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.

	ACCIDENT STATEMENT
Date Of Report	12/04/2018 14:24
Date Of Accident	12/04/2018 09:05
Exact Location Of Accident	ALONG WEST COAST RD TWDS WEST COAST HIGHWAY LP163
Country/State of Loss	SINGAPORE

D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE3162P
Insured/Policyholder	
Name Of Registered Owner	HO KWAN YEE
NRIC No	S8341776E
Email Address	HOKWANYEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98731336
Alternative Phone No	OFFICE-98731336
Vehicle Particulars	

Manufacturer HYUNDAI

Model TUCSON-1.6 GLS TURBO (A)

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 CN867421

Cover Note Number

Driver

Name of Driver HO KWAN YEE
NRIC No S8341776E
Date Of Birth 24/12/1983
Occupation INDOOR
Date Of Driving Pass 20/05/2005

Driving Experience 12 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98731336

Fax Number

Contact Number OFFICE-98731336

EMail Address HOKWANYEE@GMAIL.COM

Address APT BLK 549 JURONG WEST ST 42 #08-195 SINGAPORE

Postcode 640549

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? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : HAYDEN HO

GENDER: : MALE

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

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

SEE ATTACH SKETCH PLAN & POLICE REPORT STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: TAKEN BY TRAFFIC POLICE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JHQ9555

Vehicle Make/Model/Colour MITSUBISHI TRITON

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver DIVAHARAN A/L PONNIAH

NRIC/Passport Number 911226055379 Contact Number 016-7234493

LOT 5518/1 TAMAN SRI AMAN BT 1 1/2 T1200 RANTU NEGERI Address

SEMBILAN

Postcode 71200

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

SJY3699P Vehicle Registration Number

Vehicle Make/Model/Colour FORD MONDEO

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver **NGIAM HENG YONG**

S1598829J NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SFB996U

Vehicle Make/Model/Colour NISSAN QASHQAI

Details Of Properties

PRIVATE CAR Vehicle Category

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

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- 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)

Lunderstand, 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)
 - (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 mo;
 - (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 mo 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: /2/4/18

Driver's Signature (If driver is not the policyholder) Date & Time:

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

Sketch Plan #2

SKETCH PI	.AN		
		\rightarrow	28545180000000000000000000000000000000000
		\longrightarrow	E.
d	S#0 976U	1/2/1/2/ X/X/X/X/X/X/X/X/X/X/X/X/X/X/X/X/X/X/	JHQ9555
DESCRIBE	CIRCUMSTANCES OF	211 /100	
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ne	annigo 1-tu	- Maria	
DECLAR/		ars and true in eye/y respect.	
I/We deck		ars and true in eve/y respect.	Reporting Centre Personnel's Signature





1 of 5

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180412/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2018 11:04			Vide Report No.: Station Diary N D/20180412/0034 65				
Informan	t's Partic	ulars					
Name of I HO KWAN			Address: APT BLK 549 JURONG WES SINGAPORE 640549	T STREET 42 #08-195			
ID Type / ID No.: NRIC NO / \$8341776E			Contact No.: Home/Office: Mobile: 98731336				
Nationality		EN	Email:				
Sex: Male	Age: 34	Date of Birth: 24/12/1983	Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupation Banking	on:		Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2018 09:05	Type of Location Straight Road
Location: Along Road 1 WEST COAS Along West C Lamp Post N	T ROAD coast Road towards West C	oast Highway		
Weather: Clear		Road Surface: Dry	- 8	Road Speed Limit:
Teeffe Claus		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Traffic Flow: One Way		Traine Eight Tree		

	ehicle Invo	A DESCRIPTION OF THE PARTY OF T	1200			Provide Provide State
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JHQ9555	Car				Slightly Damaged	0
SFB996U	Car				Slightly Damaged	0
SJY3699P	Car				Slightly Damaged	0





Police Station Of Origin: Clementi N.P.C

Report No. T/20180412/2031

2 of 5

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of V	ehicle Invo	lved	化量流线			The second second
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKE3162P	Car	HÝUNDAI	TL TUCSON 1.6 GLS T- GDI DCT 2WD	Blue	Slightly Damaged	1.

