

## 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 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.
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	28/05/2016 16:07
Date Of Accident	27/05/2016 20:00
Exact Location Of Accident	CLEMENTI AVE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX6572G
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#### Insured/Policyholder

Name Of Registered Owner	MOHD NOH BIN IDRIS
NRIC No	S1349588B
Email Address	nohmoh1100@yahoo.com
Mobile Phone No	(LOCAL) +65-96498558
Alternative Phone No	Others-96498558

#### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER 2.0X AWD 4AT D/AIRBAGS
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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA083157/1
Cover Note Number	29/12/2015-28/12/2016

#### Driver

Name of Driver	MOHD NOH BIN IDRIS
NRIC No	S1349588B
Date Of Birth	04/02/1959
Occupation	Outdoor
Date Of Driving Pass	25/07/1979
Driving Experience	36 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-96498558
Fax Number	
Contact Number	Others-96498558
EEmail Address	nohmoh1100@yahoo.com

Address	BLK 273 CHOA CHUA KANG AVE 2 #14-243
Postcode	680243
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 Side
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	3

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Choa Chu Kang Npc
Police Station Address	<b>ROAD:</b> 20 Choa Chu Kang St 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO THE ATTACHED POLICE REPORT.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5535E
Vehicle Make/Model/Colour	RENAULT TAXI (RED)
Details Of Properties	
Name of Driver	ELIZABETH HO MENG HUA
NRIC/Passport Number	S1651737B
Contact Number	91690097
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	MOHD NOH BIN IDRIS
Approximate Age	
Injuries Sustain	

Injured person in which vehicle?	SJX6572G
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

**SKETCH PLAN****IMPORTANT NOTICE**

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2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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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 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' 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")

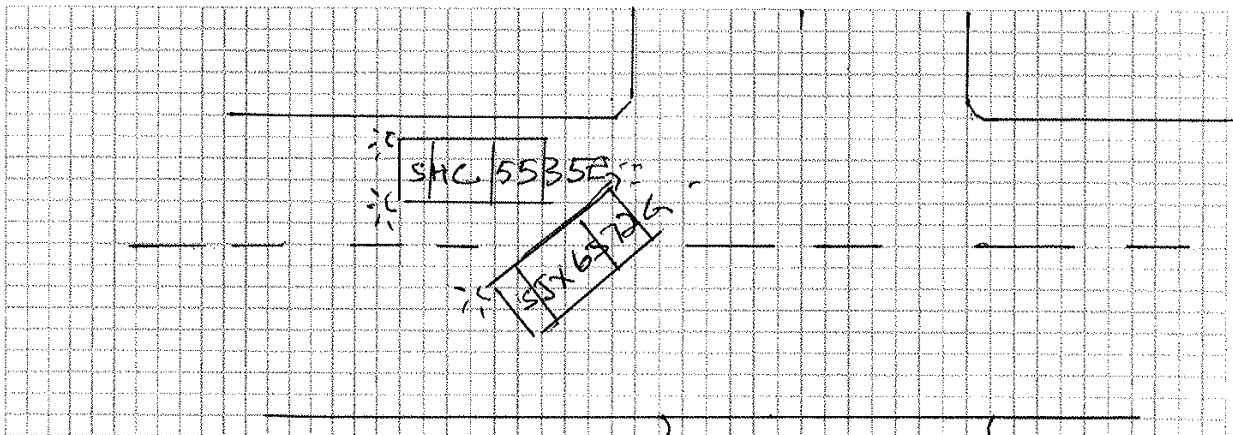
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 Reporting Centre Personnel

**Sketch Plan**

Please refer to Police Report NO: T/20160528/2

Please refer to Police Report NO. T/20160538/2040.

**We declare the foregoing particulars are true in every respect.**

Policyholder's Signature / Date & Time *Moher 28/5/16 12:20 hr* Driver's Signature & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20160528/2040

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20160528/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/05/2016 11:38		Vide Report No.: D/20160527/0104		Station Diary No.: 36	
<b>Informant's Particulars</b>					
Name of Informant: MOHD NOH BIN IDRIS			Address: APT BLK 273 CHOA CHU KANG AVENUE 2 #14-243 SINGAPORE 680273		
ID Type / ID No.: NRIC NO / S1349588B			Contact No.: Home/Office: Mobile: 96498558		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 04/02/1959	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: operation manager			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2016 20:00	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SHC5535E	Taxi	RENAULT		Red		1
SJX6572G	Car	SUBARU	FORESTER 2.0X AWD 4AT D/AIRBAGS	Silver	Seriously Damaged	2

<b>Details of Vehicle Insurance</b>			
Vehicle No.	Insurance Company	Insurance No.	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20160528/2040

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Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20160528/2040

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJX6572G	AXA INSURANCE SINGAPORE PTE LTD	GA083157	29/12/2015	28/12/2016

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	ELIZABETH HO MENG HUA		ID No.	S1651737B
Related Vehicle	SHC5535E (Taxi)		Contact No.	91690097
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
Driver				
Name	MOHD NOH BIN IDRIS		ID No.	S1349588B
Related Vehicle	SJX6572G (Car)		Contact No.	96498558
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/05/2016		Date Discharge	27/05/2016
No. of Days granted Medical Leave	05		Degree of Injury	NIL

**Brief Details.**

On 27/05/2016 at about 2000hrs, I was driving my car (SJX6572G). As the traffic light of the T junction was green, I proceeded to turn right into Clementi Ave 2. However, after I finished turning right, there were one taxi (SHC5535E) and one car stopped in front of my car as the taxi driver was picking up passenger with his hazard light switched on. The car then proceeded to overtake the taxi and eventually it turned left into a car park after overtaking. I also proceeded to overtake the taxi as the taxi did not move at all. After I had overtaken the taxi and wanted to turn left into the car park. The taxi suddenly moved off and hit onto the left side of my car and it caused a dent. Subsequently, ambulance and traffic police came down to assist and I was conveyed to NUH for check up. I was given 5 days of Medical Leave. Vide report: D/20160527/0104. In charge case: IO Irwan, Tel: 65476365.



**SINGAPORE  
POLICE FORCE**



T/20160528/2040

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20160528/2040

## 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:

J /

Sgt ZHU XI

Signature Of Interpreter:

Not applicable

Signature :

Signature Of Informant:

Date/Time:

28/05/2016 11:38

Officer In Charge Of Case:

TP / GIT /

Sgt YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

Authentication Stamp

NP168



**ETHOZ**Date: 28.05.2016To: Owner of Vehicle Number: SJX6572G

The following has been advised to you via your workshop, ETHOZ Group Ltd through their staff, Tony Hock Hing.

Please tick the applicable box if you had been advice on the content as seen below:

☒ You had been advised by the workshop that in the event 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.

☐ 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.

☐ The Estimation 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, your Insurance company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) 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 below Five(5) years old, you have been advised by the workshop to check with the local distributor on your warranty status.

☐ Others \_\_\_\_\_

Signed and acknowledge by:

Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp

**ETHOZ GROUP LTD** 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | [www.ethozgroup.com](http://www.ethozgroup.com)  
Company Registration No. 198104531H

Accident Photo



Accident Photo



Accident Photo





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