

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	25/02/2019 15:59
Date Of Accident	23/02/2019 14:40
Exact Location Of Accident	VISITOR CARPARK LOCATED AT 100 PUNGGOL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ3190G
Insured/Policyholder	
Name Of Registered Owner	TEO LYE THIAM
NRIC No	S0180508H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93669205
Alternative Phone No	OFFICE-93669205

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 5AT (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	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	VPA/P0792424
Cover Note Number	

Driver

Name of Driver	NG SUAY HUA
NRIC No	S1167345G
Date Of Birth	04/10/1956
Occupation	INDOOR
Date Of Driving Pass	25/08/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96415060
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	100 PUNGGOL DRIVE #01-22 SINGAPORE 828799.
Postcode	
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	SIDE SWIPE
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.	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

PLEASE REFER ACCIDENT 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	SLV4738X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAM WAI FEN
NRIC/Passport Number	S8029652E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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.

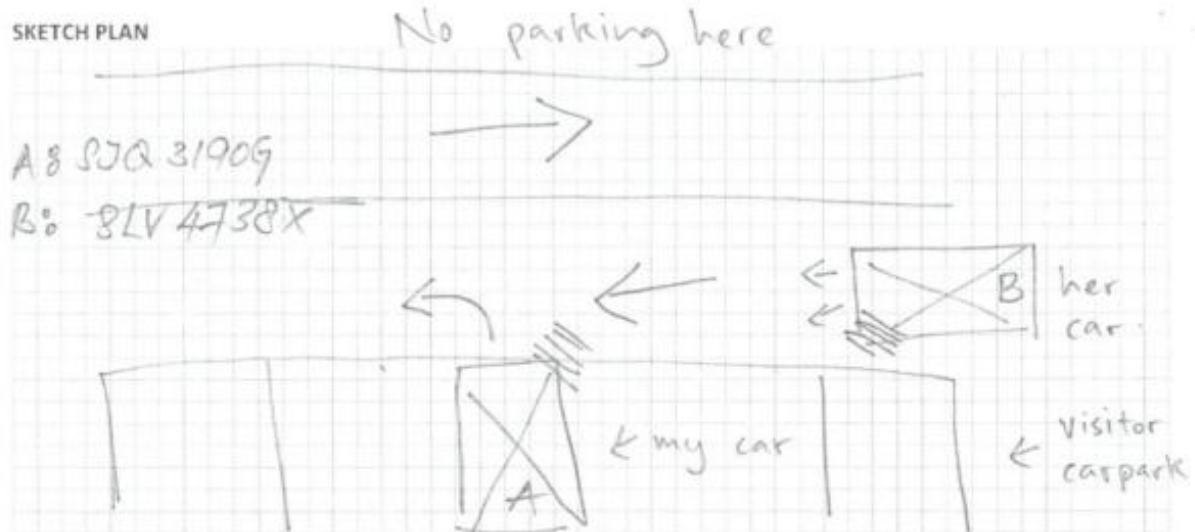
Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car is Honda
Her car is Mazda 3
I was parked in the visitor carpark, I had already moved forward 1 metre to turn left on the exit road. My car was already covering the painted directional arrow on the road.
The other car did not see me, and hit my front right bumper.
We exchanged numbers and details. She told me she didn't know if I was parking or coming out.
We both drove away after that. No injury.
* She informed me that her car has a camera.

