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 <u>truthful and accurate</u> 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

aioresaid.		
	ACCIDENT STATEMENT	
Date Of Report	14/04/2018 13:06	
Date Of Accident	13/04/2018 09:20	
Exact Location Of Accident	TPE (SLE) BEFORE PUNGGOL EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDH1698R	

Name Of Registered Owner TAN SIEW KUAN NRIC No S7512885A

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97465389

Alternative Phone No OFFICE-97465389

Vehicle Particulars

Insured/Policyholder

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?

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 GA102264

Cover Note Number

Driver

Name of Driver TAN KWEE HOCK

NRIC No S0455356Z

Date Of Birth 11/04/1943

Occupation INDOOR

Date Of Driving Pass 24/05/1962

Driving Experience 55 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97331360

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 858 TAMPINES AVE 5 #08-525 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - FATHER-IN-LAW

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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?

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME: : NG GEOK CHOO

: FEMALE GENDER:

Passenger 2 NAME: : TAN YU HENG

> GENDER: : MALE

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2449999 - FAX NO: 62447258 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20180413/2181.

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

Vehicle Registration Number XD2933P

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

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 SGM3118Z

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C
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)

DETAILS OF INJURED PERSON 1

Name TAN YU HENG

Approximate Age Injuries Sustain

Injured person in which vehicle? SDH1698R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Sketch Plan Pg. 1

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.
- 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:

14.4.18

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

KETCH PLAN			o Carrest a			
					: !	
	Refer to	police	report			
SCRIBE CIRCUMST	ANCES OF THE ACCIDEN	Т				
Refer to	> police repr					
Netel -18	> police repr	Dir./ ,				
		·	* *************************************			
· ·	. 7				,	
		, , , , , , , , , , , , , , , , , , ,				
						······································

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	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			www.			
CLARATION		,				
e declare the foregoir	ng particulars are true in eve	r respect.				
Co llinou	i :	Vallet)				
XIVA	1000					U - 61 1
ýholder's Signature & Time:	Driver's Sign (If driver is no Date & Time:	ture of the policyholde	r)	Reporting Name:	Centre Personnel	s signature
r f.	Date & Time:	,		NRIC/FIN	Vo.:	

CHSI/CSLett. Jankum V3

Sketch Plan #3 Pg. 1

	redefining/Insurance					
Date	2: 14(04(20Ct					
Tou	Owner of Vehicle Number: SDH 1698R					
The	following has been advised to you via your workshop, Sine ino TOR PTE CO through their					
Plea	se tick the applicable box if you had been advice on the content as seen below:					
41	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.					
1	You had been advised by the workshop on the liability and merits of the case accordingly.					
1	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 <i>any combination</i> 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 <u>Own Damage</u> 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:						
Name ar	dignature of policyholder/authorised driver					

Name and signature of workshop personnel including company stamp

.

Sketch Plan #4 Pg. 1





Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

1 of 4 Report No. T/20180413/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2018 23:29		1ade:	Vide Report No.: F/20180413/0077	Station Diary No.: 92				
Informan	ıt's Particı	ulars						
	Informant:		Address:	,				
I AIN KVVE	EE HOCK		APT BLK 858 TAMPINES AVENUE 5 #08-525 SINGAF 520858					
ID Type / ID No.:			Contact No.:					
N(Home/Office: 67894930 Mobile: 97331360					
Nationality:			Email:					
SINGAPO	DRE CITIZ	EN	tankweehock@gmail.com					
Sex:	Age:	Date of Birth:	Type of Informant:					
Male	75	11/04/1943	Driver					
Race:			Language:	Institution / School Name:				
Chinese			English					
Occupation	on:	Miller Marie Marie produkt Marie od	Driving Licence Information:					
Retiree			Class: 2B,2A,2,3 Date of Expiry:					

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 13/04/2018 09:20		Type of Location Straight Road	
TAMPINES E	oad 1 and Road 2 XPRESSWAY SLE before Ponggol Exit						
		Road S	Surface:		Roa	Road Speed Limit:	
Clear							
Traffic Flow: Traffic Control:			and the second s	Traffic Volume:			
Dual Carriage Way Not Controlled Heavy				vy			
Type of Collision: Between Moving Vehicles - Side Swipe - Same			Direction		"	one conveyed by ulance:	

2 14						
D∉ ails of V	ehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDH1698R	Car	MITSUBISHI	LANCER	Silver	Seriously Damaged	2
SGM3118Z	Car	MERCEDES BENZ	E250	Silver	Seriously Damaged	1
XD2933P	SKIP LORRY			Gold	Slightly Damaged	0

Sketch Plan #5 Pg. 1



T/20180A13/2181

20180413/2181

2 of 4

Report No. T/20180413/2181

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999 CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian In	nvolved: No			,			
No. of Pedestrians Injured: NIL.			Use of Pedestrian Crossing: NA				
Driver							
Name	TAN KWEE HOCK			ID No.		S0455356Z	
Related Vehicle	SDH1698R (Car)	Again Sauran and a consequent of the second		Contact No.		67894930	
Hospital/Clinic	NIL.			Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discl	narge	NIL		naangaan aangan ng madala anaan na
	ted Medical Leave	NIL	Degree of		NIL.		· <u> </u>
Driver		L	January W.				
Name	TAN CHOON THEE			ID No.		S0209322G	
Related Vehicle	SGM3118Z (Car)			Contact No.		90096995	ी है। विद्वारका
Hospital/Clinic	NIL			Class of Class: NIL Driving Date of Expiry: N Licence & Expiry Date		y: NIL	
Date Treatment	NIL	Date Discl	Date Discharge NIL				
	ted Medical Leave	NIL	Degree of Injury NIL				
Driver		1					With the second
Name	MOOKAN RAMESH			ID No.		G8072641X	
Related Vehicle	XD2933P (SKIP LORRY)			Contact No.		. 84349826	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expir	y: NIL
Date Treatment	NIL	an an in historia in anno anno anno anno anno anno anno	Date Discl	harge	NIL		
and the second s	ed Medical Leave	NIL	Degree of		NIL.	e a proposación de la comprese de mentre de comprese d	

Brief Details.

