

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	07/03/2019 12:07
Date Of Accident	06/03/2019 18:30
Exact Location Of Accident	ALONG SIMEI AVE TOWARDS TAMPNIES 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2403A
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Insured/Policyholder

Name Of Registered Owner	GOH CHWEE HIANG
NRIC No	S1245337Z
Email Address	JESSIE@WILHELM-GROUP.COM
Mobile Phone No	(LOCAL) +65-92185333
Alternative Phone No	OFFICE-92185333

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 1.5X CVT (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	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	GA308969/1
Cover Note Number	

Driver

Name of Driver	GOH CHWEE HIANG
NRIC No	S1245337Z
Date Of Birth	15/08/1957
Occupation	INDOOR
Date Of Driving Pass	18/03/1983
Driving Experience	35 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92185333
Fax Number	
Contact Number	OFFICE-92185333
EEmail Address	JESSIE@WILHELM-GROUP.COM

Address	BLK 223 SERANGOON AVE 4 #05-185 S 1955.
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	SHC7949G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH KIAN TECK
NRIC/Passport Number	S0043506F
Contact Number	85403963
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:



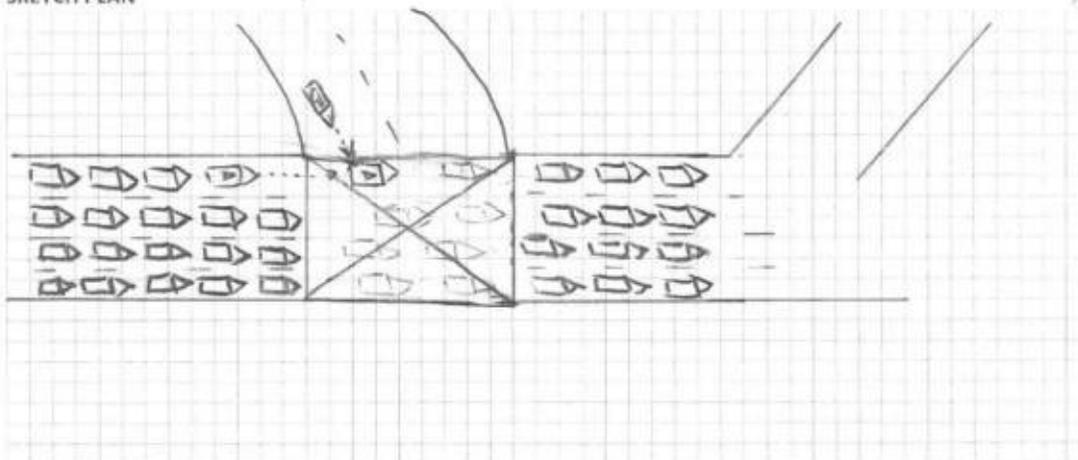
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

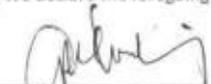
6 March 2019

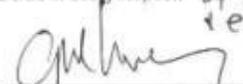
At 6:30pm, I was travelling along Simei Ave, going toward Tampines Ave 5. It was peak hour traffic hence the roads are heavily congested. I was driving on furthest left lane. As the traffic was very heavy, I was travelling at less than 10km/h, inching my way through the traffic. I was on the main road and there were many cars in front of me, covering the entire area of yellow box. There was no luxury of space to ~~man~~ drive.

After I stopped at the yellow box, I noted that the taxi, SHC 7949G was trying to filter from the PIE exit. ^{He had waited at that spot for a long time} I stopped for half minute and seeing that he did not move, I inch forward. After inching forward, I felt a knock at my left rear end of the car. We then stopped along the road, around 1m ~~off~~ from the accident spot. We examined both our cars and see that both cars had minor scratches.

