

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 | 09/11/2019 16:54 |
| Date Of Accident | 09/11/2019 07:45 |
| Exact Location Of Accident | ALONG CAUSEWAY FROM SINGAPORE TO JOHOR BAHRU |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGC8278P |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG PENG MUN |
| NRIC No | S1368002G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90095130 |
| Alternative Phone No | OFFICE-90095130 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | VEZEL 1.5X 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 | GA138420/1 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WONG PENG MUN |
| NRIC No | S1368002G |
| Date Of Birth | 20/01/1959 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/02/1979 |
| Driving Experience | 40 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90095130 |
| Fax Number | |
| Contact Number | OFFICE-90095130 |
| EEmail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 293 BISHAN STREET 22 #23-87 S(570293) |
| 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 | 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) | 5 |
| Passenger 1 | NAME: : PASSENGER GENDER: : FEMALE |
| Passenger 2 | NAME: : PASSENGER GENDER: : FEMALE |
| Passenger 3 | NAME: : PASSENGER GENDER: : MALE |
| Passenger 4 | NAME: : PASSENGER GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | THOMSON NPP 25 SIN MING ROAD |
| Police Station Address | ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

refer attached police report.

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 | SKW7279R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | VIJIYASINGAM S/O THURAISINGHAM |
| NRIC/Passport Number | S0204615F |
| Contact Number | 91133153 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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. 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:

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

Sketch Plan #2

SKETCH PLAN

A - SGC827JP
B - SKWT279R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attached police report.

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 Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20191109/2074

1 of 4

Report No. T/20191109/2074

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 09/11/2019 13:44 | | Vide Report No.: | | Station Diary No.: 23 | |
| Informant's Particulars | | | | | |
| Name of Informant: WONG PENG MUN | | | Address: APT BLK 293 BISHAN STREET 22 #23-87 SINGAPORE 570293 | | |
| ID Type / ID No.: NRIC NO / S1368002G | | | Contact No.: Home/Office: | | Mobile: 90095130 |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 60 | Date of Birth: 20/01/1959 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: DELIVERY | | | Driving Licence Information: Class: 2B,2A,2,3 | | Date of Expiry: |

| | | | | |
|--|----------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 09/11/2019 07:45 | Type of Location: Straight Road |
| Location: Along Road 1 CAUSEWAY | | | | |
| Along Causeway from Singapore to Johor Bahru | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | Condition | No. of Passengers |
|-----------------------------|------|--------|-------------------------------------|-------|--|------------------|-------------------|
| Vehicle No. | Type | Make | Model | Color | | | |
| SGC8278P | Car | HONDA | VEZEL 1.5X A | Black | | Slightly Damaged | 4 |
| SKW7279R | Car | NISSAN | SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR | Grey | | | 0 |

| Details of Vehicle Insurance | | | | Insurance No. | Effective | Expiry |
|------------------------------|-------------------|--|--|---------------|-----------|--------|
| Vehicle No. | Insurance Company | | | | | |



**SINGAPORE
POLICE FORCE**



T/20191109/2074

Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

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Report No. T/20191109/2074

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SGC8278P | AXA INSURANCE SINGAPORE PTE LTD | GA138420 | 19/11/2018 | 18/11/2019 |

| Detail of Person Involved | | | |
|-----------------------------------|-------------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | WONG PENG MUN | ID No. | S1368002G |
| Related Vehicle | SGC8278P (Car) | Contact No. | 90095130 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | VIJIYASINGAM S/O THURASINGHAM | ID No. | S0204615F |
| Related Vehicle | SKW7279R (Car) | Contact No. | 91133153 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the 09/11/2019 at about 0745hrs, I was driving my car (SGC8278P) along the left lane along the Causeway from Singapore to Johor Bahru. The traffic was very heavy. As the car in front of me came to a stop, I slowed down and came to a complete stop as well. Suddenly, I felt a huge impact from behind, and noticed that another vehicle (SKW7279R) had collided with the rear of my car. However, the other car did not stop and continued to accelerate even after the collision. I applied my brakes and my car kept jerking forwards due to the other car pushing onto my car from the rear. After about 3 jerks, the other driver let go of the accelerator and both my car and his came to a complete stop. At that point of time, no one was injured.

I got down to check on the damages and to exchange particulars with the other driver. My rear bumper and the rear boot door was badly damaged. The other driver told me that he accidentally pressed on the accelerator instead of the brakes as he was shocked at that point of time.

I have no in-car camera hence no video of the accident was captured.



**SINGAPORE
POLICE FORCE**



T/20191109/2074

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Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20191109/207

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191109/2074

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

4 of 4
Report No. T/20191109/2074

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:

E /

M MUHAMMAD MUHSIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

09/11/2019 13:44

Classification Of Case:

SN 070

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Identification Card



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 9/4/19 To: Owner of Vehicle Number: SGC 8278P

The following has been advised to you via your workshop, S & H Motor Pte Ltd through their staff, ms Wong.

Please tick the applicable box if you had been advised on any of the following:

- (✓) 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.
- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- (✓) 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 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 or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand 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 _____

Signed and acknowledged by:

[Signature]
Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

[Signature]
Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

