

## 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	19/03/2019 15:26
Date Of Accident	07/03/2019 07:05
Exact Location Of Accident	JUNCTION OF AMK AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW155Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH GEOK CHENG
NRIC No	S7341560H
Email Address	SOH.SERENE73@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98417342
Alternative Phone No	OTHERS-96817342

### Vehicle Particulars

Manufacturer	LEXUS
Model	RX350-3.5 (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	GA260484
Cover Note Number	24/08/2018 - 23/08/2019

### Driver

Name of Driver	NG CHEE TUCK
NRIC No	S1768472H
Date Of Birth	09/04/1966
Occupation	INDOOR
Date Of Driving Pass	30/06/1986
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96817342
Fax Number	
Contact Number	OTHERS-98417342
Email Address	NOEMAIL

Address	BLK 475 ANG MO KIO AVE 10 #07-716
Postcode	560475
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	NO COLLISION
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)	5
Passenger 1	NAME: : DAVAN NG GENDER: : MALE
Passenger 2	NAME: : KAYVAN NG GENDER: : MALE
Passenger 3	NAME: : KEIKO NG GENDER: : FEMALE
Passenger 4	NAME: : SOH GEOK CHENG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6014E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


**SKETCH PLAN**

**IMPORTANT NOTICE**

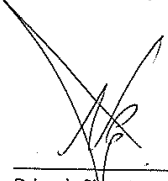
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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.

x 

Policyholder's Signature  
Date & Time:



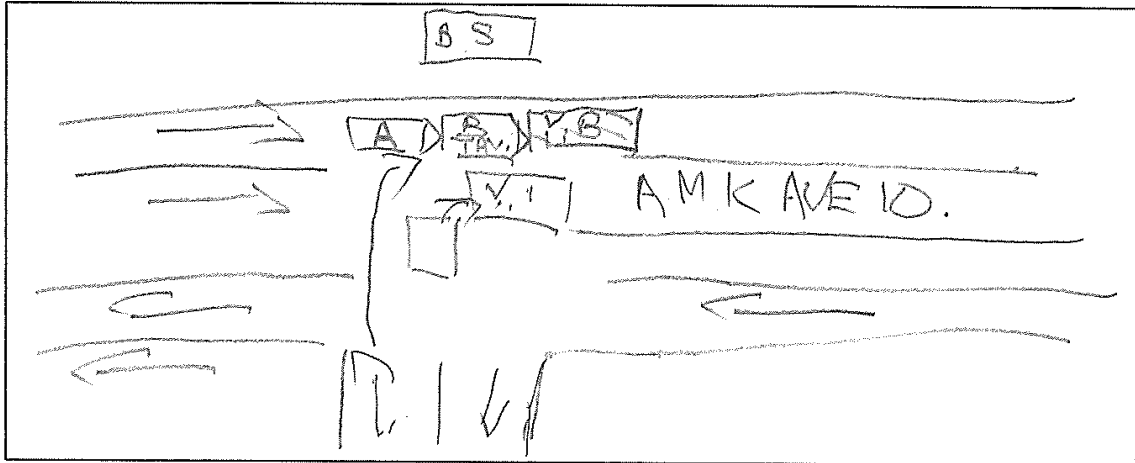
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre, Personal Information's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

Date of accident: 07/03/19 Time: 07:05 Location: JUNCTION of AMK Ave 10  
 My Vehicle A: 5JW155Y Vehicle B: 5FIP 6014E Vehicle C: —  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.
* NO collision with the other party.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address : geh.berene73@gmail.com

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

x [Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



T/20190307/2013

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

1 of 3

Report No. T/20190307/2013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/03/2019 08:07	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars				
Name of Informant: NG CHEE TUCK		Address: APT BLK 475 ANG MO KIO AVENUE 10 #07-716 SINGAPORE 560475		
ID Type / ID No.: NRIC NO / S1768472H		Contact No.: Home/Office: Mobile: 96817342		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 52	Date of Birth: 09/04/1966	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: self-employed		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 07:05	Type of Location: Car Park
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 10 Carpark of Blk 475 turning out to Ang Mo Kio avenue 10.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6014E	Car				Slightly Damaged	0
SJW155Y	Car				No Damage	1



**SINGAPORE  
POLICE FORCE**



T/20190307/2013

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

2 of 3

Report No. T/20190307/2013

**CONTINUATION OF REPORT**

**Brief Details.**

On 07/03/2019 at about 0705hrs, I was on my way to drop off my children to school. When I was about to turn out from the car park, there was a Transcab taxi with the registration plate number SHD6014E stopped in the yellow box. After I made the turn and when the traffic light turn green, the taxi moved a bit and stopped. He did that multiple times without any signals on. I assumed that he was looking for passenger around that area. We then horn him and overtook him. the taxi driver followed us and approached us at Deyi Secondary School. I then told the driver to follow me until Anderson Primary School as I was behind time to drop off my other two children. There, He claimed that our car had collided with the rear of his taxi. We made a check on our car but there was no damages at all. There was a slight dent on right rear of his taxi. It has white paint stain on it. The taxi driver was behaving aggressively towards us.