On the 13/04/2018 at about 13:12pm , Fastech Anto Pte Ltd, 1 kaki Bukit Ave 6, #01-46/48/50 which is an auto workshop company did a traffic accident report via ePc - T/20180413/7005 on my behalf. The report that was made was too brief and I would like to make the following amendments.

On the 13/04/2018 at about 9:20am, I was driving along TPE towards SLE before Punggol Exit. on Lane 3. while a white skip lorry (XD2933P) was travelling on Lane 2 moved into my Lane and hit the right side of my car - the area behind the rear wheel. The great impact caused my car to spin forward, out of control in front of the white skip lorry and head-on towards Lane 1. where a silver Mercedes

Sketch Plan #6 Pg. 1





T/20180413/2181

3 of 4

Report No. T/20180413/2181

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

(SGM3118) which was travelling in lane 1 collided head-on with my car.

My grandson passenger, seated at the rear was taken by ambulance to KK Hospital and was given 1 day MC (from 13/04/2018 to 13/04/2018) for RTA.

Damage to my vehicle - front and right rear

Accident Sketch Plan Pg. 1





Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

4 of 4 Report No. T/20180413/2181

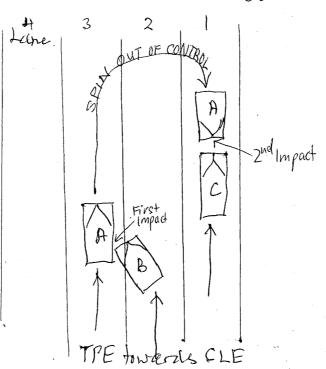
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Ste Toward Ponggol Exit.

A=SOH 1698 R B=XD 2933 P C= SGM 31187



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: G / SI MOHAMED SHAHARUM B ABDUL JEBAR	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2018 23:29
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZOLICE IN THE ALICE IN THE CONTROL OF	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	

Identification Card

REPUBLIC OF SINGAPORE IDENTITY CARG NO. \$7512885A





TAN SIEW-KUAN (CHEN XIUJUAN)

陈秀娟 Race CHINESE

Date of outh See D8-05-1975 F County otability BINGAPORE

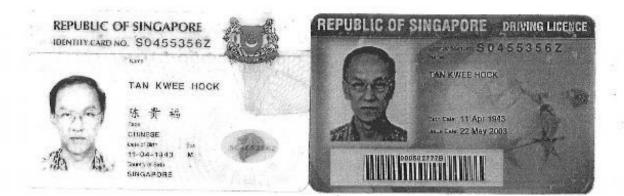


28-10-2005

APT BLK 10 PARI DEDAP WALK \$11-18 SINGAPORE 406082 NRIC No: \$7512885A Date: 03

Date: 03/05/2017

Driving License





INSURANCE





AXA Insurance Pto Ltd. 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ☑ customer.care@axa.com.sg Www.aca.com.sg

Renewal

date 24/04/2017

with servicing distributor INSMART (INSURANCE) AGENCY PTE LTD / 11618

your servicing distributor contact. 6749 6110

TAN SIEW KUAN. 10 PART DEDAP WALK #11-19 TANAMERA CREST SINGAPORE 486062

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name

Cover

TAN SIEW KUAN

Pelicy number

VAI / GA102264 \$7512895A

Period of Insurance

Comprehensive FIN / NRIC from 29/04/2017 to 28/04/2018 (both dates inclusive)

Premium breakdown

Gross Premium after 20% NCD

7% GST Final Premium SGD /60.97)

SGD 53.27/

SGD 814.24

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Combret ensit e Essential Benefits

24/7 lowing & Iransportation in Singapore of Overseas.

Windsgrean Replacement with Excess OR (expair your windscreen at your preferred focation and get \$50 cach reward with not excess

Guaranteed Repairs for twelve (12) Months

Loss or Damage

Legal Liability

Add on Benefits

Easic Own damage axoass walvar

Personal accident banefit of up to \$ 100,000,00 for you and your named drivers.

Vehicle details

Make & Model of Vehicle Vehicle registration number

Body type

Seating capacity (excl driver) Off-Peak car

MITSUBISHI LANCER 1.6 SHH4698R SALOON

Mo

Year of manufacture

Type of Use Engine capacity (c.c.)

Engine number Chassis number

2005 Private use 1584

4G18GH3735

JMYSTCS3A5U003985

Insured's Estimated Market Value

Limitation to use Finance Loan Company Market Value at the time of Lose (including accessories and spare parts;

As per Certificate of Insurance

Mil

Excess applicable (refer to Policy Worning for other applicable Excesses)

Windscreen Excess

Drivers details

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Control, #81-01

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