

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	07/05/2018 12:07
Date Of Accident	06/05/2018 10:40
Exact Location Of Accident	DUNERN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EZ303E
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Insured/Policyholder

Name Of Registered Owner	CHEW JOO HUAT
NRIC No	S1053580H
Email Address	LORRAINESKCHEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97553377
Alternative Phone No	OFFICE-97553377

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250

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
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA051407/1
Cover Note Number	

Driver

Name of Driver	TAN SWEE KHAM
NRIC No	S0176624D
Date Of Birth	21/05/1948
Occupation	INDOOR
Date Of Driving Pass	09/04/1970
Driving Experience	48 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98285657
Fax Number	
Contact Number	
Email Address	LORRAINESKCHEW@GMAIL.COM

Address	12K SIME ROAD
Postcode	288297
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Foreign Vehicle Registration Number	JDT9737 (MOTORCYCLE)
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT

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	JDT9737
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TAN KAI BIN
NRIC/Passport Number	920115016427
Contact Number	93550627
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? JDT9737
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode


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 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:

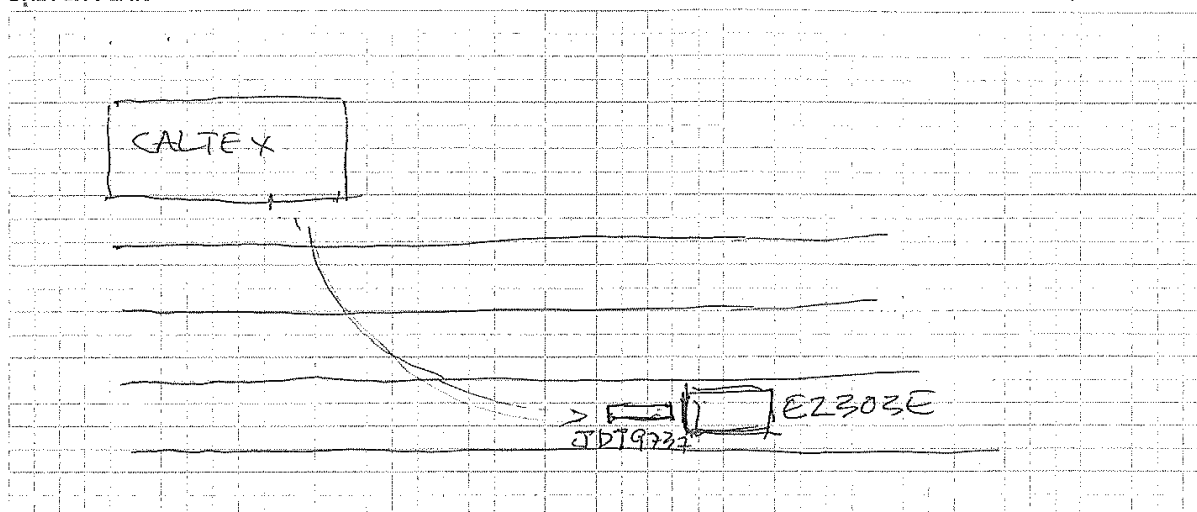
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See Police Report attached.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Rich.

Policyholder's Signature
Date & Time:

Jaume

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

1

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



**SINGAPORE
POLICE FORCE**



T/20180506/2029

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180506/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2018 12:55	Vide Report No.: E/20180506/0099	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAN SWEE KHIAM		Address: 12K SIME RD SINGAPORE 288297	
ID Type / ID No.: NRIC NO / S0176624D		Contact No.: Home/Office: Mobile: 98285657	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 69	Date of Birth: 21/05/1948	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 06/05/2018 10:40	Type of Location:
Location: Along Road 1 DUNEARN ROAD OUTSIDE CALTEX STATION				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EZ303E	Car	MERCEDES BENZ	E250 SEDAN (R18)		Seriously Damaged	0
JDT9737	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180506/2029

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180506/2029

CONTINUATION OF REPORT

Driver			
Name	TAN SWEE KHIAM		ID No. S0176624D
Related Vehicle	EZ303E (Car)		Contact No. 98285657
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	TAN KAI BIN		ID No. 920115016427
Related Vehicle	JDT9737 (Motorcycle)		Contact No. 93550627
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.

