

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	29/11/2017 16:27
Date Of Accident	29/11/2017 09:10
Exact Location Of Accident	TPE TWRDS AIRPORT BEF KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1544P
Insured/Policyholder	
Name Of Registered Owner	SUHAIMI BIN DAWOOD
NRIC No	S6803965G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90674104
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER

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	P1830641
Cover Note Number	

Driver

Name of Driver	FILZA BINTE MUSA
NRIC No	S7102629I
Date Of Birth	18/01/1971
Occupation	INDOOR
Date Of Driving Pass	22/02/2001
Driving Experience	16 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90291747
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	20 JALAN CHEMPAKA KUNING
Postcode	489058
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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
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

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	SHB7588U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	PEH CHIN KOON
NRIC/Passport Number	S1030236F
Contact Number	91253896
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	SHIRLEY
Phone Number	81287988
Email Address	

DETAILS OF INJURED PERSON 1

Name	FILZA BINTE MUSA
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Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SJK1544P

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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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:

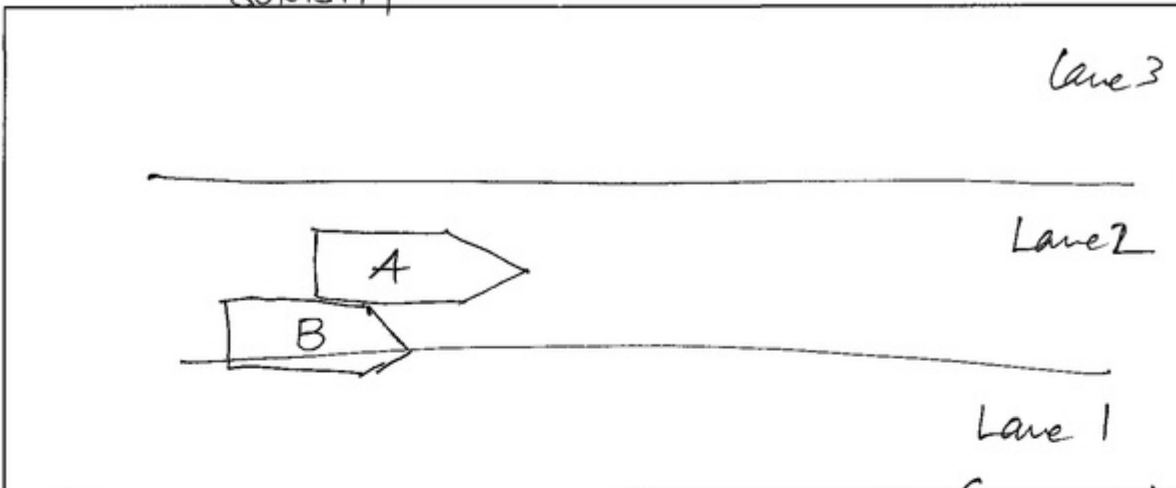
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



SKETCH PLAN

Date: 29/11/2017 Time: 9.10 am Location: 6km TPE towards Airport ^{before} ~~Exit~~ ^{KFE}
 My Vehicle A: SKP15 Vehicle B: SHA 75884 Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(SHA 75884)

I was driving along TPE towards Airport, along lane 2 at about 9.10 am when a taxi (Transit Cab) on lane 1 suddenly change lane and hit ~~the~~ ^{my} the right rear side of my vehicle. Following this, my car swerved right and left about 7-8 times ~~before~~ ^{for} about 300 m, ~~where~~ ^{as} I lost control of the vehicle's steering wheel. After which I gained control and drove ^{down} to the side of the road and parked on the island nearby. I was in a state of shock ^{for} for a while, and gradually drove towards the taxi along the shoulder where the taxi was negotiating with another motorist. I gained compromise and took photos of the damaged vehicles as well as particulars of the taxi driver. My witness is Mrs Shirley Hp: 8128 7988.

() Claim OD / TP at Ah Lim Motor ☒ Claim OD / TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop : Poon Pong Motors Pte Ltd

Email Address : ppongp@gmail.com

& Myself

Email Address :

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20171204/7009

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

1 of 3

Report No. T/20171204/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2017 20:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: FILZA BINTE MUSA			Address: 20 JALAN CHEMPAKA KUNING SINGAPORE 489058		
ID Type / ID No.: NRIC NO / S7102629I			Contact No.: Home/Office: Mobile: 90291747		
Nationality: SINGAPORE CITIZEN			Email: filzamura@hotmail.com		
Sex: Female	Age: 46	Date of Birth: 18/01/1971	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 3 Date of Expiry: 31/12/2027		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2017 09:10	Type of Location: Flyover
Location: TAMPINES EXPRESSWAY TPE Towards PIE Changi along lane 2 before Lorong Halus Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK1544P	Car	MITSUBISHI	Lancer EX 1.5	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK1544P	AXA INSURANCE SINGAPORE PTE LTD			



**SINGAPORE
POLICE FORCE**



T/20171204/7009

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

2 of 3

Report No. T/20171204/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FILZA BINTE MUSA	ID No.	S7102629I
Related Vehicle	SJK1544P (Car)	Contact No.	90291747
Hospital/Clinic	FORTIS COLORECTAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 31/12/2027
Date Treatment	29/11/2017	Date Discharge	02/12/2017
No. of Days granted Medical Leave	11	Degree of Injury	Slight

Brief Details.

As I was travelling along TPE on lane 2 towards Changi on 29/11/2017 around 0910 hrs, a Transcab Taxi (SHB7588U) which was travelling along lane 1 suddenly decided to change its lane and cut into my lane and hit onto my right rear. I attempted to swerve my car to the left in order to prevent an accident from happening, unfortunately, there is a bus to my left and I can only maintain my lane. Upon impact, I swerved left and right a few times due to prevent my car from skidding. Later in the afternoon, I felt very bad neckache and strain down my spine.

There is a witness to this accident and she is willing to be contacted for an investigation. The name of the witness is Shirley and her contact number is 81287988.



**SINGAPORE
POLICE FORCE**



T/20171204/7009

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

3 of 3

Report No. T/20171204/7009

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 / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

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:
04/12/2017 20:14

Classification Of Case:

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: (65) 63387288 Fax: (65) 63382522
 Website: www.axa.com.sg
 GST Registration Number: 199803512M
 CustomerService@axa.com.sg



CERTIFICATE OF INSURANCE

* Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) * Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969 * Road Transport Act, 1987 (Malaysia) * Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VPA/P1830641	Account No.	: 13930
Coverage	: Comprehensive		
Sum Insured	: Market Value At The Time Of Loss		
Name of Policy Holder	: SUHAIMI BIN DAWOOD		
Vehicle Registration No.	: SJK1544P		
Period of Insurance	: From 08/10/2017 To 07/10/2018 (Both Dates Inclusive)		

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner

(b) Any other person who is driving on the Policyholder's order or with his 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.

LIMITATIONS 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 trader; 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.

(01)

Basic Own Damage Excess : SGD 600.00

An additional Excess is applicable as follows:

\$5500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperience Driver,

\$5,000.00 for Undeclared Young and Inexperienced Driver.

(Please refer to your policy on the terms & conditions)

* Limitations rendered inoperative by Section 2 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.

I/We hereby certify that the policy to which this Certification relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Authorized Workshop

Elite AM Pte Ltd

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSTPR on 23/10/2017

IMPORTANT:

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 that effect must be made. Failure to comply with the 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 falling which there would be no liability under the policy, renewal certificate, cover note and endorsement etc.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7102629I**

Name: **FILZA BINTE MUSA**

Birth Date: **18 Jan 1971**

Issue Date: **06 Feb 2003**

000504246H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7102629I**

Name: **FILZA BINTE MUSA**

فيلزا بنت موسى

Race: **MALAY**

Date of birth: **18-01-1971** Sex: **F**

Country of birth: **SINGAPORE**





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6803965G**

Name: **SUHAIMI BIN DAWOOD**

سحيمي بن داود

Race: **MALAY**

Date of birth: **16-01-1968** Sex: **M**

Country of birth: **SINGAPORE**




66603965G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES):

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
22 Feb 2001

NP 428A



Licence No: **S7102629I**



NRIC No: **S7102629I**



Date of issue
06-06-2008

20 JALAN CHEMPAKA KUNING
SINGAPORE 489058

NRIC No: **S7102629I**

Date: **15/03/2017**

4900471

NRIC No: **S6803965G**

Date of issue
30-10-2012

20 JALAN CHEMPAKA KUNING
SINGAPORE 489058

NRIC No: **S6803965G** Date: **15/03/2017**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

