

## 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	12/12/2019 10:13
Date Of Accident	11/12/2019 11:55
Exact Location Of Accident	PICKERING STREET TOWARDS CHURCH STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX3203E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG SIM KHEE
NRIC No	S1680871G
Email Address	KAIQUAN@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-96322594
Alternative Phone No	OFFICE-96322594

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	GA32893/1
Cover Note Number	

### Driver

Name of Driver	ONG KAI QUAN
NRIC No	S9345109J
Date Of Birth	27/11/1993
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2013
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97547076
Fax Number	
Contact Number	
Email Address	KAIQUAN@LIVE.COM.SG

Address	BLK 827 WOODLANDS ST 81 #08-102
Postcode	730827
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 - CHANGE/CROSS LANE
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?	YES
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
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191211/7046

#### 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	SBZ2800J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN RUI
NRIC/Passport Number	
Contact Number	G3244331T
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name

ONG KAI QUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKX3203E

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

SKETCH PLAN

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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/mall 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:

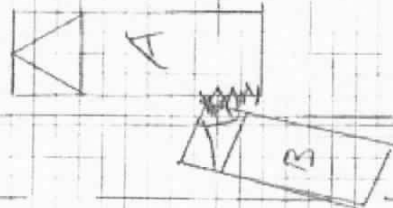
  
Reporting Centre Personnel's Signature  
Name: ESTHER LIM  
NRIC/FIN No.:

# SKETCH 2

## SKETCH PLAN

PICKERING STREET. THROSS CHURCH ST.

A=SKX3203E  
B=SBZ 2800T



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE ABOVE MENTION DATE & TIME, I WAS TRAVELLING STRAIGHT ALONG PICKERING ST THROSS CHURCH ST. I WAS TRAVELLING WHEN SUDDENLY, VEHICLE B CHARGE INTO MY LANE AND COLLIDED ONTO MY REAR LEFT SIDE. MY HEAD HAD HIT ONTO THE WINDOW GLASS.

## 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:

Y 退成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
35 Woodlands Industrial Park East 1  
Unit 17 Admiralty Industrial Park  
Singapore 757700  
Tel: 6275 2038 (3lines) Fax: 6219 2096  
Reporting Centre Personnel's Signature  
Name: Esther Lim  
NRIC/FIN No.:

# AXA CHECKLIST



## POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 12/11/19 To: Owner of Vehicle Number: 3KX 3203E

The following has been advised to you via your workshop, CYS Automobile Services Pte Ltd through their staff, Esther Lim

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:

Esther Lim  
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.

Esther Lim  
Name and signature of workshop personnel including company stamp

逸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 2096 (3lines) Fax: 6219 2096



**SINGAPORE  
POLICE FORCE**



T/20191211/7046

1 of 4

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

Report No. T/20191211/7046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2019 23:11		Vide Report No.: A/20191211/0051		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG KAI QUAN			Address: APT BLK 827 WOODLANDS STREET 81 #08-102 SINGAPORE 730827		
ID Type / ID No.: NRIC NO / S9345109J			Contact No.: Home/Office: Mobile: 97547076		
Nationality: SINGAPORE CITIZEN			Email: kaiquan@live.com.sg		
Sex: Male	Age: 26	Date of Birth: 27/11/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sports coach			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2019 11:55	Type of Location: Straight Road
Location: PICKERING STREET				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBZ2800J	Car			Black		4
SKX3203E	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191211/7046

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

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Report No. T/20191211/7046

## CONTINUATION OF REPORT

<b>Driver:</b>			
Name	CHEN RUI	ID No.	G3244331T
Related Vehicle	SBZ2800J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 30/03/2021
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver:</b>			
Name	ONG KAI QUAN	ID No.	S9345109J
Related Vehicle	SKX3203E (Car)	Contact No.	97547076
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
<b>Manager of other driver (company vehicle)</b>			
Name	Unknown Manager of other driver (company vehicle)	ID No.	NIL
Related Vehicle	NIL	Contact No.	97935845
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 11/12/2019, I was travelling straight along Pickering Street towards Church Street (between OCBC Centre South and Citibank) when another vehicle (Mercedes SBZ2800J) exited double whites from Synagogue Street and hit the left rear end of my vehicle. My vehicle tilted and my head hit the glass window upon impact.

Mercedes driver is a Chinese expat driving company vehicle. She did not provide details of her insurance company or her contact number. A man claiming to be from the company came down and provided his contact number. She had 4 or more passengers in her vehicle but they all left immediately when her car stopped.

I have videos of the accident from my dashcam (front and back) exceeding 2MB and a medical certificate.





**SINGAPORE  
POLICE FORCE**



T/20191211/7046

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

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Report No. T/20191211/7046

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20191211/7046

4 of 4

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

Report No. T/20191211/7046

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No: 65476171

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
11/12/2019 23:11

Classification Of Case: