

# 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 Submission ..... 08/04/2022 15:43 (SGT)  
Date of Accident ..... 05/04/2022 12:30 (SGT)  
Exact Location of Accident ..... Hougang Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFX8088Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ONG BOON KIAK  
NRIC No ..... S1679481C  
Email Address ..... QUANV3@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-90266086  
Alternative Phone No ..... +65-90266086

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Camry  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA579526/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEO ENG KONG  
NRIC No ..... S1699091D

Date Of Birth .....	08/04/1965
Occupation .....	Indoor
Date Of Driving Pass .....	03/10/1989
Driving experience .....	32 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90266086
Alt. Phone Number .....	-
Email Address .....	jessieong@hotmail.com
Address .....	BLK 371 HOUGANG ST 31 #12-29
Address complement .....	-
Postcode .....	530371
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ONG BOON KIAK
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002448999
Alt. Police Station Phone No .....	(Fax) +65-62446558
Police Station Address .....	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I STOPPED DUE TO RED LIGHT TRAFFIC, SUDDENLY, I FELT AN IMPACT FROM BEHIND. VEHICLE B HAS NOT STOP IN TIME AND HIT ONTO THE REAR OF MY VEHICLE. THE NEXT DAY WAKE UP AND FEEL NECK, BACK AND HEADACHE AND WEN TO SEE DOCTOR AND WAS GIVEN 5 DAYS MC. BOTH OF US - MY WIFE AND MYSELF WENT TO MT. ALVENIA HOSPITAL TO SEE DOCTOR.

#### 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 .....	SFU14D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DAMIEN LIM YONG SENG
Contact Number .....	(Phone) +65-94503105
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TEO ENG KONG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SFX8088Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

##### INJURED 2

Name of injured person .....	ONG BOON KIAK
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SFX8088Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' 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 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

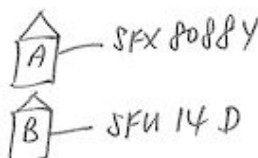
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

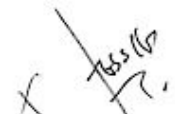



## Describe Circumstances of the Accident

I stopped due to red light traffic. Suddenly, I felt an impact from behind. Vehicle (B) has not stop in time & hit onto the rear of my vehicle. The next day woke up & feel neck, back & headache & went to see doctor & was given 5 days MC. Both of us - my wife & myself went to Mt. Alvernia Hospital to see doctor.

## Declaration

We declare the foregoing particulars are true in every respect.

X   
Policyholder's Signature / Date &  
Time

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

8/8/22 1816Ln  
Witnessed by Reporting Centre  
Personnel

































**SINGAPORE  
POLICE FORCE**



T/20220407/2055

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20220407/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/04/2022 15:03		Vide Report No.:		Station Diary No.: 25	
<b>Name of Informant:</b> TEO ENG KONG					
<b>Address:</b> APT BLK 371 HOUGANG STREET 31 #12-29 SINGAPORE 530371					
<b>ID Type / ID No.:</b> NRIC NO / S1699091D		<b>Contact No.:</b> Home/Office:		<b>Mobile:</b> 90266086	
<b>Nationality:</b> SINGAPORE CITIZEN		<b>Email:</b> jessieong@hotmail.com			
<b>Sex:</b> Male	<b>Age:</b> 56	<b>Date of Birth:</b> 08/04/1965	<b>Type of Informant:</b> Driver		
<b>Race:</b> Chinese		<b>Language:</b>		<b>Institution / School Name:</b>	
<b>Occupation:</b> BUSINESS OWNER		<b>Driving Licence Information:</b> Class: 3,4,5		<b>Date of Expiry:</b>	

**General Information of the Accident**

<b>Type of Accident:</b>	<b>Injury Others</b>	<b>Drink Drive:</b> No	<b>Date/Time of Accident:</b> 05/04/2022 00:30	<b>Type of Location:</b> T-Junction
<b>Location:</b> HOUGANG CLOSE				
<b>Weather:</b> Clear	<b>Road Surface:</b> Dry		<b>Road Speed Limit:</b>	
<b>Traffic Flow:</b> One Way	<b>Traffic Control:</b> Traffic Light - Working		<b>Traffic Volume:</b> Light	
<b>Type of Collision:</b> Between Moving Vehicles - Head To Rear				<b>Anyone conveyed by ambulance:</b> No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFU14D	Car		Suzuki S Cross	Green	No Damage	0
SFX8088Y	Car		Toyota Camry	Silver	Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220407/2055

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20220407/2055

**CONTINUATION OF REPORT**

Name	Damien Lim Yong Seng		ID No.	S7633350E
Related Vehicle	SFU14D (Car)		Contact No.	NIL
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

Name	TEO ENG KONG		ID No.	S1699091D
Related Vehicle	SFX8088Y (Car)		Contact No.	90266086
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	05/04/2022		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Passenger				
Name	Ong Boon Kiak		ID No.	S1679481C
Related Vehicle	SFX8088Y (Car)		Contact No.	91380018
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/04/2022		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight

**Brief Details.**

On 05/04/2022 at about 0030hrs, my vehicle (SFX8088Y) was in a complete stop at the red traffic light along the T-junction of Hougang Ave 3. I suddenly felt an impact from behind and saw that the said vehicle (SFU14D) has not stopped in time and hit onto the rear of my vehicle. I do not have any in-car camera. Both myself and my passenger has suffered neck pain, back pain and headache and was given 5-days of medical certificate.

We have also exchanged particulars except for phone number and as far as I know, the said vehicle did not suffer any injuries.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999



T/20220407/2055

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Report No. T/20220407/2055

CONTINUATION OF REPORT

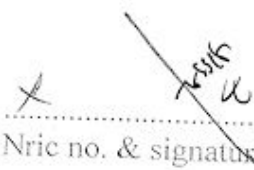
LETTER OF UNDERTAKING

I/We, Ong Boon Kiak, the owner of vehicle no. SFX 8088 Y

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Quan De Motor Trading

Signed and Acknowledge by:

  
Nric no. & signature of policyholder

.....  
Company stamp

.....  
Date





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  
15423

-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	ONG BOON KIAK	Certificate number	GA579526 / 1
Cover	Comprehensive	Chassis number	ACV403127973
Plan name	Essential	Engine number	2AZC239410
NCD applicable	50%		
Vehicle registration number	SFX8088Y		
Period of Insurance	from 10/08/2021 to 09/08/2022 (both dates inclusive)		
Finance loan company	Nil		

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

- (a) The Policyholder  
 (b) Any Named Driver as stated in the Policy:  
 1. TEO ENG KONG  
 (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.

EXCESS	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, #81-01

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