DECLARATION

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

<p>_____ Policyholder's Signature Date & Time:</p>	<p> _____ Driver's Signature (If driver is not the policyholder) Date & Time:</p>	<p> _____ Reporting Centre Personnel's Signature Name: NRIC/FIN No.:</p>
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Accident Sketch Plan

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
23/02/2019	14:40pm	Visitor Carpark located at 100 Punggol Drive
INSURED/ POLICY HOLDER (VEHICLE A)		
Vehicle Registration Number	SJA 31909	
Name of Policyholder	TEO LYE THIAM	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S11673459	
Address		
Contact Number	Tel:	Hp: 9366 9205
Occupation	INDOOR	
VEHICLE PARTICULARS (VEHICLE A)		
Vehicle Make / Model	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:	
Type of Vehicle	Private Use	
Exact Purpose for which vehicle was being used at the time of accident.		
Are you claiming under your own insurance policy?	<input checked="" type="radio"/> Yes <input type="radio"/> No Remarks: 7/p	
Vehicle category	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle	
INSURANCE COMPANY (VEHICLE A)		
Name of Insurance Company	AXA	
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Policy Number	VPA/ P0792424	
DRIVER		
Name of Driver	NG SIAU HUI	
NRIC/ FIN/ Passport	S11673459	
Date of Birth	04/10/1956	
Occupation	INDOOR	
Driving Pass Date	25/02/1978	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	
Contact Number	Tel:	Hp: 9641 5060
Address		
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
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)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (E.g. Chain Collision/ Head-On, etc)		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others	
Damage Area		
OTHER INFORMATION		
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
DETAILS OF POLICE ACTION		
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, against whom?		

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SLV 4738X

Vehicle Make/ Model/ Colour

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

Damage Area

Name of Driver

KAM WAI FEN

NRIC/ FIN/ Passport

S8039652E

Contact Number / Email Address

81K 125 Hugging Ave 1 #07-1472
794131

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

LETTER OF STATEMENT

NOTICE OF REPORTING

This is to confirm that NG SUAY HUA (S1167345G, HP: 96415060), has reported to the Police a non-injury traffic accident which occurred at Visitor carpark located at 100 Punggol Drive on 23/02/2019 at about 1440hrs involving the following vehicles:

- 1) SJQ3190G (M/Car Honda Civic)
- 2) (M/Car) KAM WAI FEN, S8029652E, Blk 125 Hougang Ave 1 #07-1472, Tel: 9794731

While I was driving my car out of the car lot alone, there was parked car on my left and right side. I slightly drove my car a little forward about to make a left turn, suddenly a car coming from the straight road and bang onto my car right side. No injury on the both of us. I then took a photo of my car scratches, also her car scratches and her particulars but I did not manage to capture her car model or car plate number. She left in her car after getting my particulars and did not inform me any other matter, after which I tried to contact her but to no avail.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(2) T160296 Chern Yan Ni
Date: 23/02/2019 Time: 1908hrs

eS/D Ref: 149

Police Post/Unit: Bukit Merah East NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

AXA FORM



redefining / insurance

Date: 25/02/2019

To: Owner of Vehicle Number: 2JA 31909

The following has been advised to you via your workshop, BH AUTO SERVICES through their staff, CHAN YUN SHI

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 claim T/p (a) BH AUTO

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

INSURANCE OF CERTIFICATE

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/P0792424 Account No. : 04460
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : TEO LYE THIAM
Vehicle Registration No. : SJQ3190G
Period of Insurance : From 02/05/2018 To 01/05/2019 (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 500.00

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 12/04/2018

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.

AUTHORIZATION FORM

Authorization Form

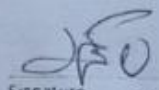
I, (Name) TEO LYE THIAM of (NRIC) S0180508H authorized

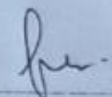
(Name) Ng Sway Hua of (NRIC) S1167345G to Repair/Reporting at

BH AUTO SERVICES PTE LTD located at BH3 Sin Ming Industrial Estate Sector C #01-111/113/115/117
5575636

On behalf of me for my vehicle number SJQ 3190 G

My residential address is 100 Riverpark Residence #01-22 and
contact number is 96235944 S(828797)


