

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	14/03/2018 17:24
Date Of Accident	26/02/2018 18:00
Exact Location Of Accident	BLK 41 HOLLAND DRIVE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL9349Z
Insured/Policyholder	
Name Of Registered Owner	SOH YUAN-FOONG, GREGORY
NRIC No	S7702975C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92717165
Alternative Phone No	OTHERS-92717165

Vehicle Particulars

Manufacturer	BMW
Model	316I/4DR
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	GA120711-1
Cover Note Number	

Driver

Name of Driver	SOH CHEOW PAR VINCENT
NRIC No	S1341565Z
Date Of Birth	08/01/1940
Occupation	INDOOR
Date Of Driving Pass	04/12/1979
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81135757
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 1D PINE GROVE #10-16
Postcode	593001
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO SKETCH PLAN.

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	SKW9413G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

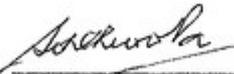
IMPORTANT NOTICE

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 liability.
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. 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: 14/03/18



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



**SINGAPORE
POLICE FORCE**



T/20180308/2058

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20180308/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2018 12:56	Vide Report No.:	Station Diary No.: 77
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: SOH CHEOW PAR VINCENT		Address: APT BLK 1D PINE GROVE #10-16 SINGAPORE 593001	
ID Type / ID No.: NRIC NO / S1341565Z		Contact No.: Home/Office: Mobile: 81135757	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 78	Date of Birth: 08/01/1940	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: Date of Expiry:	

General information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/02/2018 18:00	Type of Location: Car Park
Location: Along Road 1 HOLLAND ROAD				
Weather: Raining		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBL9349Z	Car				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180308/2058

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20180308/2058

CONTINUATION OF REPORT

Driver			
Name	SOH CHEOW PAR VINCENT	ID No.	S1341565Z
Related Vehicle	SBL9349Z (Car)	Contact No.	81135757
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 07/03/2018, my son received a letter from the traffic police stating that his car was involved in a traffic accident. As I am the driver of the vehicle, my son then pass the letter to me.

On 26/02/2018, I could roughly remember that I had gone to Holland Drive Food Court. After buying some stuff, I went back to my vehicle and reverse it out from the parking lot. While reversing, I had turned the steering wheel to the left as I wanted to drive towards my right hand side. Suddenly, I felt that there was some resistant from the rear and I move forward a little. Hence I alighted to make a check on the damages. I noticed that the other vehicle has a slight damage to its bumper but I could not recall what is the damage.

As it was raining and the vehicle owner was nowhere to be seen. I decided to continue on my journey home.

I wish to state that this is my first traffic accident in many years of driving. I am willing to compensate the owner of the vehicle for the damage.



**SINGAPORE
POLICE FORCE**



T/20180308/2058

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

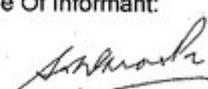
Report No. T/20180308/2058

CONTINUATION OF REPORT

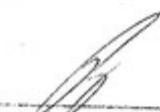
Sketch Plan

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.

Signature Of Officer Recording The Report: D / Sgt 2 PAY ZHIQIN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2018 12:56
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp

	SINGAPORE POLICE FORCE	SN 37
		
SIGNATURE		



redefining / insurance

Date: 14/03/2018

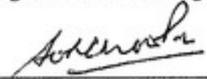
To: Owner of Vehicle Number: SBL9349Z

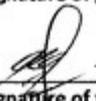
The following has been advised to you via your workshop, ETHOZ PROTECTIVE LTD through their staff, Jackson Teo.

Please tick the applicable box if you had been advice on the content as seen below:

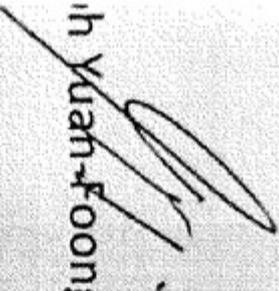
- You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- You had been advised by the workshop on the liability and merits of 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.
- There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- The estimated 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 vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- Others _____

Signed and acknowledge by:

 VINCENT SOH CHAI PAU
Name and signature of policyholder/authorised driver


Name and signature of workshop personnel including company stamp

SOH YUAN-FOONG GREGORY, NRIC S7702975C, authorize SOH CHEOW PAR VINCENT NI
341565Z to make the accident report for vehicle number SBL9349Z.


Soh Yuan-Foong Gregory

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7702975C



Name
SOH YUAN-FOONG, GREGORY



苏 源 丰
Race
CHINESE
Date of birth
17-01-1977
Sex
M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1341565Z**

Name **SOH CHEOW PAR VINCENT**

Birth Date **08 Jan 1940**

Issue Date **29 Mar 2003**

1000335762J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1341565Z



Name
SOH CHEOW PAR VINCENT



Race
CHINESE

Date of Birth **08-01-1940** Sex **M**

Country of Birth
SINGAPORE

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Dec 1979

NP 428A

Licence No: S1341565Z

APP342R



NRIC No: **S1341565Z**



Blood Group **AB+** Date of Issue **29-11-2001**

Address
**APT BLK 10 PINE GROVE
 #10-16
 SINGAPORE 593001**



redefining / insurance

(65) 6990 4888 (toll-free)
(65) 6850 4740
customers.care@axa.com.sg
www.axa.com.sg

Certificate of Insurance

account number
03863

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189); Motor Vehicles (Third Party Risks and Compensation) Rules, 1990; Road Transport
Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia)

Policy details

Policyholder name	SON YUAN FOONG GREGORY	Certificate number	GA120711 / 1
Cover	Third Party Only	Chassis number	WBAAAC12090AAB9107
Plan name	Third Party	Engine number	00056965
NCD applicable	90%		
Vehicle registration number	SB193492		
Period of insurance	from 01/09/2017 to 31/08/2018 (both dates inclusive)		
Finance/loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle 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

Limitation 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 use with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or on a racing track, circuits, route, course or any other roads by whatever name called that are typically used for racing, pace-making or sisk

* Conditions rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport (Malaysia), are not to be included under these headings.

An Additional Excess is applicable as follows:

1. S\$500 for unnamed Authorized Driver
2. S\$500 for declared Young and Inexperienced Driver
3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AX Workshops.

Additional clauses & endorsements to your policy

Nil

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

AXA Insurance Pte Ltd

Authorized signature

Important note

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. Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Third Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period during which there would be no liability under the policy endorsement etc.

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