I am sure that I did not bang onto him as my car did not feel impact. He said that he wanted to make a claim on the things I did not do. I have an In-car camera but I was not sure weather it was switched on or not as I will always plug out before I leave my car.

I am lodging this report to disclaim liabilities and for record purposes.



**SINGAPORE  
POLICE FORCE**



T/20190307/2013

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

3 of 3

Report No. T/20190307/2013

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
F /  
Sgt 2 ASYRAF ISKANDAR BIN RAMLI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/03/2019 08:07

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



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

SOH GEOK CHENG  
 BLK 475 ANG MO KIO AVE 10  
 #07-716  
 SINGAPORE 560475

## Renewal

date  
 02/08/2018

your servicing distributor  
 HENLY ENTERPRISES CO PTE LTD /  
 03813

your servicing distributor contact  
 68460012

## Policy Schedule

Your SmartDrive Comprehensive For Her

### Your policy snapshot

Policyholder name	SOH GEOK CHENG	Policy number	VA1 / GA260484
Cover	Comprehensive	FIN / NRIC	S7341560H
Period of Insurance	from 24/08/2018 to 23/08/2019 (both dates inclusive)		

### Premium breakdown

Gross Premium after 50% NCD	SGD 1,208.24
Total Discounts	- SGD 64.41
7% GST	SGD 80.07
<b>Final Premium</b>	<b>SGD 1,223.90</b>

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive For Her Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Daily Transport Allowance of \$50 for a maximum of ten (10) days
- Basic Own Damage Excess Waiver from Third Year if you are accident-free during the first two (2) years.
- Phone assistance and roadside support
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

#### Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

### Vehicle details

Make & Model of Vehicle	LEXUS RX350 3.5	Year of manufacture	2010
Vehicle registration number	SJW155Y	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	3456
Seating capacity (excl driver)	4	Engine number	2GRJ203024
Off-Peak car	No	Chassis number	JTJBK11A802421174

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	HENLY ENTERPRISES CO (PTE) LTD

**Excess applicable** (refer to Policy Wording for other applicable Excesses)

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

Windscreen Excess

Not Applicable

**Drivers details**

Driver type	Driver name	Date of birth	Driving experience
Main Driver	SOH GEOK CHENG	02/11/1973	23 year(s)
Additional Driver	NG CHEE TUCK	09/04/1966	32 year(s)

**Additional clauses & endorsements to your policy**

Nil

**What you should do**

- Keep this Policy Schedule as record of insurance cover for your vehicle
- This Schedule should be read in conjunction with the Terms and Conditions of the Policy Wording

AXA Insurance Pte Ltd


*This is an auto-generated document and hence no signature is required*

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S 1768472H**  
 Name **NG CHEE TUCK**

Birth Date **09 Apr 1966**  
 Issue Date **13 May 2003**


000480423H



**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1768472H**

Name **NG CHEE TUCK**  
**黄志德**


Race **CHINESE**  
 Date of Birth **09-04-1966** Sex **M**  
 Country of Birth **SINGAPORE**



**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S7341560H**

Name **SOH GEOK CHENG**  
**苏玉真**

Race **CHINESE**  
 Date of Birth **02-11-1973** Sex **F**  
 Country of Birth **SINGAPORE**



93417342

no way  
 HD video

Spix:

DAVAN NG. (M)  
 KAYVAN NG. (M)  
 KEIKO NG. (F)  
 Owner (F)


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

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

PASS DATE **30 Jun 1986**

Licence No: **S1768472H**

NP 428A



2871463

NRIC No. **S1768472H**

Blood Group **O+** Date of issue **15-08-1996**

APT BLK 475 ANG MO KIO AVENUE 10 #07-716  
 SINGAPORE 560475

NRIC No: **S1768472H** Date: **22/02/2012** No: **7030579**


2062750

NRIC No. **S7341560H**

Blood Group **B+** Date of issue **26-05-1994**

APT BLK 475 ANG MO KIO AVENUE 10 #07-716  
 SINGAPORE 560475

NRIC No: **S7341560H** Date: **17/07/2008** No: **6028773**



Sketch Plan Pg. 9

To Whom It May Concern,

Accident involving my vehicle no. SW1554 on 07/03/19 (date) with  
SHD 6014E (other vehicle no) along Junction of Amic Ave 10

I, Son Geot Chay Nric No. S734156017

Owner of vehicle no. SW1554 am aware of the accident of my vehicle on  
07/03/19 (Date) while car was driven by Ng Chee Tuck

Nric No. S176 847211. I hereby, authorise him / her to make the report.

