

## 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	06/05/2019 21:15
Date Of Accident	06/05/2019 07:20
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8494E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO CHENG HEE
NRIC No	S7200599F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98528988
Alternative Phone No	OTHERS-98528988

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	GA448065
Cover Note Number	

### Driver

Name of Driver	YEO CHENG HEE
NRIC No	S7200599F
Date Of Birth	03/01/1972
Occupation	INDOOR
Date Of Driving Pass	08/09/1994
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98528988
Fax Number	
Contact Number	OTHERS-98528988
Email Address	NOEMAIL

Address	571 UPPER SERANGOON RD #06-05
Postcode	534798
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	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 ATTACH

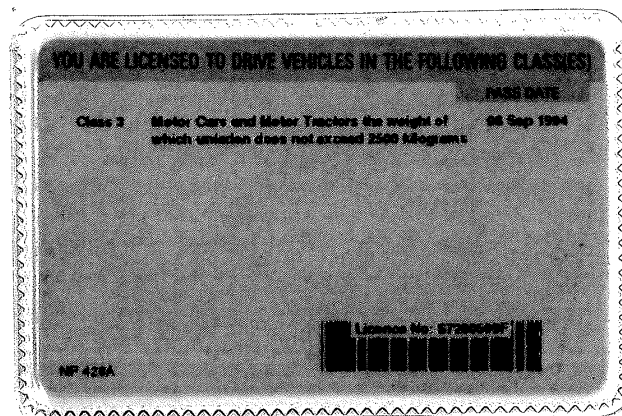
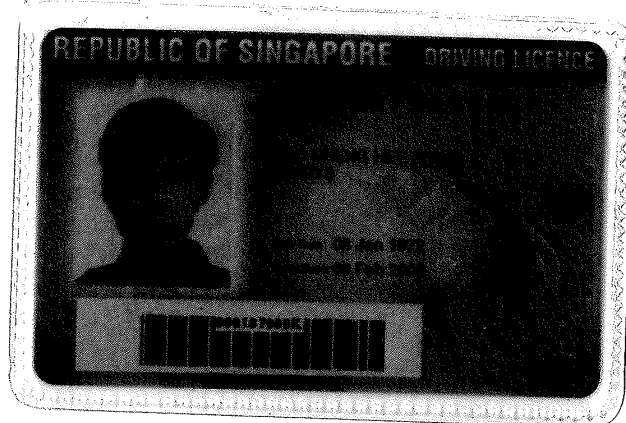
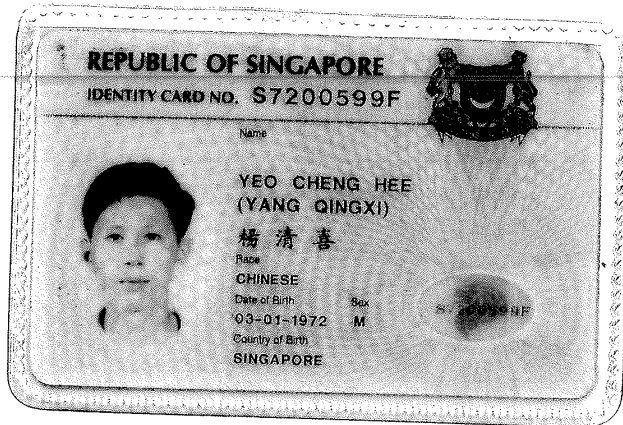
#### Attachment(s)

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	SLD2426D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1



# Accident Sketch Plan Pg. 1

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

### ACCIDENT STATEMENT

Date and Time of Accident

Date: 6 May 19 Time: 0720hr

Exact Location of Accident

PIE towards Changi (near Police Academy)

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKR 8494 F

### INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Yeo Chern Hee

Personal Identification - NRIC (Singaporean/PR)

S7200599 F

- FIN/Passport Number

- Not Applicable

### VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer Volvo Model S60 T5

Type of Vehicle\*

☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others, \_\_\_\_\_

Exact Purpose for which vehicle was being used at time of accident

Soloist

Are you claiming under your own insurance policy for repair to your vehicle?

