

## 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	11/04/2018 17:12
Date Of Accident	23/03/2018 19:00
Exact Location Of Accident	NEWTON FLYOVER TWD CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT990T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EONE DIESEL PTE LTD
Co Reg No	201218084E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62941517

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD-2.4 240S PRIME SELECTION (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	VPA/P1928141
Cover Note Number	

### Driver

Name of Driver	NG SOO KING
NRIC No	S1601716G
Date Of Birth	03/06/1965
Occupation	INDOOR
Date Of Driving Pass	17/03/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96250385
Fax Number	
Contact Number	
Email Address	GTDSALES@GLOBALTURBO.COM.SG

Address	280 DUNEARN RD
Postcode	299550
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 TO REAR
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?	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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 DUKE ROAD , <b>POSTCODE:</b> 268914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4629999 - <b>FAX NO:</b> 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER AS ATTACHED

#### 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	SKD3299J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUGU V RAMU
NRIC/Passport Number	S8918885G
Contact Number	83286085
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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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 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.
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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan

The sketch plan shows a rectangular area representing the accident scene. Inside, there are two boxes labeled 'A' and 'K' side-by-side. Above them is a solid horizontal line, and below them is another solid horizontal line. Between these two solid lines is a dashed horizontal line. To the right of the boxes, there are two arrows pointing left, one above the dashed line and one below it.

1

Describe Circumstances of the Accident

Refer to Police Report.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180324/2108

1 of 3

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20180324/2108

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2018 17:01	Vide Report No.:	Station Diary No.: 74
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### Informant's Particulars

Name of Informant: NG SOO KING			Address: 280 DUNEARN ROAD SINGAPORE 299550		
ID Type / ID No.: NRIC NO / S1601716G			Contact No.: Home/Office: Mobile: 96250385		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 03/06/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2018 19:00	Type of Location: Flyover
Location: Along Road 1 NEWTON ROAD				
Newton Flyover toward CTE				
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
SJT990T	Car	TOYOTA	ALPHARD CVT	Gold	Seriously Damaged	2
SKD3299J	Car	AUDI	Q5 2.0L TFSI QUATTRO AT D/AB HID 4WD 5DR	Grey	Slightly Damaged	0



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180324/2108

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

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Report No. T/20180324/2108

### CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG SOO KING	ID No.	S1601716G
Related Vehicle	SJT990T (Car)	Contact No.	96250385
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	Sugu V Ramu	ID No.	S8918885G
Related Vehicle	SKD3299J (Car)	Contact No.	83286085
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 23/03/2018 at 7pm I was driving my vehicle Gold coloured Toyota(SJT990T) along Newton Flyover toward CTE. I noticed that there is a heavy traffic in-front as such I stopped at the extreme right lane in-front of an vehicle. However after which I felt a bang at the back of my vehicle twice. After which I went down to take a look and discovered that my vehicle rear bumper has been hit by a grey coloured Audi vehicle(SKD3299J). After which I exchange particulars with the other driver. My vehicle rear bumper is heavily dent and the other driver vehicle also has a minor dent in the front bumper.

I do not have any in-car camera in my vehicle and I am not sure if the other vehicle has any in-car camera.

The other driver contacted me today and informed that she has lodge a police report and informed me to lodge a report also. The other driver also mentioned about doing a private settlement with me. As there is no injury to this matter.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180324/2108

3 of 3

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20180324/2108

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:

E /

Sgt 1 TEE PENG SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/03/2018 17:01

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430



SINGAPORE  
POLICE FORCE

Classification Of Case:

SN 170

Authentication Stamp  
NP168

SIGNATURE

AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel:(65)63367288 Fax:(65)63382522  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.service@axa.com.sg



# CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VPA/P1928141 Account No. : 11511  
 Coverage : Comprehensive  
 Sum Insured : Market Value At The Time Of Loss  
 Name of Policy Holder : EONE DIESEL PTE. LTD.  
 Vehicle Registration No. : SJT990T  
 Period of Insurance : From 03/05/2017 To 02/05/2018 (Both Dates Inclusive)

## PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

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 or has been so 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 Motor Vehicle.

## LIMITATIONS 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 samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

(03)

Basic Own Damage Excess : SGD 400.00

An Additional Excess is applicable as follows:  
 S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.  
 S\$5,000.00 for Undeclared Young and Inexperienced Driver.  
 (Please refer to your policy on the terms & conditions)

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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

Issued by - SGOSP on 04/05/2017

## IMPORTANT :

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. If the Certificate of 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 Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).  
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.



IC



Accident Scene Photo



Accident Scene Photo





Accident Scene Photo



Accident Scene Photo









Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

