SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability
- 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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/10/2014 14:58
Date Of Accident	24/10/2014 17:00
Exact Location Of Accident	ALONG PIE AFTER ENG NEO BEFORE LORNIE EXIT
Country/State of Loss	Singapore
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV6468K
Insured/Policyholder	
Name Of Registered Owner	NGUI SOO FONG
NRIC No	S2585467E
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.4 (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 Car
Insurance Company	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd

Type Of Coverage Comprehensive

Fleet Policy No

P1067391 Policy Number

Cover Note Number

Driver

Name of Driver NGUI SOO FONG

NRIC No S2585467E Date Of Birth 27/10/1966 Indoor Occupation Date Of Driving Pass 11/09/1991

Driving Experience 23 Years And 1 Month

Gender Female

Mobile Number (Local) +65-93858661

Fax Number

Contact Number

EMail Address JOSEPHLIMCS@YAHOO.COM

Address BLK 325 WOODLANDS STREET 32 #12-145

730325 Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Owner

Insurance Company of Driver's Own Vehicle

-

Yes

General Information of the Accident

Type Of Accident Collision- Head to Rear (Insured Hit TP)

Weather Conditions Clear Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident?

Foreign Vehicle Registration Number JLX8681 (Private Car)

Was any body injured in the Accident?

No
Was any other material or property damaged?

Yes
Was there any video captured by Car Camera?

No

Details of Police Action

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name Woodlands East N.p.c

Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY:

Singapore

No

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JLX8681
Vehicle Make/Model/Colour PROTON

Details Of Properties

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- A. 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 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) w ho 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 Personnel

Reporting Centre

Sketch Plan

MONU PIEMTHA ACNOS PHOLE LOPULE SET

1) Roden to Day 212 All On V coll to	1/1
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D) The Malaystan Car in Front Model: Exora Made: Proton, Vehido minher LX 8681. It is a Singapore Driving License holelei driving The	
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Declaration

I/We declare the foregoing particulars are true in every respect.

27/10/2014

Policyholder's Signature / Date &

Time

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

Witnessed · Personnel

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999





T/20141025/4006

1 of 3

Report No. T/20141025/4006

REPORT OF A TRAFFIC ACCIDENT

Date/Time R 25/10/2014 (Made:	Vide Report No.:					Station Diary No.: 21			
Informant's	Parti	culars									
Name of Informant: NGUI SOO FONG			Address: APT BLK 325 WOODLANDS STREET 32 #12-145 SINGAPORE 730325								
ID Type / ID No.:			Contact No.:					***************************************			
NRIC NO / S2585467E Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 98870144 Email:								
Sex: Female	Age: 47	Date of 27/10/1		Type of Informant: Driver							
Race: Chinese				Langu	age:			Institu	tion / Sc	hool	Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of				of Expiry:				
General Info	rmatic	n of the Acc	ident								
Type of Acc	Non-Injury			Drink Drive: Date/Time of Ac				J [
Location: Along Road PAN ISLAN PIE (CITY)	D EXF			I ODNIF	c ra						
Weather:	<u>(Y) AFTER ENG NEO BEFORE L</u> :				Road Surface:				Road Speed Limit:		
Clear					Dry						
	I				Traffic Control: Not Controlled				Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				ATTION CO	An				yone conveyed by bulance:		
Details of V	an ing p			54.000000000000000000000000000000000000		Appleas			School Section (sanadadas	
Venicle No.	эпісіе і Тур	0000 0000 10 July 20 1 2000 10 20 21 0	Make		Model	2305-13 	Color	1,2	Condition		ta ach
JLX8681	Car		I IVIAAG		14100001		COLL		ronannol	1 1	No of Passenge)
SJV6468K	Car		ТОУОТА		CAMRY		Silver			C)
	· · · · · · · · · · · · · · · · · · ·				Stroppson and a New			754140007777		2000	50-000 - 10-00-00-00 - 10-00-000-0
Details of Vo	to remove and				1.						
Vehicle No. SIV6468K	Insurance Company AXA INSURANCE SINGAPORE PTE								o/06/20		Expiry Date

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999





3111023/1000

2 of 3

Report No. T/20141025/4006

CONTINUATION OF REPORT

Details of Person	Involved	All the contract of the contra						
Any Pedestrian In	volved: No							
No. of Pedestrians Injured: NIL			Use of Pede	Use of Pedestrian Crossing: NA				
Driver		Zeromo. Glastic Praticipal Control						
Name	NGUI SOO FONG					S2585467E		
Related Vehicle	SJV6468K (Car)				ct No.	98870144		
Hospital/Clinic	NIL .				of g ce & Date	Class: 3 Date of Expiry: NIL		
Date Treatment	NIL		Date Disch	arge	NIL	I.		
No. of Days granted Medical Leave (MC) NIL				Degree of Injury N				

Brief Details.

On 24/10/2014, at about 1700hrs, I was driving my car bearing registration 'SJV6468K' along PIE towards City. At that point of time, I was at the most right lane. It was a heavy traffic but smooth drive. Suddenly a Malaysia's car bearing registration 'JLX8681' in front of me stopped. As such, I stepped the brake all the way however it still hit that Malaysia's car. I could not see any cars or the situation in-front of it as the Malaysia's car back glass panel is so dark. I was over frightened and trembled. I sat in the car and waited for my husband's arrival. No on was injured at that point of time. Police was also at scene and advised me to lodge a Traffic Accident Report.

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999





3 of 3

Report No. T/20141025/4006

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 Record J / NUR FARHANA BINTE M	_	4	Signature Of Informant:
Signature Of Interpreter:			Date/Time:
Not applicable			25/10/2014 01:58
Officer In Charge Of Case: TP / AEIT /			Classification Of Case:
SUBALI BIN YAN Contact No.: 65476219			
Authentication Stamp NP168	Page Transition		
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