

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	06/04/2019 16:56
Date Of Accident	06/04/2019 12:00
Exact Location Of Accident	ALONG GLENEAGLES HOSPITAL @ NAPIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6492Z
Insured/Policyholder	
Name Of Registered Owner	CHEN LEHENG
NRIC No	S8906775H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98520798
Alternative Phone No	OFFICE-98520798

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-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	THIRD PARTY
Fleet Policy	NO
Policy Number	GA330161/1
Cover Note Number	

Driver

Name of Driver	NG LEE HIANG
NRIC No	S0119701J
Date Of Birth	22/12/1948
Occupation	INDOOR
Date Of Driving Pass	18/04/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91523189
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	71A CORONATION ROAD
Postcode	269489
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	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)	2
Passenger 1	NAME: : HUSBAND 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

PLEASE REFER TO 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	SLU1102E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO SYE POON
NRIC/Passport Number	S8131725I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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:



Driver's Signature
(if driver is not the policyholder)
Date & Time: 6 April 2019



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

Individual Statement

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
06/04/2019	12pm	Glenaiagles Hospital Premises @ Napier Rd
INSURED/ POLICY HOLDER (VEHICLE A)		
Vehicle Registration Number	SMD6492Z	
Name of Policyholder	CHEN LEHENG	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S8906775H	
Address		
Contact Number	Tel:	Hp: 9852 0798
Occupation		
VEHICLE PARTICULARS (VEHICLE A)		
Vehicle Make / Model		
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, 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 Remarks: Reporting only	
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 type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input checked="" type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Policy Number	9A 330161/1	
DRIVER		
Name of Driver	Ng Lee Hiang	
NRIC/ FIN/ Passport	S0119701J	
Date of Birth	22/12/1948	
Occupation	WOODWORKER	
Driving Pass Date	18/04/1978	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	
Contact Number	Tel:	Hp: 9152 3189
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?		

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

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

SLU110JE
grab car

NEO SYE POON
88/317251

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

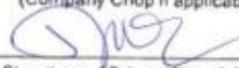
Name
 NRIC/ FIN/ Passport
 Address
 Approximate Age
 Injuries Sustained
 If Vehicle Occupants, state in which vehicle?
 Were Seat Belts Worn? Yes No
 Was Injured conveyed to Hospital by Ambulance? Yes No

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

6 April 2019

LETTER OF AUTHORIZATION

6 April 2019

I, Chen Leheng, NRIC (S8906775H), authorize Ng Lee Hiang NRIC (S0119701J) to file an accident report with my vehicle no. SMD6492Z on 6 April 2019. Accident took place at Gleneagles Hospital premises at 12pm on 6 April 2019.

Best regards,

Chen Leheng

(NRIC: S8906775H)

(HP no: 98520798)



6559 8944

BH Auto Services

Block 1 Sin Uling Industrial Estate

#01-111

AXA FORM



Date: 06/04/2019

To: Owner of Vehicle Number: SMD6492Z

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 Reporting only @ 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



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

04854

-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	CHEN LEHENG	Certificate number	GA330161 / 1
Cover	Third Party Only	Chassis number	MR053ZEC107115454
Plan name	Third Party	Engine number	3ZZ4563491
NCD applicable	30%		
Vehicle registration number	SMD6492Z		
Period of insurance	from 22/03/2019 to 21/03/2020 (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 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