Signature
Owner Name: TEO LYE THIAM


Signature
Witness Name: SWAY TEO

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



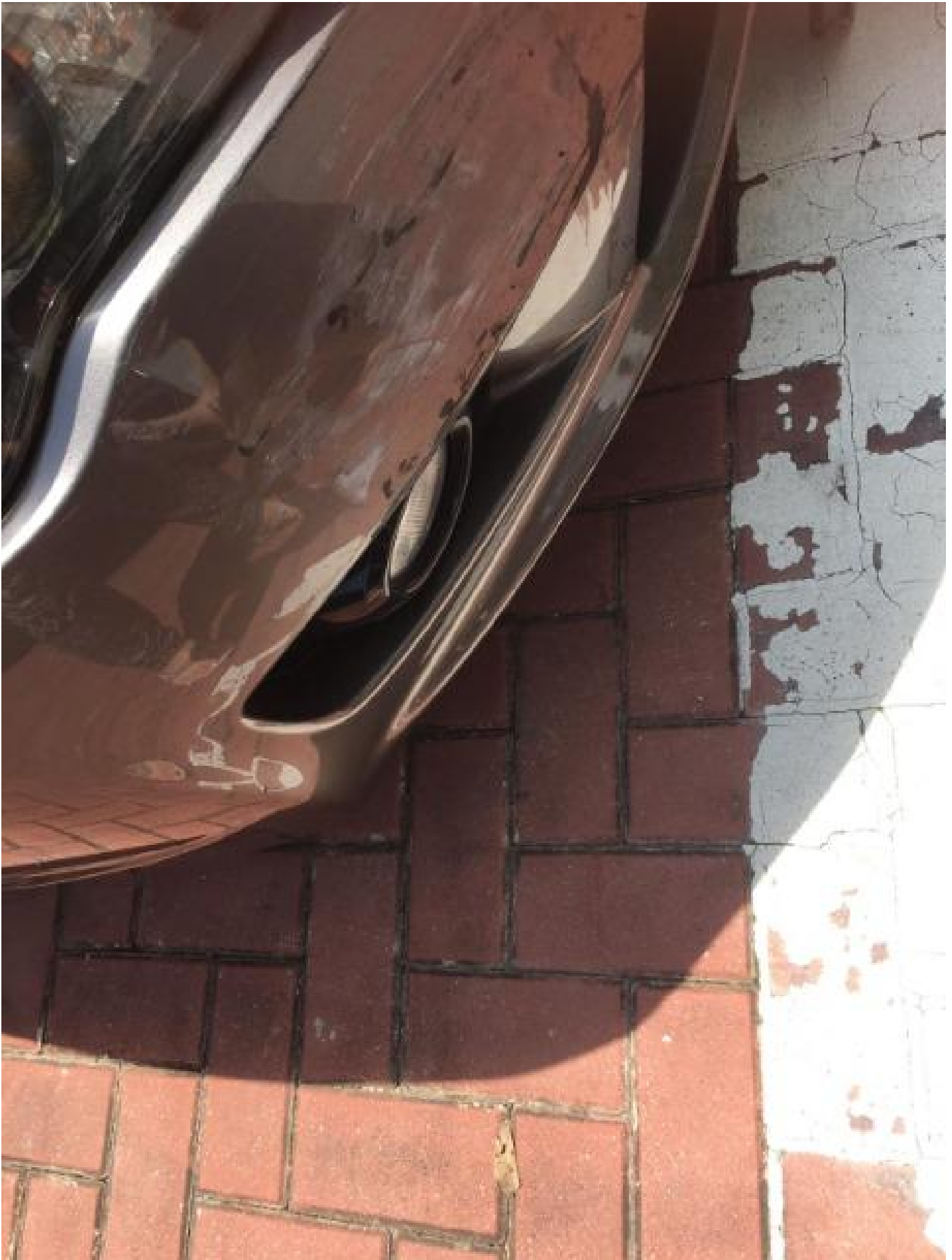
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0180508H



Name
TEO LYE THIAM



Race
CHINESE

Date of birth
04-04-1953

Country/Place of birth
SINGAPORE

Sex
M



Identification Card