☐ Yes ☒ No (If No, Pls select: ☒ Third Party ☐ Reporting)

Vehicle Category\*

☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \*

AXA

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

6K 448065

Motor CI

### DRIVER

☒ Same as Insured above

Name of Driver

Yeo Chern Hee

Personal Identification - NRIC (Singaporean/PR)

S7200599 F

- FIN/Passport Number

Date of Birth

03 dd/ 01 mm/ 1972 yy

Driving Date Pass

08 dd/ 07 mm/ 1994 yy

Year of Driving Experience

Year(s) Month(s)

Occupation

☒ Indoor ☐ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

98528988

# Accident Sketch Plan Pg. 1

Address of Driver	571 Upper Serangoon Rd #06-05	Postcode (134788)
Email Address	no email	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	owner	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Head to Rear	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
<b>OTHER INFORMATION</b>		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	01	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SLD2426 D	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles )		

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

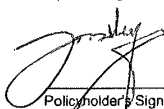
#### IMPORTANT NOTICE

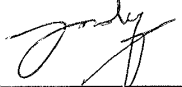
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

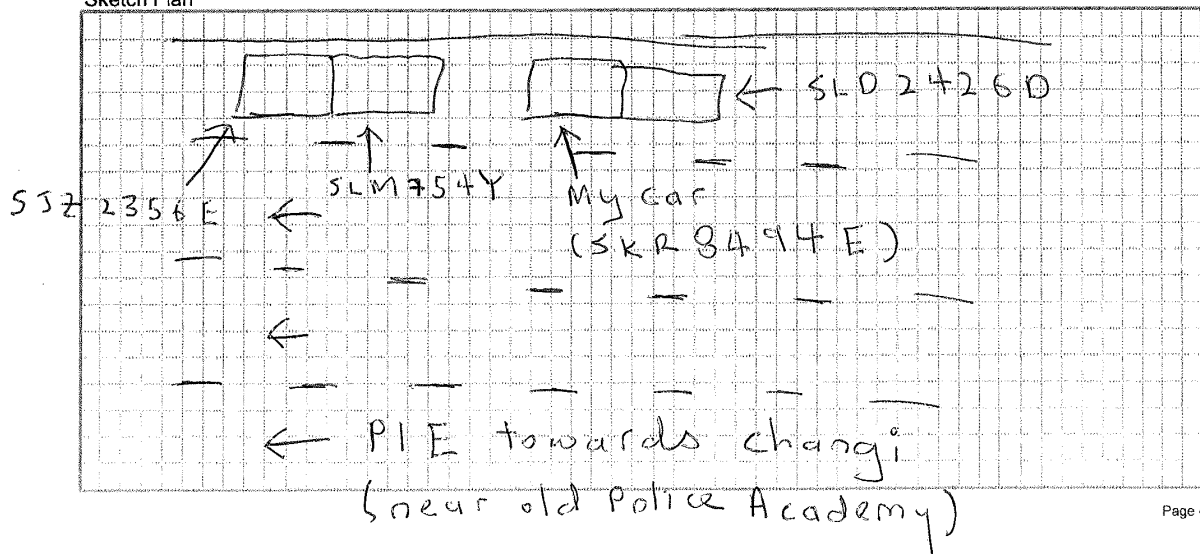
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
  - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

  
Policyholder's Signature / Date & Time  
15/5/19  
15 05 hr

  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Page 4

# Accident Sketch Plan Pg. 1

## Describe Circumstance of the Accident

On 6 May 2019, I was travelling along PIE towards Changi (near old Police Academy) on the fastest lane at around 0720hr.

The Silver Mercedes (SLM 754 Y), in front of me braked very suddenly. I braked in time to avoid colliding into that car. However, the car behind me, SLD 2426 D, could not stop in time and collided into the back of my car.

The details of the driver of car No. SLD 2426 D are as follows:

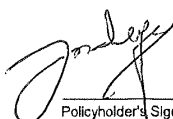
Name: Wong Hai ~~Hock~~ Lok  
NRIC: S1743929 D  
Mobile No.: 96652748  
Insurer: AXA Insurance Pte Ltd.


## IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

## Declaration

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

 6/5/19  
Policyholder's Signature / Date & Time  
1505h5

  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



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  
04111

-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	YEO CHENG HEE (YANG QINGXI)	Certificate number	GA448065 / 1
Cover	Comprehensive	Chassis number	YV1FS40LDF2353954
Plan name	Flexi	Engine number	B4204T111140145
NCD applicable	50%		
Vehicle registration number	SKR8494E		
Period of Insurance	from 12/03/2019 to 11/03/2020 (both dates inclusive)		
Finance loan company	OCBC BANK LIMITED		

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
  - 1. NANCY LEE HOI SIM
- (c) 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.

<b>EXCESS</b>	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.

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

1 of 3



**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**





Accident Photo



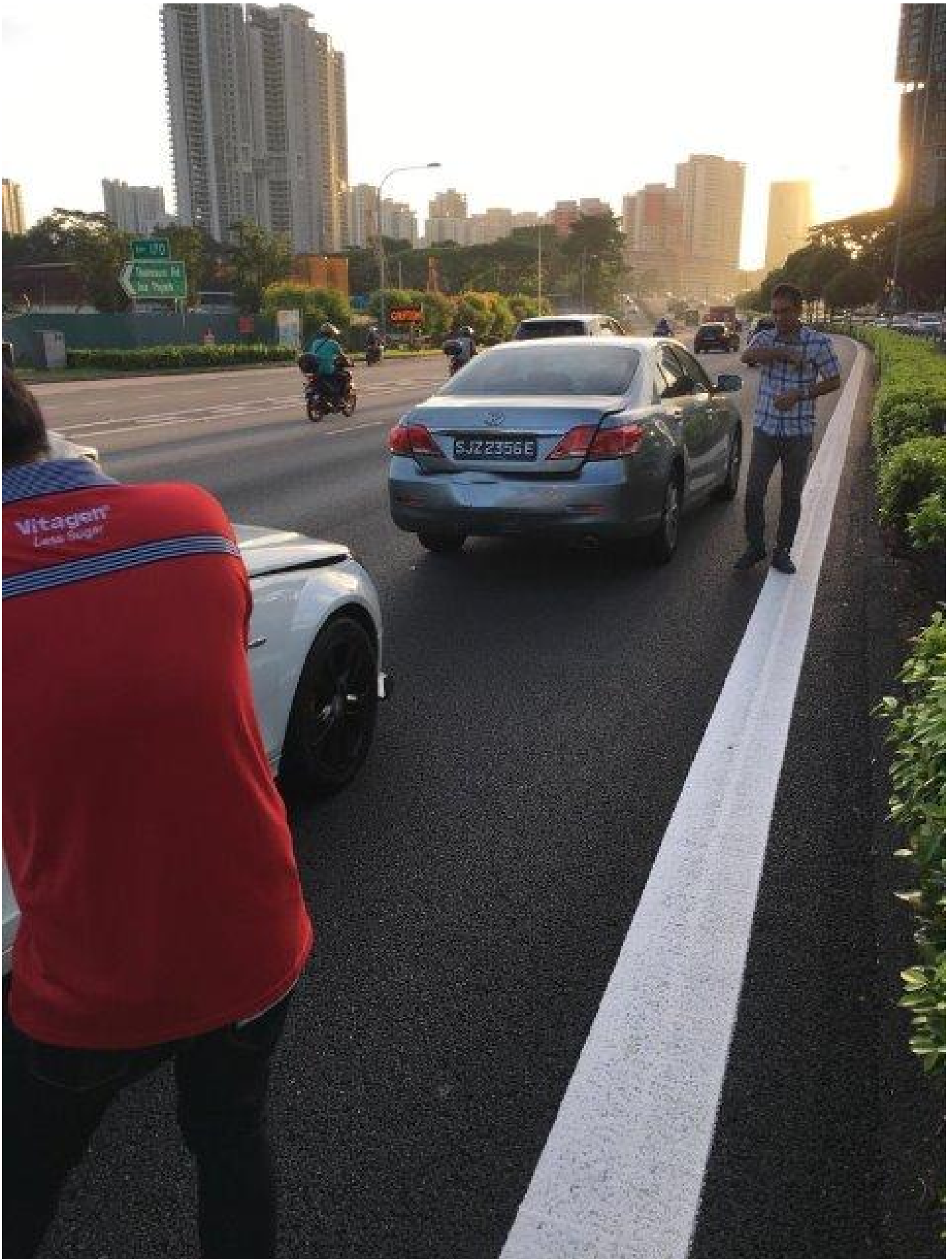
**Accident Photo**



**Accident Photo**

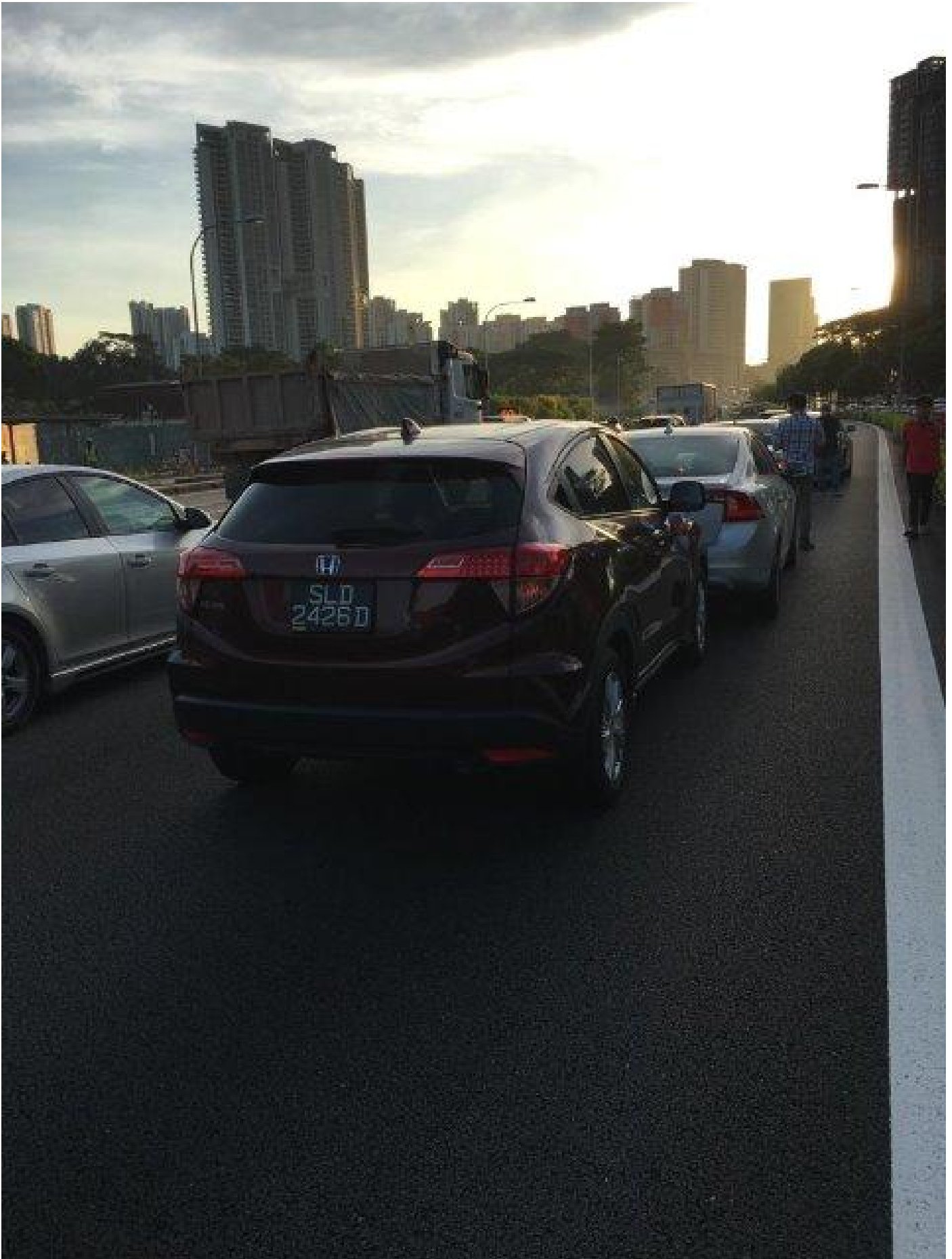


Accident Photo





Accident Photo



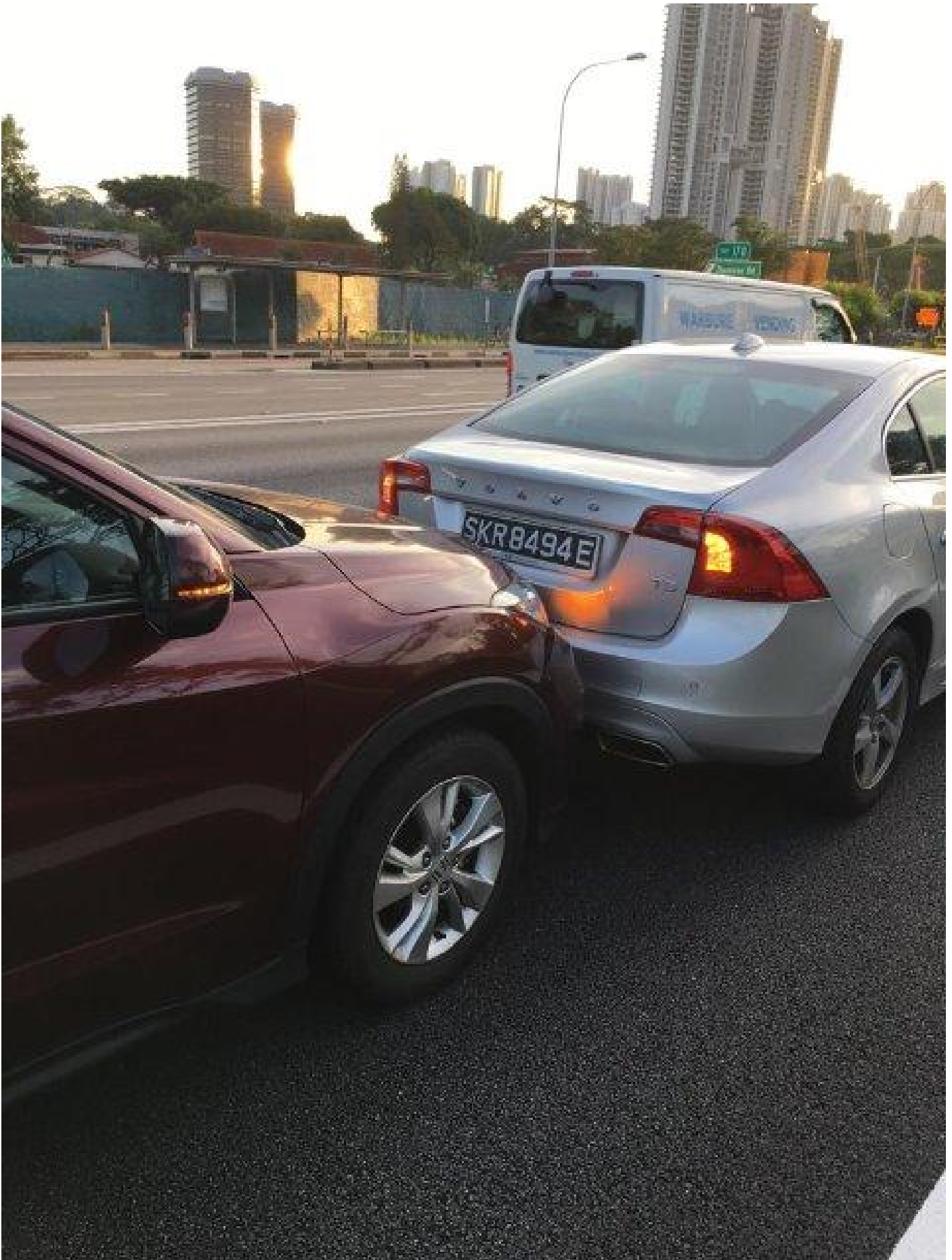
Accident Photo



Accident Photo



Accident Photo



Accident Photo

