

## 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	06/03/2019 12:02
Date Of Accident	05/03/2019 08:50
Exact Location Of Accident	PASIR RIS DR 8 SLIP ROAD TOWARDS PASIR RIS DR 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE4293A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH HIOCK KWAN
NRIC No	S1125237J
Email Address	RHK99@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90280891
Alternative Phone No	OTHERS-81574243

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	GA344111
Cover Note Number	

### Driver

Name of Driver	GOH CHOON YEN, RYAN
NRIC No	S9510531I
Date Of Birth	16/03/1995
Occupation	INDOOR
Date Of Driving Pass	07/05/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81574243
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	12 BEDOK RESERVOIR VIEW #04-35 SINGAPORE
Postcode	479237
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	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

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	SFC399M
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MABEL LIAO MEI BAO
NRIC/Passport Number	S8170926B
Contact Number	97812616
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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.
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.

*[Signature]*  
Policyholder's Signature / Date &  
Time *4 pm*

*[Signature]* 05/01/19 4pm  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

*[Signature]*  
Witnessed by Reporting Centre  
Personnel *[Signature]*  
Progressive Automotive Pte Ltd  
Blk 3022A Ubi Road 1 #01-45/46  
Singapore 408716

#### Sketch Plan

	<p><b>Number Plate</b></p> <p>A - <i>SFE4293A</i></p> <p>B - <i>SFC 399M</i></p> <p><b>Legend</b></p> <p> Vehicle</p> <p> Bike</p>
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## Sketch Plan #2

### Describe Circumstances of the Accident

Date of Accident: 05.03.2019

Time of Accident: 08:49 am

I have just exited TPE and was driving along Pasir Ris Drive 8 towards Pasir Ris Drive 1. The Coco Palm Condominium is on my left.

Nearing the side road leading to Pasir Drive 1 I signalled left, entered the side road and stopped to check for on-coming traffic on my right.

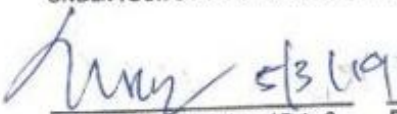
After ensuring that there was no traffic, I then proceeded slowly towards the main road - Pasir Ris Drive 1. Car B (SFC399M) was in front of me.


Car B didn't move even though there was no traffic. I then hit Car B's rear bumper on the right causing a light dent and a scratch line.

### Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date & Time  
 05/03/19  
 Time 4pm

Driver's Signature (If driver is not the policyholder) / Date & Time  
 05/03/19 4pm

Witnessed by Reporting Centre Personnel  


Progressive Automotive Pte Ltd  
 Blk 3022A Ubi Road 1 #01-45/46  
 Singapore 408716



# 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 05.03.1989		2 Exact location of accident Function of side rd Parit Ris Dr 1 and Parit Ris Dr 3 and		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SE493A

6 Insured / policyholder (see insurance cert.)  
Name Goh Hock Kuan  
Address 12, Bedok Reservoir View, 04-35 5499237  
NRIC / Passport no. S1125237J  
Tel no. (from Sam till 5pm) 90280891  
HP 90280891

7 Vehicle  
Make, type TOYOTA V109

Insurance company AXA ☐ C ☐ TPFT ☒ TPO

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

Policy No. GA344111

9 Driver ☐ Same as Owner  
Name Goh Hock Kuan  
NRIC / Passport no. S1125237J  
Class of licence 03  
HP 81574243  
Gender Male ☒ Female ☐

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



11 Visible damage to vehicle A  
Small dent to left front bumper.

14 My remarks

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

- |    |   |
|----|---|
| 1  | parked / stopped (at the roadside)  |
| 2  | leaving a parking space / opening the door (at the roadside)                                  |
| 3  | entering a parking space (at the roadside)  |
| 4  | emerging from a car park, from private grounds, from a minor road                             |
| 5  | entering a car park, private grounds, a minor road  |
| 6  | entering a roundabout or similar traffic system   |
| 7  | circulating in a roundabout or similar traffic system   |
| 8  | striking the rear of the other vehicle while going in the same direction and in the same lane |
| 9  | going in the same direction but different lane  |
| 10 | changing lanes  |
| 11 | overtaking  |
| 12 | turning to the right, making a U-turn (official U-turn)                                       |
| 13 | turning to the left   |
| 14 | reversing   |
| 15 | encroaching in the opposite traffic lane  |
| 16 | coming from the right (at road junctions)   |
| 17 | not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)                   |

State TOTAL number of boxes marked with a cross

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

Alternatively please make reference to one of the sketches on page 41

15 Signatures of drivers

A [Signature]

14 My remarks

B

For insured's Individual Statement (Part II) see overleaf →

\* 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.

# Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

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: <u>rk99@singnet.com.sg</u>
	2 Vehicle registration no. <u>SEA 293A</u> CC <u>1.5cc</u>		If commercial vehicle, state permissible carrying capacity <u>=</u>
	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"/> 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 checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation <u>Student</u>	Date of license pass
	<u>06-3-95</u>	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	<u>7-5-2015</u>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability <u>Nil</u>		
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained
	<u>Nil</u>		
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
	<u>Nil</u>		
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"/>		
Accident details	If yes, against whom? _____		
	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
	16 Speed of vehicles A <u>05</u> 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)? <u>Nil</u>		
	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>02</u> ①		
Declaration	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature <u>[Signature]</u>		Date <u>05-3-2019</u>
	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		Date <u>05/03/19</u>



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  
 04183

-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	GOH HIOCK KWAN	Certificate number	GA344111 / 1
Cover	Third Party Only	Chassis number	MR053HY9305059722
Plan name	Third Party	Engine number	1NZX732139
NCD applicable	0%		
Vehicle registration number	SJE4293A		
Period of insurance	from 17/04/2018 to 16/04/2019 (both dates inclusive)		
Finance loan company	CING DIEN CREDIT		

### 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.

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



DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S95105311

Name: GOH CHOON YEN, RYAN

Birth Date: 16 Mar 1995

Issue Date: 07 May 2015

002424338H

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S95105311

Name: GOH CHOON YEN, RYAN

吴俊谚

Race: CHINESE

Date of birth: 16-03-1995

Sex: M

Country of birth: SINGAPORE

4516405

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 07 May 2015

Licence No: S95105311

NP 428A

NRIC No. S95105311

Date of issue: 22-01-2010

Address: 12 BEDOK RESERVOIR VIEW  
#04-35  
SINGAPORE 479237



Accident Photo



Accident Photo



Accident Photo







Accident Photo