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8906775H



Name

CHEN LEHENG

陳 樂 恆

Race
CHINESE

Date of birth Sex
23-02-1989 F

Country of birth
SINGAPORE



Identification Card



3482882



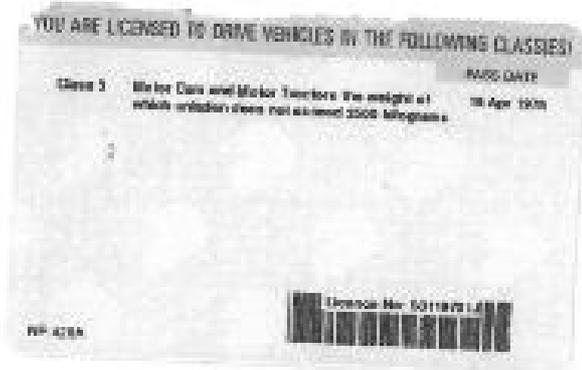
NRIC No. S8906775H

Date of issue
05-03-2004

APT BLK 115 POTONG PASIR AVENUE 1 #05-884
SINGAPORE 350115

NRIC No: S8906775H Date: 05/04/2014

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



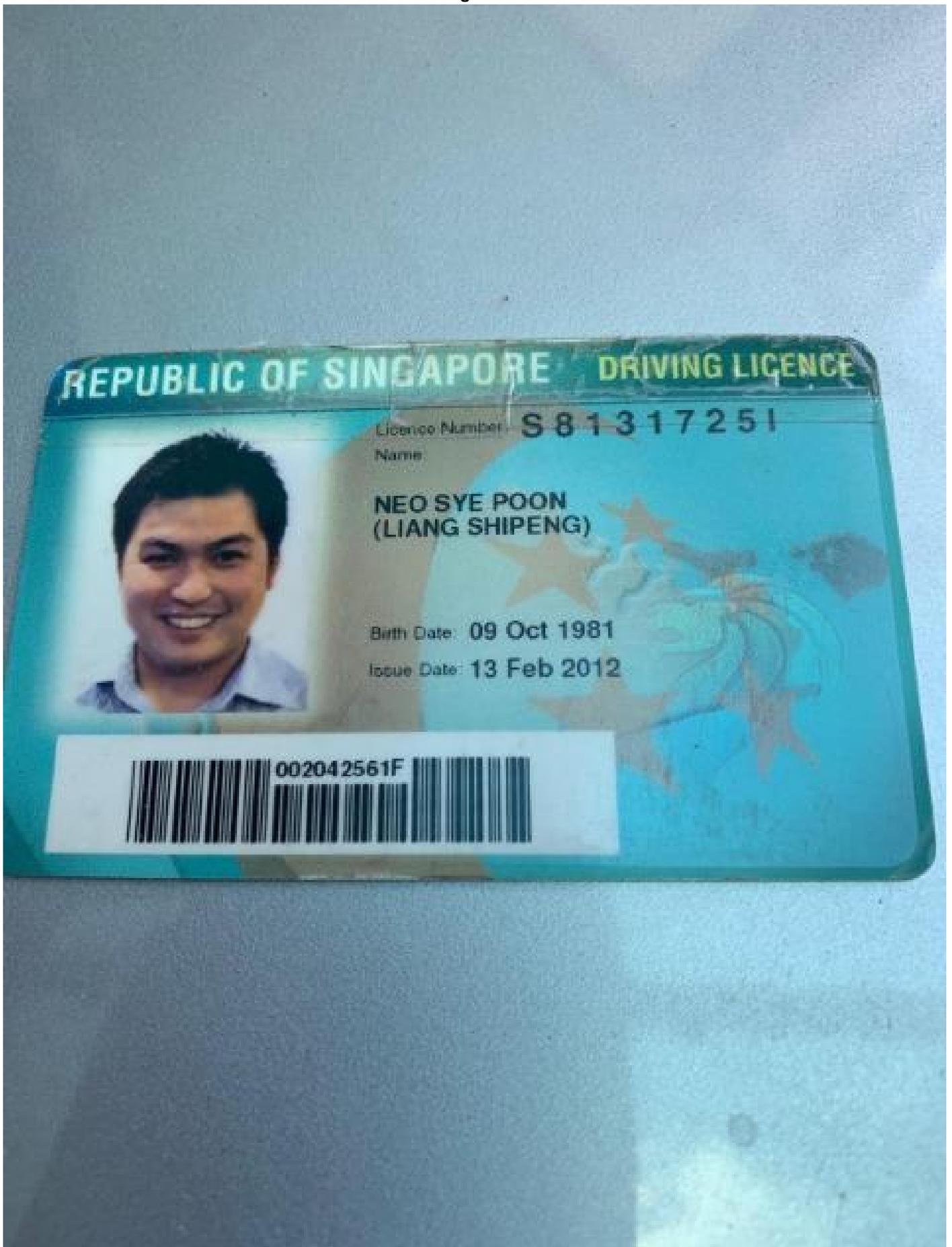
Accident Photo



Accident Photo



Driving License



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S81317251

Name:

NEO SYE POON
(LIANG SHIPENG)

Birth Date: 09 Oct 1981

Issue Date: 13 Feb 2012

002042561F

Driving License

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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 13 Feb 2012

Licence No: S81317251



NP 428A