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 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.
- 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	18/12/2017 09:39
Date Of Accident	15/12/2017 17:55
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGN8163D
Insured/Policyholder	
Name Of Registered Owner	NG KOK CHYE, ANDREW
NRIC No	S1272038F
Email Address	NG.ANDREW48@HOTMAIL.COM

(LOCAL) +65-93893280

OFFICE-93893280

Alternative Phone No **Vehicle Particulars**

Mobile Phone No

Manufacturer **TOYOTA**

Model COROLLA ALTIS-1.6 (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?

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number VPA/P1944718

Cover Note Number

Driver

Name of Driver NG KOK CHYE, ANDREW

NRIC No S1272038F Date Of Birth 12/07/1957 **INDOOR** Occupation **Date Of Driving Pass** 27/06/1978

39 YEARS AND 5 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-93893280

Fax Number

Contact Number OFFICE-93893280

EMail Address NG.ANDREW48@HOTMAIL.COM

BLK 171 LORONG 1 TOA PAYOH #11-1148 Address

Postcode

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 ON COLLISION**

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? NO Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING, Police Station Address

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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 SHD1075L Vehicle Make/Model/Colour **KIA - SILVER**

Details Of Properties LEFT SIDE BACK BUMPER DENTED

Name of Driver VANKADASALAM HAVIDASS

NRIC/Passport Number S0175879I 90019447 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

(1)

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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.
- 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.
- 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)

Lunderstand, 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 ADate 8. Time	Driver's Signature (If dovernment the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
		A-SGN 8163
		B-SHA 10751
=		
	SGN 8163D	
_	- A-A = -	
Lanel	18 DI SHHIGTSL	-> AMIC

Describe Circumstances of the Accident
on 15/12 of about 5.50 pm I was travelling from BKE along CTE from BKE Toward AMICA It was varining than and the Hoor was wet. Somewhere near woodrland I was in the lang I
from Bothe along CTE from BKE toward AMICA
It was vaining than and the floor was wet.
Somewhere near woodrland I was in the lang 1
a dead of the desired of the second of the terms of the t
Change to land 2, my cor was about 90% move
To lane 2 all of a suddenly the front car all Stop
so I step on the break but because, the floor was
change to lane 2, my cor was about 90% move to lane 2 all of a suddenly the front car all stop so I step on the break but because the floor was wet, my car didn't stop in time and it his that
Tay will integral on whe and the lett volle on the
they was a lady passonper and not injure
They was a lady passonper and not injure
to both driver o passager.
same day.
same day.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policy holder) / Date & Time

Witnessed by Reporting Centre Personnel

Annex D

NOTICE OF REPORTING

This is to confirm that Ng Kok Chye Andrew_, NRIC

S1272038F, has reported to the Police a non-injury traffic accident which occurred at along CTE, towards Ang Mo Kio near to woodlands area.

on 15/12/2017 at 06.00 pm involving the following vehicles:

- SGN8163D, Toyota Altis, (Complainant's vehicle) C/N: 93893280
- SHA1075L, Silver Cab Taxi (Other party, Name: V.Haridass) C/N: 90019447
- 2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(2) T¥30173 Adam Goh

Date: 15/12/2017 Time: 1928hrs

S/D Ref: eSD154

Police Post/Unit: Toa Payoh Neighbourhood Police Centre

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

Page 6 of 23

A INSURANCE PTE LTD
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: 199903512M

customer.service⊛axa.com.sg



Private Cars COMP
POLICY SCHEDULE
NEW BUSINESS
Original

POLICY INFORMATION Policy No.: VPA/P1944718	
Source	: (01) 14888 INCH-AXA RN(EP)
Insured	: NG KOK CHYE ANDREW
Address	: BLK 171 LORONG 1 TOA PAYOH #11-1148 SINGAPORE 310171
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.

Feriod of Insurance : From 27/06/2017 To 26/06/2019 (Both Dates Inclusive)

Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

PREMIUM

Premium After 50.00% : SGD 776.83

NCD

GST 7.00% : SGD 54.37 Annual Premium : SGD 831.20 Total Payable : SGD 1,662.42

RISK DETAILS THE MOTOR VEHICLE

Type Of Cover : Comprehensive

Regn No. : SGN8163D

Type Of Use : Private Car

Make/Model : TOYOTA COROLLA ALTIS 1.6

Year of Manufacture : 2016 Seating Capacity (excl. Driver) : 05
Body Type : SALOON Engine C.C. : 1598

Engine No. : 1ZRY284058 Chassis No. : MR053REH104549888

Insured's Estimated : Market Value At The Time Of Loss
Market Value (including Accessories and Spare Parts)

Limitations as to Use : As specified in Certificate of Insurance

Extra Coverage (Premium Breakdown) Limits (SGD) Premium (SGD)

NCD Protector

Basic Own Damage Excess : SGD 500.00

Named Drivers

1 NG KOK CHYE ANDREW

MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS

Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:

BTR NCDF

BTR - The supplementary clauses forms parts of the Schedule :

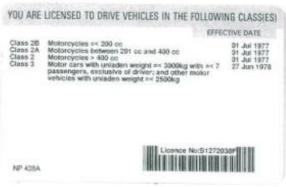
Page 1

Nric And Driving Licence









Name Card



