, Lorry, Bus/M/cycle, Others  
Private use  
☒ Yes ☒ No Remarks Reporting only  
☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company  
Type of Policy  
Fleet Policy  
Policy Number

AXA  
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
☐ Yes ☒ No  
VPA/P1660697

### DRIVER

Name of Driver  
NRIC/ FIN/ Passport  
Date of Birth  
Occupation  
Driving Pass Date  
Gender  
Contact Number  
Address  
Email Address  
Was driver an employee of the Insured's Company?  
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)

Chong Kok Chon  
S2719832 E  
22/09/1943  
Retired  
06/09/2003  
☒ Male ☐ Female  
Tel - Hp 9276 2589  
70 Shelford Road Singapore 288466  
☐ Yes ☒ No  
Parents

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)  
Weather Conditions  
Road Surface  
Damage Area

Head To Side (TP hit Insured)  
☐ Clear ☐ Raining ☐ Others  
☐ Wet ☒ Dry ☐ Others  
Side RH

### OTHER INFORMATION

Was there any foreign vehicle(s) involved?  
Was anybody injured in the accident? (Including Witness)  
Was any other vehicle(s) or property damaged?  
Was there any camera video footage (in car)?

☒ No ☐ Yes  
☒ No ☐ Yes  
☐ No ☒ Yes  
☒ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police?  
If Yes, please state which police station & Report No.  
Was notice of intended Prosecution given?  
If Yes, against whom?

☒ No ☐ Yes  
☒ No ☐ Yes  
☒ No ☐ Yes

Kaugmei@yahoo.com

## Accident Sketch Plan

OWN VEHICLE REGISTRATION NUMBER

SKV 4180 R

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SMD 880 B

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

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 23/1/19 8:30pm



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

Date & Time 23/1/19 8:30pm

## Common Statement


### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

23/1/19 8:30pm

Choy Kay He

  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

23/1/19 8:30pm

Choy Kar Chan

  
Reporting Centre Personnel's Signature

Name: Mou Wen Zheng

NRIC/FIN No.:

# DRIVER IC & DRIVING LICENCE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2719832E



Name

CHONG KOK CHON

张国忠

Race

CHINESE

Date of birth

22-09-1943

Sex

M

Country of birth

MALAYSIA

S2719832E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2719832E

Holder

CHONG KOK CHON

Birth Date 22 Sep 1943

Issue Date 06 Sep 2003



3905953



NRIC No S2719832E

Date of issue

14-07-2006

Address

70 SHELFORD ROAD  
SINGAPORE 288466

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 06 Sep 2003



NP 426A

OWNER IC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7321312F



Name

CHONG KANG HO  
(ZHANG GANGHE)

张刚禾

Race

CHINESE

Date of birth

15-06-1973

Sex

M

S7321312F

Country/Place of birth

SINGAPORE



S748917

NRIC No. S7321312F



Date of issue

29-05-2017

Address

58 SHELFORD ROAD  
SINGAPORE 288448



# CERTIFICATE OF INSURANCE

**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/P1660697 Account No. : 08260  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : CHONG KANG HO  
Vehicle Registration No. : SKV4180R  
Period of Insurance : From 17/09/2018 To 16/09/2019 (Both Dates Inclusive)

**PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\***

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.

**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, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

(03)

Basic Own Damage Excess : NIL

An Additional Excess is applicable as follows:  
S\$500.00 for Unnamed Authorized Driver  
S\$2,500.00 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 :**

Your authorised workshop is Komoco Motors Pte Ltd.

**AXA INSURANCE PTE LTD****Authorized Signature**

Issued by - SGOMOHA on 10/07/2018

**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.

# AXA FORM

Refining refining

Date: 23/01/2019

To: Owner of Vehicle Number: SKV 4180 R

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

Chong Keng Ho  
Name and signature of policyholder/authorised driver

[Signature]  
Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo







Accident Photo

