

## 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	02/04/2018 13:45
Date Of Accident	01/04/2018 11:10
Exact Location Of Accident	PIE (CHANGI) BEFORE PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB5608K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEVIN QUEK SOUH RENN
NRIC No	S7641778D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90292188
Alternative Phone No	OFFICE-90292188

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER

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	GA302537
Cover Note Number	

### Driver

Name of Driver	KEVIN QUEK SOUH RENN
NRIC No	S7641778D
Date Of Birth	16/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90292188
Fax Number	
Contact Number	OFFICE-90292188
Email Address	NOEMAIL

Address	BLK 113 POTONG PASIR AVE 1 #04-848
Postcode	350113
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	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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: G/20180402/7009.

#### 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	SDP7779J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KWANG HWEE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC8911H  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE C  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name KEVIN QUEK SOUH RENN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJB5608K  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan Pg. 1


### SKETCH PLAN


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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:

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

SKETCH PLAN

A - SJB5608K.  
B - SDP 7779J.  
C - SHC8911H.



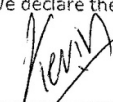
PIE (CHANGI) Before Paya Lebar Exit


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Police Report

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.:



1 of 2

## Report No. G/20180402/7009

Date/Time Report Made 02/04/2018 11:13	Vide Report No.	Station Diary No.		
Name Of Informant KEVIN QUEK SOUH RENN	Address APT BLK 113 POTONG PASIR AVENUE 1 #04-848 SINGAPORE 350113			
ID Type / ID No. NRIC NO / S7641778D	Contact No. Home/Office:	Mobile: 90292188		
Nationality SINGAPORE CITIZEN	Email Address Ahpek5232@gmail.com			
Occupation MANAGEMENT	Sex Male	Age 41	Date of Birth 16/12/1976	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 01/04/2018 11:09 - 01/04/2018 12:15	Location Of Incident PAN ISLAND EXPRESSWAY			

I KEVIN QUEK SOUH RENN WAS DRIVING SJB5608K ALONG PIE TOWARDS CHANGI SECOND LANE BEFORE PAYA LEBAR EXIT AT A SLOW MOVING SPEED. DUE TO ROAD WORKS TRAFFIC CONJUNCTION MY VEHICLE COM TO A STOP. SUDDENLY A VEHICLE SDP7779J COLLIDED ON TO MY REAR AND CAUSE MY VEHICLE TO INCH FORWARD TO HIT VEHICLE SHC8911H. I HAVE VIDEO FOOTAGE OF THE ACCIDENT AND I WAS INJURED.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.  Date/Time: 02/04/2018 11:13  Classification Of Case:
Not applicable	
Signature Of Interpreter:	
Not applicable	
Officer In-Charge Of Case:	



**SINGAPORE  
POLICE FORCE**



G/20180402/7009

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180402/7009

<b>Victim</b>			
Person Name	KEVIN QUEK SOUH RENN		
ID Type	NRIC NO	ID No	S7641778D
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	MANAGEMENT	Address Type	
Address	APT BLK 113 POTONG PASIR AVENUE 1 #04-848 SINGAPORE 350113	Mobile No	90292188
Is Informant A Victim?	Yes		
Person Name	TAN CHOON KHENG		
ID Type	NRIC NO	ID No	S7125618I
Gender	Male		
Person Name	KEVIN QUEK SOUH RENN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

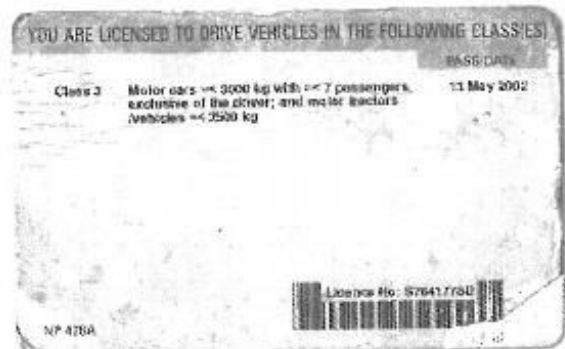
The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

02/04/2018 11:13

Classification Of Case:

## Driving License







account of the  
0.0155

[illegible]

Polyholder name	KEVIN QIER SLOAN HENK	Certificate
Cover	Commercial	Coverage
Plan name	Real	Effective
RCD applicable	0%	
Policy registration number	SD50086	
Period of insurance	from 16/09/2018 to 16/01/2019 (both dates inclusive)	
Insurance company	TOING CENTURY LENDING (SM) LTD	

Certificate number	GA30259V / 1
Chassis number	RA096021480003577
Engine number	14010016426

(b) Any person who is driving on the Dollyholder's order or with their permission.

Provided that the person driving is permitted by applicable law after lease or repurchase to drive the Motor Vehicle or has been so permitted and is not also afflicted by cover of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Use only for social, domestic and personal purposes and for the Policyholder's business.

EXCESS	Dustin Own Damage Excess	\$60,500.00
	Wife's Excess Excess	\$60,100.00

A Reductional Error is applicable as follows:

1. \$1500 for a new or Audited Driver
2. \$2500 for a shared Young and Inexperienced Driver
3. \$35,000 for a shared Young and Inexperienced Driver. This additional benefit is limited to \$32,500 if you have chosen *AAA Premium* (Markings).

## Six

1. We hereby certify that the price subject to this Certificate relates to, and is issued in accordance with the provision of the Motor Vehicle Third Party Risks and Compensation Act (Chapter 169:10, Section IV of the Road Transport Act, 1987) for motor vehicles.

AXA Insurance Pte Ltd

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**Important Note:**  
Participants who want to sit at an individual table should write their name and email on the back of this release and the Policy for the release, and return it to the Co-Chairs of the session. This will list of all those who sit at a table will be emailed to the chairs. Please bring this to the session on the day of the Main Session (Friday, Friday, Friday, 14 December, 2014, 10:00 AM).  
The Privacy Policy for the release requires the signatory to provide a contact address, which will be used for the release of the release, and will be used for the release of the release.

AXA Insurance Pte Ltd (1999055126)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068611  
Clinging Centre, 4B-1-02

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Accident Photo



Accident Photo



Accident Photo





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