

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	20/02/2018 13:42
Date Of Accident	13/02/2018 18:00
Exact Location Of Accident	AYE TWDS TUAS AFTER NUH AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6968B
Insured/Policyholder	
Name Of Registered Owner	LIAW TAR SON
NRIC No	S0204465Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96287638
Alternative Phone No	OFFICE-62667214

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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	GA019695
Cover Note Number	

Driver

Name of Driver	LIAW ENQI JOYCELYN
NRIC No	S8815554H
Date Of Birth	09/04/1988
Occupation	INDOOR
Date Of Driving Pass	17/10/2007
Driving Experience	10 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96287638
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 555 JURONG WEST ST 42 #07-381
Postcode	640555
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN 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	
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180214/2015

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	SLQ6302H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	LOW HENG SIONG
NRIC/Passport Number	
Contact Number	91899633
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGU482Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	82585807
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIAW ENQI JOYCELYN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJN6968B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

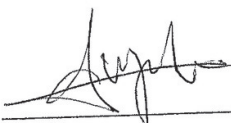
1. Please report **correctly** the details of the accident to speed up the claims process.
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.:

SKETCH PLAN

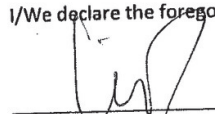
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

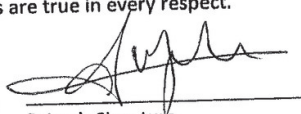
As the police report attached.

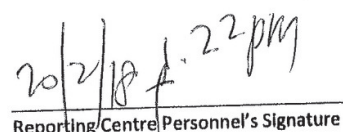
Reference NO / Report no : T/20180214/2015

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.:

LETTER OF UNDERTAKING

I/We, LIAN TAK RON, the owner of vehicle no. SJN 6968 B

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop
BEUWEL AUTOMOTIVE SERVICE PTE LTD.
1 KAKI BUKIT AVE 6
BLK C #01-55 (MAIN OFFICE)/28/37/53/56
SINGAPORE 417883
TEL: 6745 2088 FAX: 6841 2088

Signed and Acknowledge by:



.....
Nric no. and signature of policyholder

.....
Company Stamp

20/02/2018
.....
Date



**SINGAPORE
POLICE FORCE**



T/20180214/2015

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180214/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2018 04:10	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Informant's Particulars

Name of Informant: LIAW ENQI, JOYCELYN			Address: APT BLK 555 JURONG WEST STREET 42 #07-381 SINGAPORE 640555		
ID Type / ID No.: NRIC NO / S8815554H			Contact No.: Home/Office: Mobile: 96287638		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 29	Date of Birth: 09/04/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Insurance Agent			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/02/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY TOWARDS TUAS, IN BETWEEN CLEMENTI AT NUH AREA				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU482Z	Car				Slightly Damaged	0
SJN6968B	Car				Slightly Damaged	0
SLQ6302H	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180214/2015

2 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180214/2015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SAVANANDI KARUPATHIVAN	ID No.	NIL
Related Vehicle	SGU482Z (Car)	Contact No.	82585807
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	LIAW ENQI, JOYCELYN	ID No.	S8815554H
Related Vehicle	SJN6968B (Car)	Contact No.	96287638
Hospital/Clinic	SILVER CROSS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/02/2018	Date Discharge	13/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	LOW HENG SIONG	ID No.	NIL
Related Vehicle	SLQ6302H (Car)	Contact No.	91899633
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

Brief Details.

On 13/2/2018 at about 6pm, I was driving along AYE towards Tuas near NUH and was on the 1st lane. There were many cars then. I then saw a car (SLQ6302H) in front of me which was a distance away stopped, thus I managed to stop in time behind him. When I stopped, I checked my rear mirror and observed that a car was coming too fast from my back. Suddenly, I felt an impact from my rear and due to that my car surged forward and I then collided on to the car in front of me. I then discovered that a car behind me (SGU482Z) had collided onto my rear. All of the vehicle drivers then went out of the car to check on each other and exchanged particulars. There were no one injured then so all of us continued our own way. I then felt unwell after the incident and went to the clinic.