#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 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.

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A GARAGE PART DURKE (F. Pr. S. S. B. B. C. C. C. C. C. C.	ACCIDENT STATEMENT
Date Of Report	18/01/2018 15:20
Date Of Accident	16/01/2018 14:20
Exact Location Of Accident	JUNCT-HOLLAND RD / SIXTH AVE NEAR LAMPPOST 42
Country/State of Loss	SINGAPORE
CANALANA PARAMANANA PARAMANANA D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCM43Y
Insured/Policyholder	
Name Of Registered Owner	JEANNA CHAN MEOW KHING
NRIC No	S6806892D
Email Address	JEANNACHAN43@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96334121
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	A STATE OF THE STA
Manufacturer	AUDI
Model	R8 - 4.2
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?	YES
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	P1784883
Cover Note Number	
Driver	
Name of Driver	JEANNA CHAN MEOW KHING
NRIC No	S6806892D
Date Of Birth	10/03/1968
Occupation	INDOOR
Date Of Driving Pass	28/01/1991
Driving Experience	26 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96334121
Fax Number	

OFFICE-NOPHONE

JEANNACHAN43@GMAIL.COM

Address

34 SIAN TUAN AVENUE

Postcode

588308

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

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

BUONA VISTA NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 13 HOLLAND DRIVE, POSTCODE: 271013, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7779999 - FAX NO: 67765857

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH DOCUMENTS & POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** SLC9609C

Vehicle Registration Number Vehicle Make/Model/Colour

BMW 328I A

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

YEO HOCK BIN

NRIC/Passport Number

S0149321C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

## **DETAILS OF INJURED PERSON 1**

Name

JEANNA CHAN MEOW KHING-S6806892D

Approximate Age

Injuries Sustain Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

MULTIPLE INJURIES

SCM43Y

YES

NO

### SKETCH PLAN

#### IMPORTANT NOTICE

AcA Vehicle SCM 43

- 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>.
- 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.
- 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:

10/18

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No. 1811 2018

# Sketch Plan Pg. 2

Accident Date: 16-01-18 Time: 2:200 Location: June of Holland Fdo Ave  My Vehicle A: 5 CM 439 Vehicle B: 5 C 9609 Cvehicle C/Others
Holland Road.  The Hod stopped.
these 2 cars hand furned before ince
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 16-0-18, I was travelling along tho lland load towards Clement Road. I queued up behind care to two of havenus in my police report I stated to was the second car, but actually I was the third. The accident had guessed me trauma as I wap a very hard hit. The wall themsel arean for the faming lane. The come in the opposite direction and from the Arenus had stopped. The, pick up in front of me turned and I followed behind him after the opposite direction had stopped. Out of no whethe sculdency in car came in the direction to wards the land Village and roundon my car on the stole My car, then swerved to opposite lane. The other car (B) swerved into bth Avenue. I was in sheet for about seemeds I opened my car of door and in poed to the floor I then got up along the car door when he heart the red hand, he said if you amper, warm red to war way in a feet of many heart to a special of many heart to make the road. The claimege to war car war in a special of many heart to the more workshop only only referred the to special of many heart to the more hope of the more heart to be my neglitically a special of the claimege to war for more for a life in many heart to the more hope of the poor in the claimege to war for the property of the poor in the claimege to war for the property of the poor in the claimege to war for the property of the poor in t
My workshop  Email Address  & Myself  Email Address  Canna Land Land Land Land Land Land Land
Policyholder's Signature Date & Time: 18-01-18 Date & Time  BECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time: 18-01-18 Date & Time  BECLARATION  With example of the policyholder





Police Station Of Origin: Buona Vista NPP 13 Holland Drive #01-38/40 SINGAPORE 271013 1 of 4 Report No. T/20180116/2167

Tel No: 1800-7779999

Date/Time 16/01/201		lade:	Vide Report No.:	Station Diary No.: 60		
Informant	's Partict	ulars				
Name of Informant: JEANNA CHAN MEOW KHING			Address: 34 SIAN TUAN AVENUE SINGAPORE 588308			
ID Type / ID No.: NRIC NO / \$6806892D			Contact No.: Home/Office:	Mobile: 96334121		
Nationality SINGAPO		EN	Email:			
Sex: Female	Age:	Date of Birth: 10/03/1968	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Bank teller			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive:	Date/Time of Accident: 16/01/2018 14:2	Type of Location T-Junction
HOLLAND ROSIXTH AVENU	E land Rd and Sixth Ave	near Lamppost 42		
Weather: Clear	nper. 42	Road Surface: Dry	•	Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision	on: ng Vehicles - Head To	Side		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SCM43Y	21	AUDI .	R8 4.2 FSI QU R- TRONIC	White	Seriously Damaged	0
SLC9609C		BMW	328I A			1

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No.	Effective Expiry Date



T/20180148/2167

Police Station Of Origin: Buona Vista NPP 13 Holland Drive #01-38/40 SINGAPORE 271013

2 of 4 Report No. T/20180116/2167

Tel No: 1800-7779999

CONTINUATION OF REPORT

Details of \	/éhicle insurance			9 1 50 E
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCM43Y	AXA INSURANCE SINGAPORE PTE	P1784883	16/06/2017	15/06/2018

1				
Details of Perso				
Any Pedestrian I				
No. of Pedestriar	ns Injured: NIL .	Use of Pe	destrian Cross	sina: NA
Driver				
Name	JEANNA CHAN MEOW KHING		ID No.	S6806892D
Related Vehicle	SCM43Y	Contact No.	96334121	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		
No. of Days grant	ted Medical Leave NIL	Degree of	Injury NIL	
Driver			Injury   IVIL	
Name	Yeo Hock Bin		ID No.	S0149321C
Related Vehicle	SLC9609C		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		
No. of Days grant	ed Medical Leave NIL	Degree of		· · · · · · · · · · · · · · · · · · ·

#### Brief Details.

On 16/01/201 at about 2.20pm, I was traveling along Holland Rd toward Clementi Rd. I queued up behind a car at the right lane to turn to Sixth Ave, I was the 2nd car. The light turn green for the turning lane, The cars on the opposite lane had stop, The 1st car had proceed to turn and I then followed on and suddenly out of nowhere, a car came and ram my car on the side. My car then swerve to opposite lane. The other car also swerve into the lane to Sixth Ave. I was in shock for about 15sec. I the open the door of my car and I dropped to the floor. I then got up and ask the driver why did he beat the red light. He said that is wasn't red and it was amber. I then stop talking to him. The impact had cause all the airbag of the other car to came out. The other driver had called for ambulance. The ambulance came had check on me and the passenger of the another car. I told the medic the I can't fell anything but shock. I told the medic that i will see a doctor later. Ah hour later, My legs, my back started to ache. I am going to see the doctor after this.

I wish to state that I am waiting for a footage from another car video camera.



T/20180116/2167

Police Station Of Origin: Buona Vista NPP 13 Holland Drive #01-38/40 SINGAPORE 271013 Tel No: 1800-7779999 3 of 4 Report No. T/20180116/2167

CONTINUATION OF REPORT





Police Station Of Origin: Buona Vista NPP 13 Holland Drive #01-38/40 SINGAPORE 271013

4 of 4 Report No. T/20180116/2167

Tel No: 1800-7779999

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.

D / Sgt 3 LEE HONG HAI	Signature Of Informant:
Signature Of Interpreter:  Not applicable	Date/Time: 16/01/2018 19:35
Officer In Charge Of Case: TP / GIT / SSI TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authentication Stamp SN 49	:
SIGUATURE	,

## POLICE DEPARTMENT

OFFICE NOTES

#E/2018 016/0083

Ilo Sufian

- Lødge tradfir aucident report within 24 hrs. Ilo may call
- Holland Rd X Sixth Ave

NP 364(94)