

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 | 16/12/2019 09:24 |
| Date Of Accident | 13/12/2019 17:00 |
| Exact Location Of Accident | TECK WHYE LANE TO CHOA CHU KANG DRIVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLM6368P |
| Insured/Policyholder | |
| Name Of Registered Owner | JASON TRANSPORT & TRADING |
| Co Reg No | 53295983C |
| Email Address | NGSGJASON@YAHOO.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-97372500 |

Vehicle Particulars

| | |
|--|------------------------------|
| Manufacturer | HYUNDAI |
| Model | IONIQ HYBRID-1.6 GLS DCT (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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | VCX/P1930117 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | NG SOON GUAB |
| NRIC No | S0208409J |
| Date Of Birth | 25/04/1952 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/11/1972 |
| Driving Experience | 47 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97372500 |
| Fax Number | |
| Contact Number | |
| Email Address | NGSGJASON@YAHOO.COM |

| | |
|---|-----------------------------------|
| Address | BLK 32 CHOA CHU KANG ST 64 #01-02 |
| Postcode | 689099 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - CROSS JUNCTION |
| Weather Conditions | RAINING |
| Road Surface | WET |

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? | YES |
| If Yes, Please state which Police Station | |
| POLICE STATION NAME [OTHER] | TRAFFIC POLICE DIVISION HQ |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT : T/20191213/2164

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 | SMJ8706M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 91546808 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

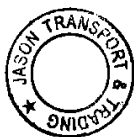
SKETCH PLAN

IMPORTANT NOTICE

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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.



Policyholder's Signature
Date & Time:

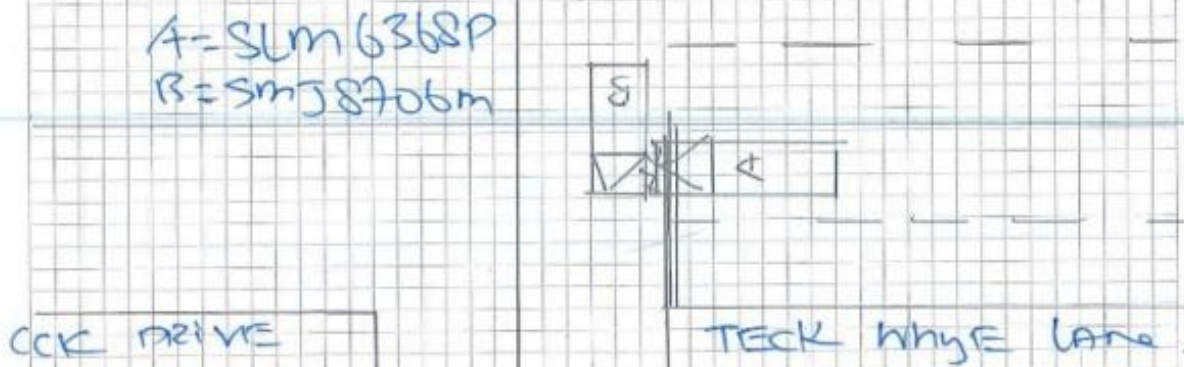
Driver's Signature
(If driver is not the policyholder)
Date & Time:

進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
3B Woodlands Industrial Park East 1
#07-17 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2098 (3lines) Fax: 6219 2096

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

SKETCH 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER to police Report:
T/2019/213/2164

* I was going Home during
time OF Accident.

* I HAVE LOST my company
Chop.

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:

進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#07-17 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2098 (3lines) Fax: 6219 2096

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

AXA CHECKLIST



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 17/12/19 To: Owner of Vehicle Number: SLM6368P
 The following has been advised to you via your workshop, CYS Automobile through their staff, ESTHER LIM
SERVICE PARTS

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:

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.

Name and signature of workshop personnel including company stamp



CYS Automobile Services Pte Ltd
 38 Woodlands Industrial Park East 1
 #07-17 Admiralty Industrial Park
 Singapore 757700
 Tel: 6219 2098 (Jines) Fax: 6219 2096



**SINGAPORE
POLICE FORCE**



T/20191213/2164

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191213/2164

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|----------------------------|--|
| Date/Time Report Made: 13/12/2019 22:45 | | Vide Report No.: J/20191213/0086 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: NG SOON GUAN | | | Address: APT BLK 32 CHOA CHU KANG STREET 64 #01-02 WINDERMERE SINGAPORE 689099 | | |
| ID Type / ID No.: NRIC NO / S0208409J | | | Contact No.: Home/Office: Mobile: 97372500 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 67 | Date of Birth: 25/04/1952 | Type of Informant: Driver | | |
| Race: | | | Language: | Institution / School Name: | |
| Occupation: OTHERS | | | Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|-----------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 13/12/2019 17:00 | Type of Location: |
| Location: Along Road 1 Traveling Toward Road 2 TECK WHYE LANE CHOA CHU KANG DRIVE | | | | |
| Weather: Raining | | Road Surface: | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| SLM6368P | Car | | | | | 0 |
| SMJ8706M | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20191213/2164

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191213/2164

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|--|---|
| Driver | | | |
| Name | NG SOON GUAN | ID No. | S0208409J |
| Related Vehicle | SLM6368P (Car) | Contact No. | 97372500 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4,5 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 ABOVE MENTIONED DATE AND TIME,

I WAS GOING STRAIGHT AND WHEN I WAS NEAR THE TRAFFIC JUNCTION, THE TRAFFIC LIGHTS WERE RED THUS I PREPARED TO APPLY MY BRAKES AND STOP MY VEHICLE. HOWEVER MY SHOE WAS WET AND SLIPPERY AND ENDED UP SLIPPING OFF THE BRAKES. LATER WHEN I FINALLY MANAGED TO APPLY THE BRAKES, IT WAS ALREADY TOO LATE AND I HAD EXCEEDED THE WHITE DEMARCATED LINE. I ENDED UP COLLIDING INTO THE SIDE OF THE VEHICLE THAT WAS APPROACHING FROM MY RIGHT HAND SIDE. I IMMEDIATELY ALIGHTED AND WENT TO CHECK ON THE OTHER PARTY, THERE WAS AN INFANT IN THE BACK SEATS AND THE DRIVER REQUESTED TO CALL FOR AN AMBULANCE THUS I CALLED FOR AN AMBULANCE. I MANAGED TO EXCHANGE CONTACT NUMBERS WITH THE OTHER PARTY, THE TRAFFIC POLICE WHO ARRIVED AT THE SCENE TOOK THE PARTICULARS FROM BOTH INVOLVED PARTIES. THE AMBULANCE THEN LATER CONVEYED THE OTHER PARTY TO THE HOSPITAL. I MANAGED TO TAKE A PHOTO OF THE OTHER VEHICLE AND THE TRAFFIC POLICE HAD ALREADY TOO THE SD CARD FROM MY IN CAR CAMERA.

IO IN CHARGE IS IO SYED EXT: 65476090

THAT IS ALL



**SINGAPORE
POLICE FORCE**



T/20191213/2164

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191213/2164

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:
TP /
LEE CHEN EN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp
NP168


Signature Of Informant:

Date/Time:
13/12/2019 22:45

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel:1800 8804888 Fax:-
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



Commercial Individual Cars
 POLICY SCHEDULE
 RENEWAL
 Original

| | | | |
|--|--|---------------------------|------|
| POLICY INFORMATION | | Policy No. : VCX/P1930117 | |
| Source | : 08268 | KOMOCO TRADING PTE LTD | |
| Insured | : JASON TRANSPORT & TRADING | | |
| Address | : 32 CHOA CHU KANG STREET 64 #01-02 WINDERMERE SINGAPORE 689099 | | |
| Business/Profession | : AS PER MEMO <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i> | | |
| Period of Insurance | : From 04/04/2019 To 03/04/2020 (Both Dates Inclusive) | | |
| Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium. | | | |
| PREMIUM | | | |
| Premium After 0.00 % NCD | : SGD 2,500.00 | | |
| GST 7.00% | : SGD 175.00 | | |
| Annual Premium | : SGD 2,675.00 | | |
| Total Payable | : SGD 2,675.00 | | |
| RISK DETAILS THE MOTOR VEHICLE | | | |
| Risk No. | : 1 | | |
| Type of Cover | : Comprehensive | | |
| Regn. No. | : SLM6368P | | |
| Type Of Use | : Hire Car | | |
| Make/Model | : Hyundai | | |
| Year of Manufacture | : 2017 | | |
| Carrying Cap. Seat | : 4.00 | | |
| Body Type | : SALOON | | |
| Engine No. | : G4LEHU355885 | Engine C.C.: | 1580 |
| Chassis No. | : KMHC851CVHU027255 | | |
| | : Market Value At The Time Of Loss | | |
| | (including Accessories and Spare Parts) | | |
| Limitations as to Use | : As specified in Certificate of Insurance | | |
| <u>Extra Coverage(Premium Breakdown)</u> | <u>Limits (SGD)</u> | <u>Premium (SGD)</u> | |
| BASIC PREMIUM | | 2,500.00 | |
| NET PREMIUM | | 2,500.00 | |
| TOTAL PREMIUM | | 2,500.00 | |
| <u>Excess Applicable</u> | | | |
| ALL CLAIMS EACH & EVERY CLAIM | : SGD 2,000.00 | | |
| Windscreen Excess | : SGD 100.00 | | |

Continuation page 1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