X

[Signature]

Name

Date:

.....  
..

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X

Name

Date:



redefining / insurance

Date: 16/07/19

To: Owner of Vehicle Number: 5JW155Y

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff Zila / Eileen / Mui Hong.

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:

[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp





Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

12 March, 2019

**SOH GEOK CHENG**

BLK 475 ANG MO KIO AVE 10  
#07-716  
SINGAPORE 560475

Dear Sir,

**OUR REF : CC4/ASM19004515/fa3 // S9M01GR6**

**YOUR REF : SJW 155Y**

**ACCIDENT INVOLVING SJW 155Y AND SHD 6014E ON 07/03/2019 ALONG/AT  
ANG MO KIO AVE 10**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



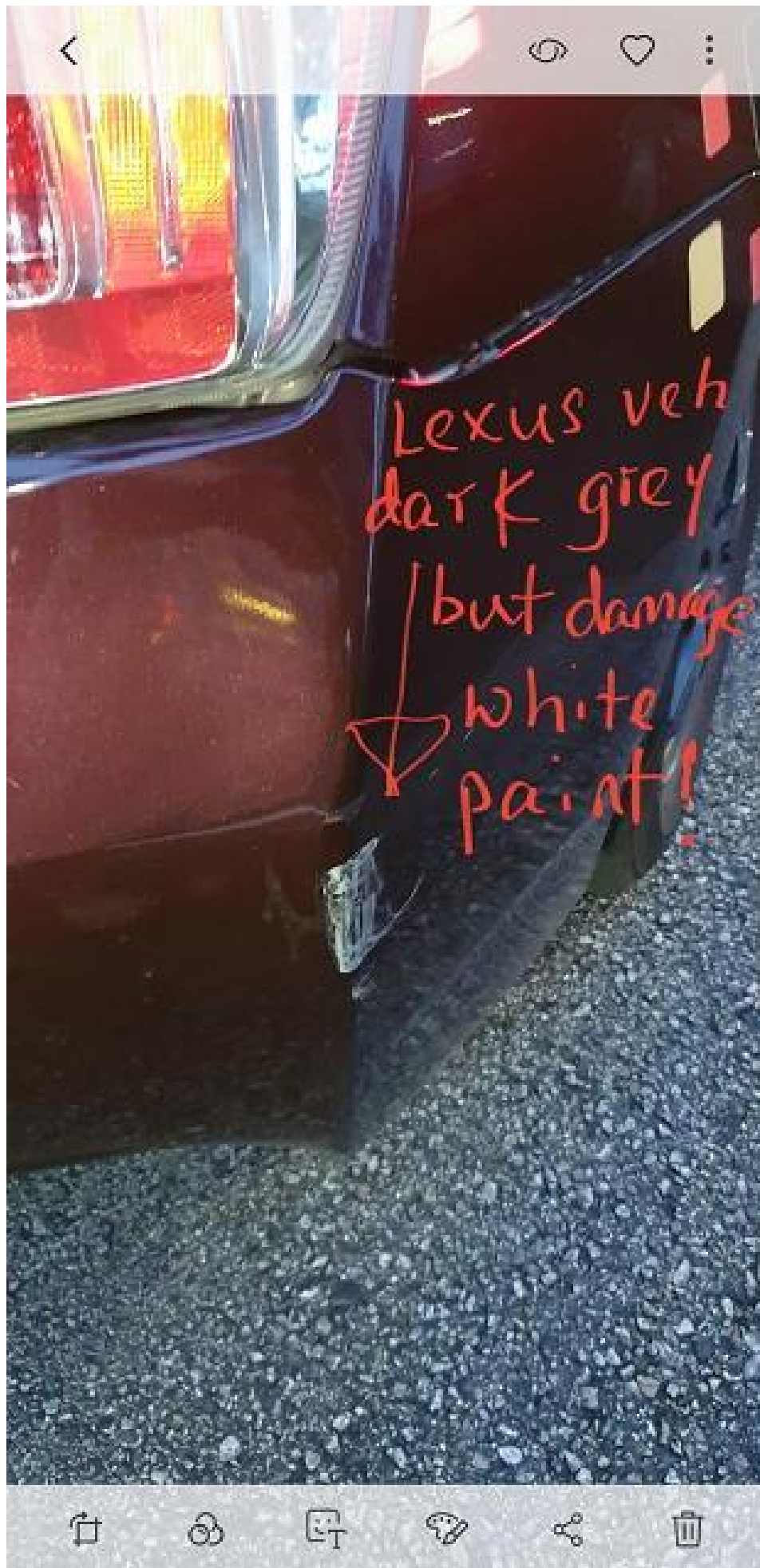
Accident Photo



Accident Photo



Accident Photo



Accident Photo