Details of V	ehicle Insurance	AND ASSESSMENT OF THE PARTY OF		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE3162P	AXA INSURANCE SINGAPORE PTE LTD	P2049770	22/12/2017	21/12/2018

Details of Perso	n Involved			7831/61	256	Line of This early
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver				STATE OF	No. of Contract of	
Name	DIVAHARAN A/L P	DIVAHARAN A/L PONNIAH		ID No.		911226055379
Related Vehicle	JHQ9555 (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	70	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Transaction and the second	
Driver		SEPTIME OF			WENTER WITE	
Name	Unknown Driver		11910	ID No		NIL
Related Vehicle	SFB996U (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL			





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Report No. T/20180412/2031

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999 CONTINUATION OF REPORT

Driver				Sec.	450	THE CHANGE THE	
Name	NGIAM HENG YONG			ID No.		S1598829J	
Related Vehicle	SJY3699P (Car)			Conta	ct No.	NIL	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	- Name	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL		NIL	IL Degree of		NIL		
Driver			PERCENTION	de la c			
Name	HO KWAN YEE			ID No	- 10	S8341776E	
Related Vehicle	SKE3162P (Car)	SKE3162P (Car)		Contact No. Class of Driving Licence & Expiry Date		98731336	
Hospital/Clinic	NIL					Class: 3 Date of Expiry: NII	
Date Treatment	NIL	NIL Date Dise			NIL		
No. of Days gran	ted Medical Leave				ree of Injury NIL		

Brief Details.

On 12/04/2018 at about 0905hrs. I was driving my vehicle bearing the registration plate number SKE3162P along West Coast Road towards West Coast Highway. My 3+ years old son was at sitting on the baby chair at the rear right of the passenger seat. At the point of time, the road is dry and the sky is clear. I was traveling on the right lane of the two lane road.

I came to a complete stop waiting for the traffic light to turn green (near LP165), when suddenly I felt and impact from the rear. I was shock and I felt pain on my neck area. The impact cause my vehicle to move forwards and collided into the front vehicle. I got down of my vehicle and discovered that I am involve in a chain collision.

1st vehicle: SFB996U 2nd vehicle: SJY3699P

3rd vehicle: SKE3162P (Mine)

4th vehicle: JHQ9555

This is the first time such incident happened. Traffic Police was at scene to assist. No one was injured at scene and no ambulance came. I have a in-built car camera installed in my vehicle. The SD card was handed over to the Traffic Police officer. There are scratches and dent at the front and back of my vehicle. Prior the arrival of Traffic Police, We had advise the Malaysian driver not to move his vehicle however he had reverse for a distance.

Sketch Plan #6





/20180412/2031

Report No. T/20180412/2031

4 of 5

Police Station Of Origin; Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP 6547 6170 . D/2018 0414/0024 Ref: Report No: THUS TOAKA YOOM CAIFOT HOLD (Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.) CIO : TAHO of_ (Address / Police Station / NPC / NPP) hereby acknowledge receipt of the below mentioned items of: ONE roolliney pandick 16618 10 AI MICHOSOHCI 7263XRADO3CN. 2 3 HO CWAN YEE, 88341776E.

[Name, NHIC or Passport No. / Rank and No.]

549 J/WEST 27 4P, 408-195 640549
[Address / Police Station / NPC / NPP] from (Time) Witnessed by / * Handed over by: Received by: (* Delete if applicable) Signature OUTH TOTAL HUDO (Name, Contact No. / NRIC or Passport No. / Bank and No.) Other Remarks: __ NP 323 (2/18)

Accident Photo







Accident Photo











