

## 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	20/04/2018 10:46
Date Of Accident	19/04/2018 15:40
Exact Location Of Accident	ISLAND CLUB CP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1579D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH SOOK KIM RACHEL
NRIC No	S7528010F
Email Address	RACHELKOHSK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96980854
Alternative Phone No	OFFICE-96980854

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (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?	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	VPA/P1964678
Cover Note Number	

### Driver

Name of Driver	KOH SOOK KIM RACHEL
NRIC No	S7528010F
Date Of Birth	09/09/1975
Occupation	INDOOR
Date Of Driving Pass	22/07/1998
Driving Experience	19 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96980854
Fax Number	
Contact Number	OFFICE-96980854
Email Address	RACHELKOHSK@GMAIL.COM

Address	16 JALAN SENANG
Postcode	418307
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	COLLISION - HEAD TO REAR
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?	
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)	4
Passenger 1	NAME: : DUTTON LUKE REN WEI GENDER: : MALE
Passenger 2	NAME: : DUTTON MARK REN KAI GENDER: : MALE
Passenger 3	NAME: : DUTTON MICHAEL REN YU GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SBV8887R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BOO TING KHOON
NRIC/Passport Number	S7709359A
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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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.

*Paul Koh*

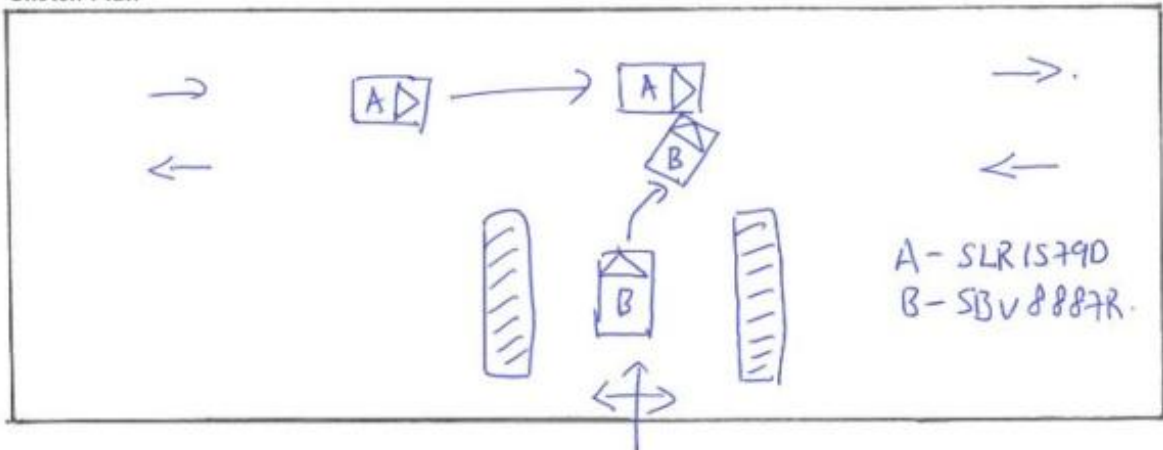
Policyholder's Signature / Date & Time  
29/4/17 10:05

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

*X*

Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Accident Sketch Plan

### Describe Circumstances of the Accident

I was driving down the road. I recall stopping @ the white line, ~~also~~ after moving off the collision happened towards the end of the junction. The other vehicle was turning into the junction and hit into my car.

I reversed from the original impact site as my car was blocking the ~~the~~ junction.

I noticed the vocational license of the driver was issued in 2014. Is it still a valid license? Yes

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 2/4/17

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

Witnessed by Reporting Centre Personnel

AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel:(65)63387288 Fax:(65)63382522  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.service@axa.com.sg



DUPLICATE COPY FOR  
 FINANCE / BANK

Private Cars COMP  
 POLICY SCHEDULE  
 NEW BUSINESS  
 Duplicate

<b>POLICY INFORMATION</b>		Policy No. : VPA/P1964678	
Source	:	(01) 14885	BMS-AXA TOYOTA NB
Insured	:	KOH SOOK KIM RACHEL	
Address	:	16 JALAN SENANG SINGAPORE 418307	
Business/Profession	:	OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 01/08/2017 To 31/07/2018 (Both Dates Inclusive)			
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>PREMIUM</b>			
Premium After	0.00%	:	SGD 2,536.45
NCD			
GST	7.00%	:	SGD 177.55
Annual Premium	:	SGD 2,714.00	
Total Payable	:	SGD 2,714.00	
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	:	Comprehensive	
Regn No.	:	SLR1579D	
Type Of Use	:	Private Car	
Make/Model	:	TOYOTA HARRIER 2.0	
Year of Manufacture	:	2017	Seating Capacity (excl. Driver) : 04
Body Type	:	SPORTS UTILITY VEHICLE	Engine C.C. : 1986
Engine No.	:	8ARZ088661	Chassis No. : JTEKB3GH60J000235
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance			
Hire Purchase	:	UNITED OVERSEAS BANK LIMITED	
Basic Own Damage Excess	:	SGD 500.00	
<b>Named Drivers</b>			
1 KOH SOOK KIM RACHEL			
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : BSTU010			
-----			
Sales Draft Number One : 8061-1501665041436			
BTO			



IC

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7528010F

Name: KOH SOOK KIM RACHEL (XU SHUQIN RACHEL)

Birth Date: 09 Sep 1975

Issue Date: 05 Jul 2003

000623014C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7528010F

Name: KOH SOOK KIM RACHEL (XU SHUQIN RACHEL)

许淑钦

Race: CHINESE

Date of birth: 09-09-1975

Sex: F

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	22 Jul 1998

NP 428A

Licence No: S7528010F



3752795

Barcode

NRIC No: S7528010F

Date of issue: 17-10-2005

16 JALAN SENANG  
SINGAPORE 418307

NRIC No: S7528010F

Date: 06/02/2017



**Accident Scene Photo**

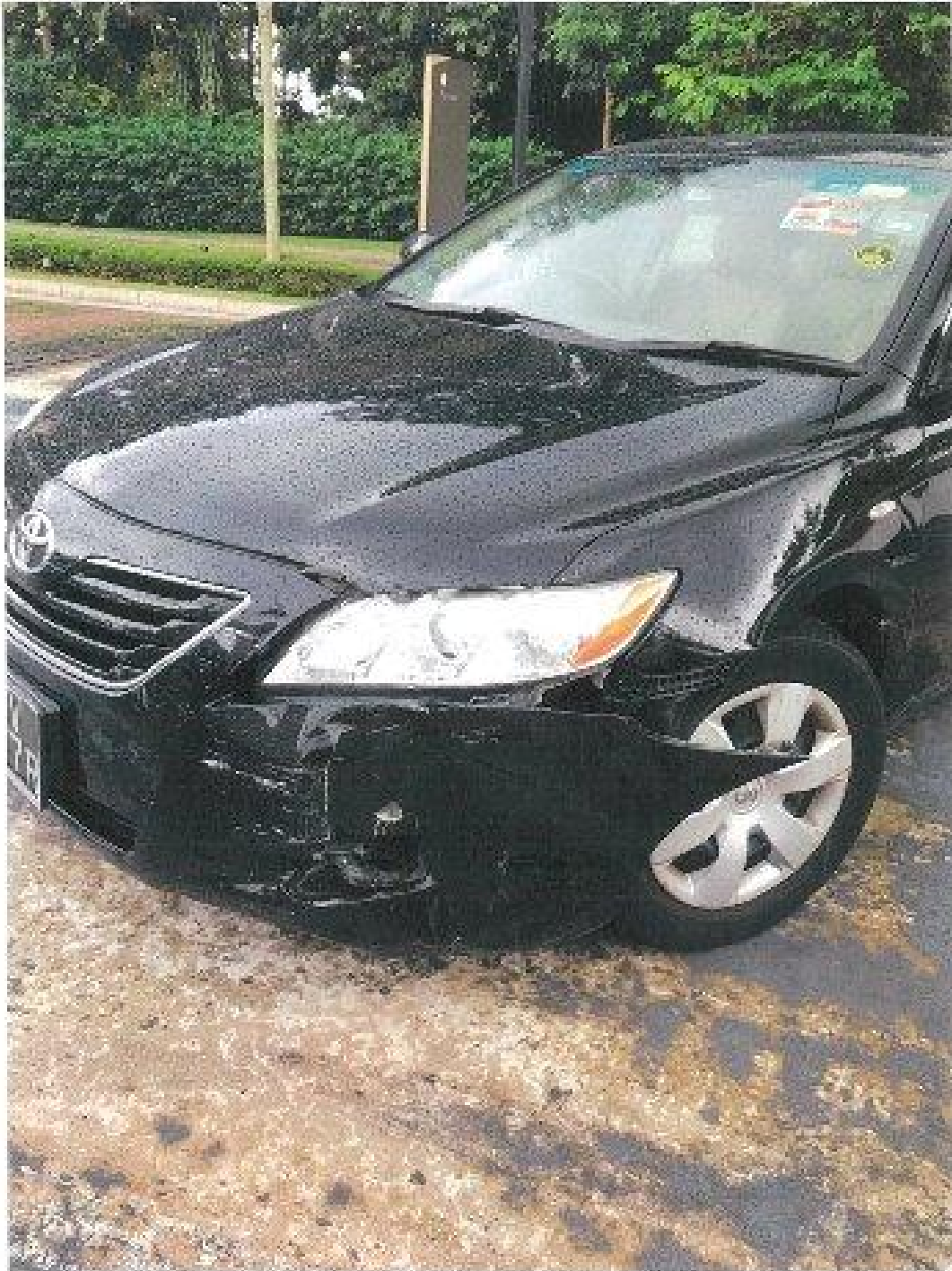


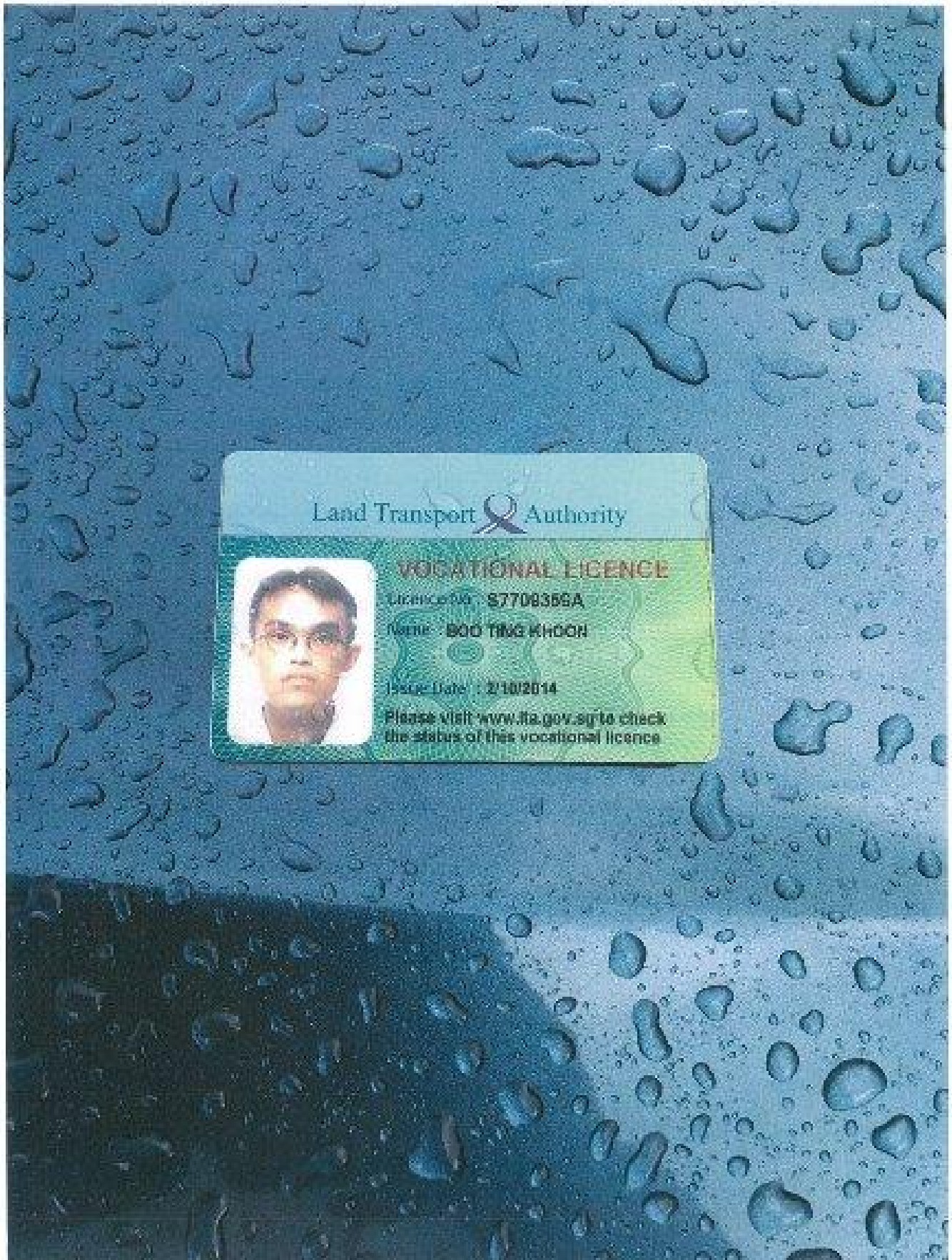


Accident Scene Photo



**Accident Scene Photo**





This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sui Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	12/10/2007
03	BUS VL	22/10/2008
04	BUS ATTENDANT	22/10/2008



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

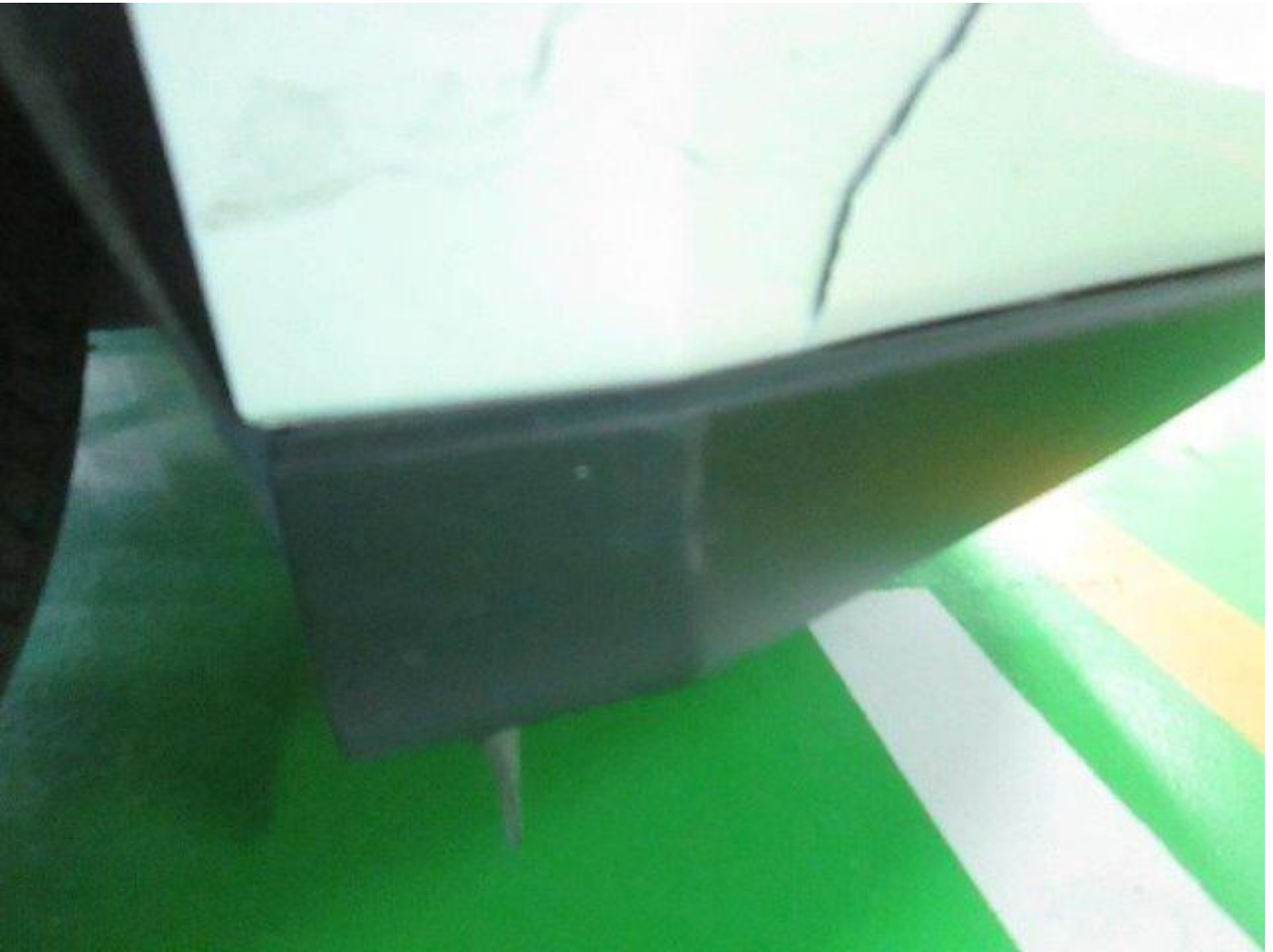




Accident Photo



Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBM 218052462 Vehicle Registration No: SLK1579D  
Name(as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 19-04-2018 Time of Accident : 15:40  
Place of Accident : \_\_\_\_\_  
Insurance Company : \_\_\_\_\_

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend DOA.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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