Amending to report no: T/20180506/2026

06/05/2018 at about 1040 hrs, I was traveling along Bukit Timah Road where I met an accident between a motorcycle. As I was going out of the petrol station, when I saw the traffic was in my favour, I moved across to the extreme right lane, as I was on my lane already I suddenly heard a bang and realized the motorcycle collided onto the rear of my vehicle. There is in cam camera in my car, back bumper and the back under carriage cover was broken.



SINGAPORE
POLICE FORCE



T/20180506/2029

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180506/2029

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: TP / SEBASTIAN NG JING PEI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 06/05/2018 12:55
Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1053580H



Name

CHEW JOO HUAT



Race

CHINESE

Date of Birth

27-10-1947

Sex

M

Country of Birth

SINGAPORE



owner

1333661



NRIC No S1053580H



Blood Group

B+

Date of issue

08-10-1993

Address

12K SIME ROAD
SINGAPORE 1128

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0176624D

Name
TAN SWEE KHIAM

陳瑞鉗

Race
CHINESE

Date of Birth
21-05-1948


Sex
F

Country of Birth
SINGAPORE




Driver

1396352



NRIC No S0176624D



Blood Group
B+

Date of issue
02-11-1993

12K SIME ROAD
SINGAPORE 288297

NRIC No: S0176624D

Date: 15/09/2015



account number
11618

-Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 169)-Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 -Road Transport Act. 1987 (Malaysia)
 -Motor Vehicles (Third-Party Risks) Rules. 1959 (Malaysia)

Policyholder name	CHEW JOO HUAT	Certificate number	GA051407 / 1
Cover	Comprehensive	Chassis number	WDD2120362A803132
Plan name	Flexi+	Engine number	27492030063369
NCD applicable	50%		
Vehicle registration number	EZ303E		
Period of insurance	from 23/07/2017 to 22/07/2018 (both dates inclusive)		
Finance loan company	Nil		

(a) The Policyholder
(b) Any Named Driver as stated in the Policy:
1. TAN SWEE KHIAM 2. CHEW E-YEN
(c) 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.

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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 159) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS	Windscreen Excess	Not Applicable
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An Additional Excess is applicable as follows:

1. \$500 for unnamed *Authorised Driver*
2. \$500 for declared *Young and Inexperienced Driver*
3. \$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$2,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act. (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Plc Ltd

Authorised signature

Important note

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. 169)).

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, endorsement etc.

Sketch Plan Pg. 9

Date: 07/05/2018

To: Owner of Vehicle Number: E2303E

The following has been advised to you via your workshop, COGE through their staff, Reem

Please tick the applicable box if you had been advice on the content as seen below:

☒ You had been advised by the workshop that in the event 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.

☒ You had been advised by the workshop on the liability and merits of the case accordingly.

☒ 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.

☒ The Estimation waiting time for the spare parts to arrive is 1-2
The estimated arrival time does not include the repair period.

☒ You will be driving the vehicle out despite being advised by the workshop mechanical personnel that the vehicle may not be road worthy.

☐ For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out r using any combination of genuine, original parts and/or original equipment manufacture (OEM) parts.

☒ You had been advised by the workshop of the Twelve (12) months warranty for Own / repairs on workmanship related to the accident.

☒ For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.

☐ Other _____

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Identification Card



Accident Photo





Touch 'n Go

MCA

KETUA PENAJARAH
PRIMAUTARAN NEGARA

920115-01-6427-03-01

80K
chip

KLEK

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Accident Photo



Accident Photo





Accident Photo



Addendum Sheet Pg. 1



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 : MCDS18059124 Vehicle Registration No: E2303E
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 : 06/05/2018 Time of Accident : 1040
Place of Accident : Dunearn Road
Insurance Company : AXA

(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:

To amend Type of Accident ' (Collision-Head to Rear)

Policyholder / Driver's Signature
Date:

COGE Rhu
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 08/05/2018
Date: