

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 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	12/02/2018 09:43
Date Of Accident	10/02/2018 15:05
Exact Location Of Accident	ALONG FORT CANNING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2158P
Insured/Policyholder	
Name Of Registered Owner	GOH SOCK KOON
NRIC No	S1719550F
Email Address	GOH_KOON@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93391168
Alternative Phone No	HOME-93391168
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER 2.0XT CVT AWD SR
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	P1844156
Cover Note Number	CN854628

Driver

Name of Driver	GOH SOCK KOON
NRIC No	S1719550F
Date Of Birth	11/12/1965
Occupation	INDOOR
Date Of Driving Pass	18/05/1984
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93391168
Fax Number	
Contact Number	HOME-93391168
EEmail Address	GOH_KOON@HOTMAIL.COM

Address	210 OCEAN DRIVE #04-12
Postcode	098625
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SKU7098G
Vehicle Make/Model/Colour	TOYOTA / ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG TAO
NRIC/Passport Number	
Contact Number	91478769
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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:

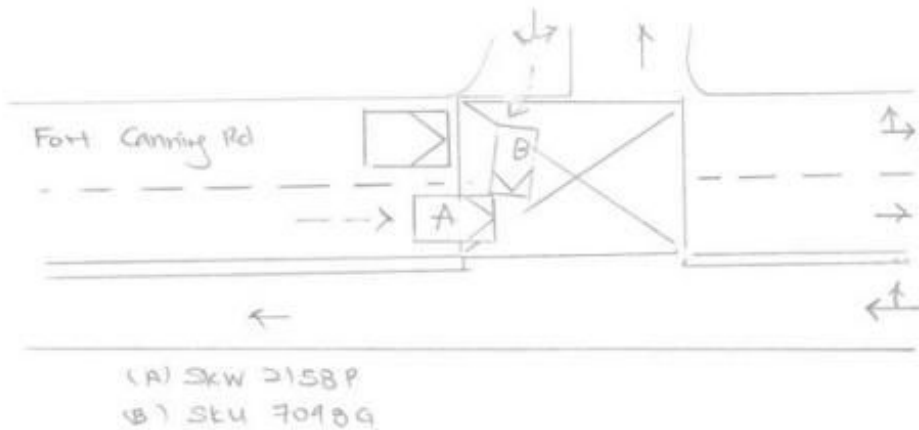
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sto 2158 P

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON MENTIONED DATE/TIME, I WAS TRAVELLING ON THE EXTREME RIGHT LANE ALONG FORT CANNING ROAD. I WAS PASSING BY THE SINGAPORE MUSEUM'S MAIN GATE WHEN I SAW VEHICLE B DASHING OUT FROM THE MUSEUM'S EXIT. AS A RESULT, MY VEHICLE SUSTAINED DAMAGES AT THE FRONT LEFT PORTION. VEHICLE B'S DRIVER REVERSED HER VEHICLE BACK TO THE EXIT IMMEDIATELY AFTER THE ACCIDENT. NO ONE WAS INJURED.

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE :

() Claim own policy () Claim third party () Claim OD/TP at other workshop () Reporting Only

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:

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

INSURANCE CERT

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: 6338 7286 Fax: 6338 2522
Website: www.axa.com.sg
GST Registration Number: 199903512M



Original

Agent Code: **13932**

Policy No. (if any): **P1844156**

Renewal

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **CN854628**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	GOH SOCK KOON
MAKE AND DESCRIPTION OF VEHICLE	SUBARU FORESTER 2.0XT CVT AWD SR
VEHICLE REGISTRATION NO.	SKW2158P
YEAR OF MANUFACTURE	2015
ENGINE NO.	FA20K942675
CHASSIS NO.	JF1SJGK85FG057265
ENGINE CAPACITY/TONNAGE	1998 CC
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	HL BANK
VALUE (\$\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 22/10/2017 TO: 21/10/2018
EXCESS (\$\$)	400
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by META AGENCY PTE LTD on 17/10/2017 7:12pm

Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

DL & IC

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S1719550F**
 Name: **GOH SOCK KOON**
 Birth Date: **11 Dec 1965**
 Issue Date: **18 Dec 2012**

002133105F

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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles \leq 200 cc	02 Aug 1985
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	18 May 1984

NP 428A

Licence No: S1719550F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1719550F


 Name: **GOH SOCK KOON**
吴淑坤
 Race: **CHINESE**
 Date of birth: **11-12-1965** Sex: **M**
 Country/Place of birth: **SINGAPORE**

5309797

NRIC No. **S1719550F**


 Date of issue: **26-05-2014**

Address: **210 OCEAN DRIVE
#04-12
SINGAPORE 098625**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



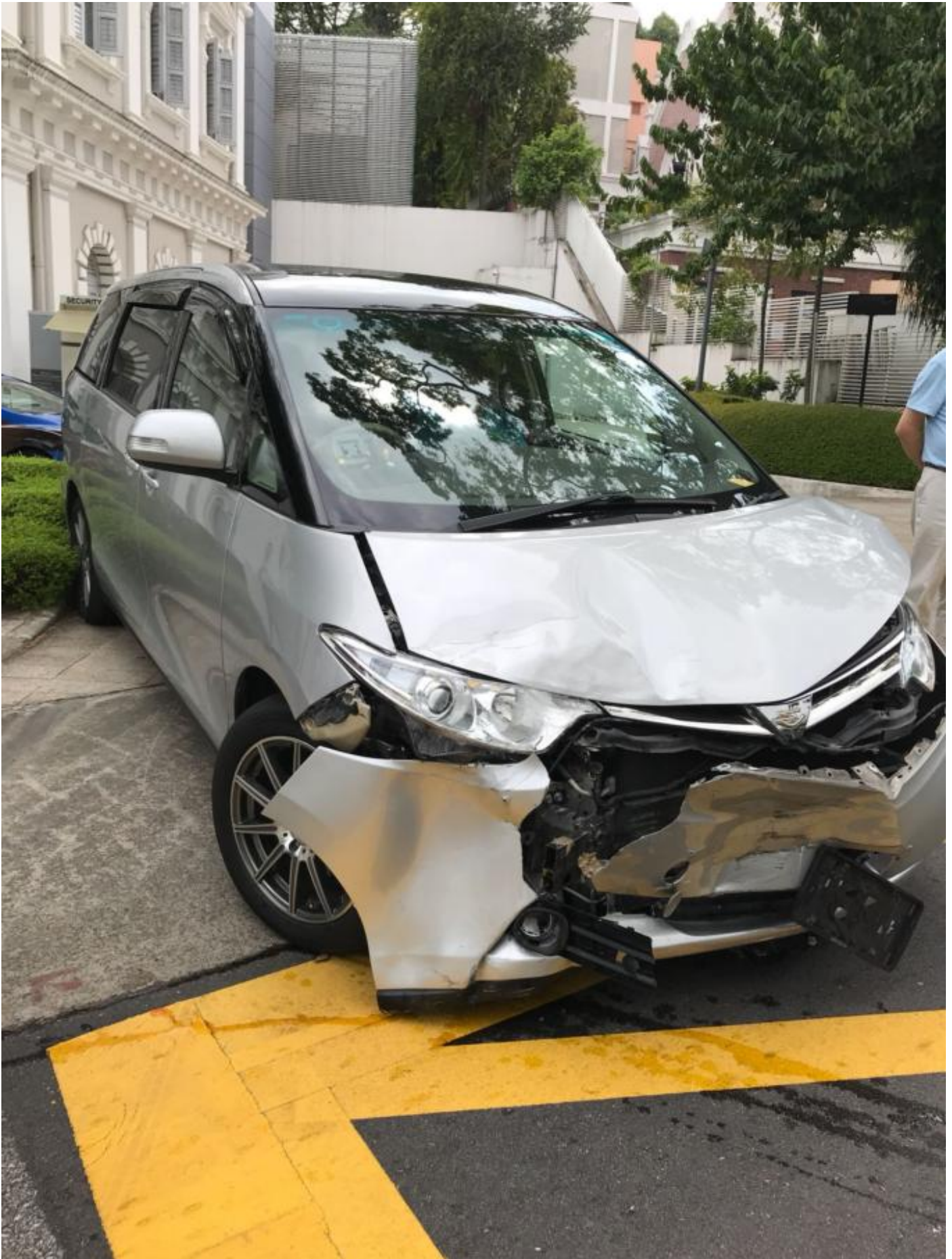
ONSITE ACCIDENT PHOTO



ONSITE ACCIDENT PHOTO



ONSITE ACCIDENT PHOTO



ONSITE ACCIDENT PHOTO



AXA Letter

Date: 12/02/2018

To: Owner of Vehicle Number: SKW2158P

The following has been advised to you via your workshop, MOVA Automotive PTE LTD through their staff, Vion / Ann / Caren / Enny / Chloe / Vivian / Zi Ting.

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 vehicle below Five (5) years old, you had been advised by workshop to check with the local distributor on your warranty status.
- (☐) Others _____

Signed and acknowledge by:

x 

Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp