

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	31/05/2019 10:55
Date Of Accident	31/05/2019 08:15
Exact Location Of Accident	MARYMOUNT ROAD RIGHT BEFORE BUSSTOP 53139
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8200Z
Insured/Policyholder	
Name Of Registered Owner	LEONG YEW KEE
NRIC No	S1463303J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96333676
Alternative Phone No	OFFICE-96333676

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS PLUS-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN022230
Cover Note Number	

Driver

Name of Driver	LEONG JIA HAO
NRIC No	S9144613H
Date Of Birth	03/12/1991
Occupation	INDOOR
Date Of Driving Pass	10/08/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98559258
Fax Number	
Contact Number	
EEmail Address	LEONG.JIAHAO@HOTMAIL.COM

Address	419 ANG MO KIO AVE 2
Postcode	567865
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LAI SOO CHUNG GENDER: : FEMALE

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 ATTACHED SKETCH PLAN AND 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	SHF1559Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG YEW WAI WILFRED
NRIC/Passport Number	S7731144J
Contact Number	96910115
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

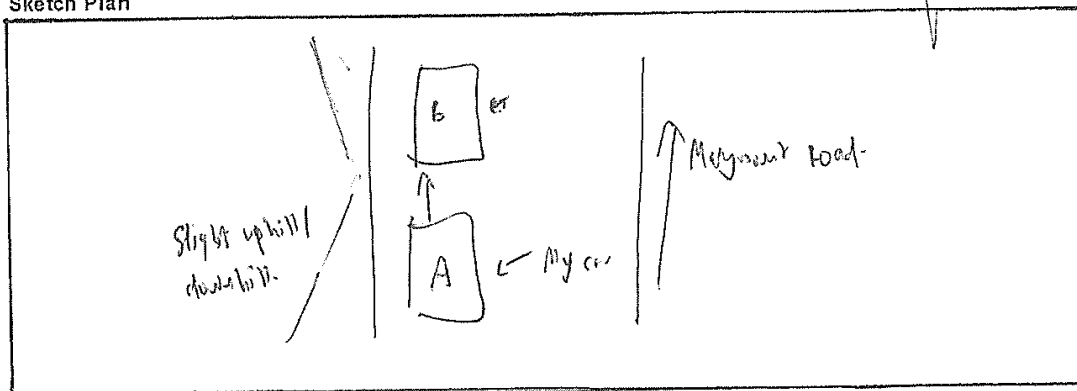
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Describe Circumstances of the Accident

were driving along Maryland Road, there was a slight uphill with no car insight, however, at the top of the slope, going north downhill, there was a car taxi (SHF 155AY) stuck in the traffic there, could not stop in time, thus crashing into the car-taxi.

Declaration

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

Witnessed by Reporting Centre
Personnel

AXA INSURANCE PTE LTD

8 Selegie Way, #24-01
 #14 Tower, Singapore 065811
 Customer Centre 400 111
 Tel: 6342 8888/88
 Website: www.axa.com.sg
 GST Registration Number: S75015110
 UEN: S75015110



Original

Agent Code: 14885

Policy No./Policy No.: BSYL024

New Business: EVELYN

Insured Value: \$1449

MOTOR COVER NOTE

No. CM022230

- The Motor Vehicle is Third Party Public and Commercial and Act (Cap 189) Republic of Singapore, or
 - The Road Transport Act 1987 of Malaysia, or
 - The Agreement between the Minister of Finance (Singapore) and the Motor Insurance Bureau of Singapore dated 22 February 1975, or
 - The Agreement between the Minister for Transport (Malaysia) and the Motor Insurance Bureau of West Malaysia dated 30 March 1992
 - And any subsequent amendments to the above Acts and Agreements.
- The insured is insured in the Schedule, having provided for insurance in respect of the Motor Vehicle described in the Schedule is hereby REJECTED COVERED under the terms of the Company's usual form of Motor Policy apply the Schedule for the period indicated in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	LEONG YEW KEE
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA PRIUS
VEHICLE REGISTRATION NO.	
YEAR OF MANUFACTURE	2010
ENGINE NO.	2200 1700
CHASSIS NO.	1HAT511000000000000
ENGINE CAPACITY/TONNAGE	1700
COVER TYPE	COMPREHENSIVE
REPAIR PURCHASE	UNITED OVERSEA-CHINESE BANK LIMITED
VALUE (RM)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM 14/11/2010 TO 13/11/2010
EXCESS (RM)	600
AXA PREMIUM WORKSHOP	HO (BORNEO MOTORS (S) PTE LTD)

THIS POLICY CERTIFICATE POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLE (THIRD PARTY PUBLIC AND COMMERCIAL) ACT (CAP 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Authorized Signature

Signature: [Signature]
 Date: 14/11/2010 2:40

- Notes: This Certificate is valid for 90 days from the date of issue unless provided by the Certificate of Insurance issued by the Company.
- Premium for this policy will be charged subject to minimum of \$555.00 (inclusive of GST).
 - The policy is cancelled after the expiration date.
 - A maximum of 10 days of 24 hours of breakdown of cover will be provided.
 - Cover is not valid and voided if the vehicle is used for hire or reward.
 - A breakdown of the vehicle is not covered for a breakdown occurring with AXA.