What was puzzling was that when the accident happened, the passenger came out and insisted I hit the taxi and demanded \$300 as compensation. He added that this would be in my interest as my premiums will be affected and not worth to claim insurance over scratches. The taxi driver remained quiet. In my state of confusion and fatigue, I agreed to pay \$300. However, the payment did not ~~even~~ though I went back home and piece the incident and realised the circumstances that happened was fishy and the passenger was speaking on behalf of the driver. Afraid it would be a scam, I engaged my insurer for claims and investigations.

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
 Name:
 NRIC/FIN No.:



Individual Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
06/03/2019	18:30pm	Along Simai Ave towards Tampines 5

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	9LV 2403A
Name of Policyholder	904 CHWEE HIANG
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S/ 245327Z
Address	81K 223 SERANANG AVENUE 4 #05-185(S) 195T.
Contact Number	Tel: Hp: 9218 5333
Occupation	

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	Honda Vezel
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus/Mcycle, Others: _____
Exact Purpose for which vehicle was being used at the time of accident.	Private Use
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle category	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Remarks	3rd party

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	GA 308969/1

DRIVER

Name of Driver	"
NRIC/ FIN/ Passport	"
Date of Birth	15/08/1957
Occupation	INDOOR
Driving Pass Date	18/03/1983
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number	Tel: Hp: //
Address	
Email Address	
Was driver an employee of the Insured's Company? If No, relationship of Driver with the insured.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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?	

01 pax

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number SHC 79499
 Vehicle Make/ Model/ Colour Taxi
 Details of Properties (If Other Party is not a Vehicle)
 Damage Area
 Name of Driver MR GOH KIAN TECK
 NRIC/ FIN/ Passport S0043506F
 Contact Number / Email Address 85403963
 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

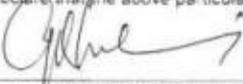
Name
 NRIC/ FIN/ Passport
 Address
 Approximate Age
 Injuries Sustained
 If Vehicle Occupants, state in which vehicle?
 Were Seat Belts Worn? Yes No
 Was Injured conveyed to hospital by ambulance? Yes No

DETAILS OF INJURED PERSON 2

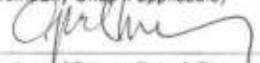
Name
 NRIC/ FIN/ Passport
 Address
 Approximate Age
 Injuries Sustained
 If Vehicle Occupants, state in which vehicle?
 Were Seat Belts Worn? Yes No
 Was Injured conveyed to Hospital by Ambulance? Yes No

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

AXA FORM

AXA Form 1000 (2018)

Date 07/03/2019

To: Owner of Vehicle Number SLV2403A

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 advised 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 3rd party claim @ BH AUTO

Signed and acknowledge by:

[Handwritten Signature]

Name and signature of policyholder/authorized driver



Name and signature of personnel making company stamp

INSURANCE OF CERTIFICATE



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
04123

-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	GDH CHWEE HIANG	Certificate number	GA308969 / 1
Cover	Comprehensive	Chassis number	RU11218955
Plan name	Fled	Engine number	L15B4418957
NCD applicable	30%		
Vehicle registration number	SLV2403A		
Period of insurance	from 26/12/2018 to 25/12/2019 (both dates inclusive)		
Finance loan company	Nil		

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 5 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 400.00
	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.

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1245337Z



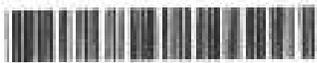
 **GOH CHWEE HIANG**
吳水香
Race: CHINESE
Date of Birth: 18-08-1947 Sex: F
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

 License Number: S1245337Z
Name: GOH CHWEE HIANG
Iss. Date: 15 Aug 1987
Valid Until: 04 Feb 2005

PROTECTED

1162082


Licence No. S1245337Z


Real Name: Goh Chwee Hiang
Sex: F
Date of Birth: 18-08-1947

Address:
APT BLK 225 SERANGOON AVENUE 4
#05-18F
SINGAPORE 1500

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle	Valid Until
Class 3	Motor Cars and Motor Tractors the weight of which neither does not exceed 3500 Kilograms	18 Aug 1987

MP 428A

Licence No. S1245337Z

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