PREMIUM WARRANTY

The insured is required to pay the premium for this policy within the specified period of time. If the insured fails to pay the premium within the specified period of time, the policy will be cancelled and the insured will be liable for the premium for this policy.

Identification Card Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9144613H



Name

LEONG JIA HAO

梁家豪

Race

CHINESE

Date of birth

03-12-1991

Sex

M

Country of birth

SINGAPORE

S9144613H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9144613H

Name LEONG JIA HAO

Birth Date 03 Dec 1991

Issue Date 10 Aug 2012

002095140F



3979067

IMIC No S9144613H

Date of issue

22-12-2006

419 ANG MO KIO AVENUE 2
SINGAPORE 567865

S9144613H

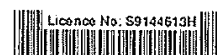
23/03/2017

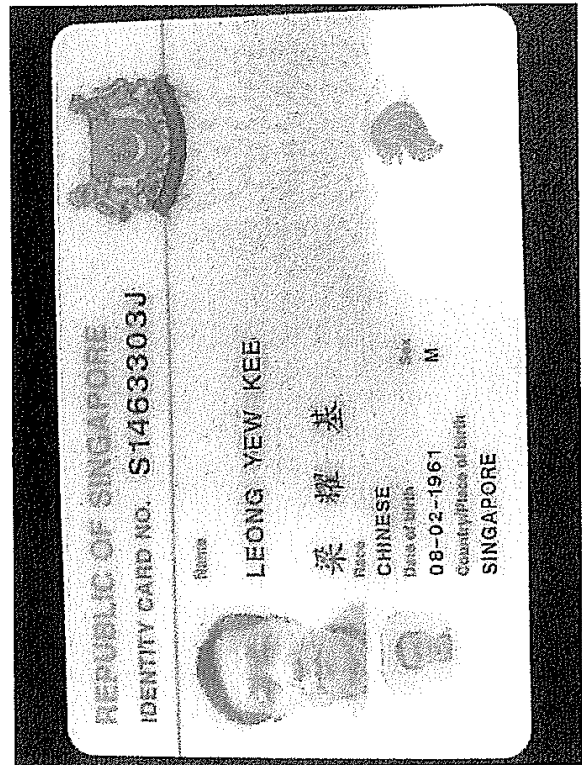
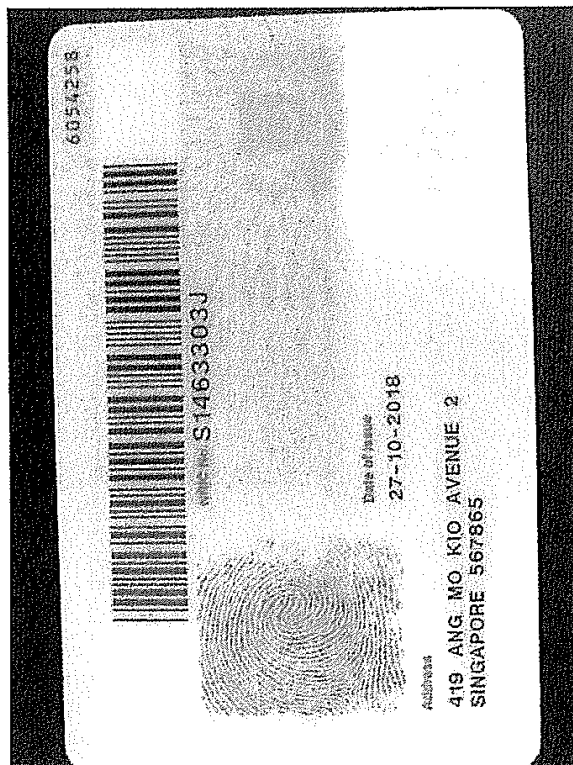
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 10 Aug 2012

NP 428A





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



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBM 319070872 Vehicle Registration No: SKK P200Z
Name(as shown in NRIC) : LEONG YEW KEE NRIC/FIN/Passport No : SH4 63303J
(*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9633 3676
Email Address : _____
Date of Accident : 31/5/19 Time of Accident : 08:15
Place of Accident : MARY MOUNT ROAD RIGHT BEFORE BUSSTOP 53139
Insurance Company: AXA INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO CHANGE OF VEHICLE NO.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ASHLYN CHNG
NRIC/FIN No.: G2151024fm
Date: 31/5/19