

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	08/05/2018 12:39
Date Of Accident	08/05/2018 08:30
Exact Location Of Accident	TPE TWDS PIE (4KM) IN BETWEEN ELIAS & PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2705H
Insured/Policyholder	
Name Of Registered Owner	KOH KENG ANN
NRIC No	S7670842H
Email Address	SEANKOH_76@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98488891
Alternative Phone No	OFFICE-98488891

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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?	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	GA253629
Cover Note Number	

Driver

Name of Driver	KOH KENG ANN
NRIC No	S7670842H
Date Of Birth	04/10/1976
Occupation	INDOOR
Date Of Driving Pass	26/12/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98488891
Fax Number	
Contact Number	OFFICE-98488891
Email Address	SEANKOH_76@YAHOO.COM.SG

Address	BLK 332A ANCHORVALE LINK #05-352
Postcode	541332
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?	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)	2
Passenger 1	NAME: : YIEW BEE ENG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , 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 POLICE REPORT: T/20180510/2088.

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	GBB8921E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM KOK BENG
NRIC/Passport Number	S1295395Z
Contact Number	81295563
Address	
Postcode	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP5718A
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
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 INJURED PERSON 1

Name YIEW BEE ENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJU2705H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan Pg. 1

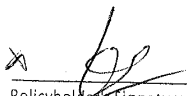
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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)

I understand, acknowledge, agree and consent that:

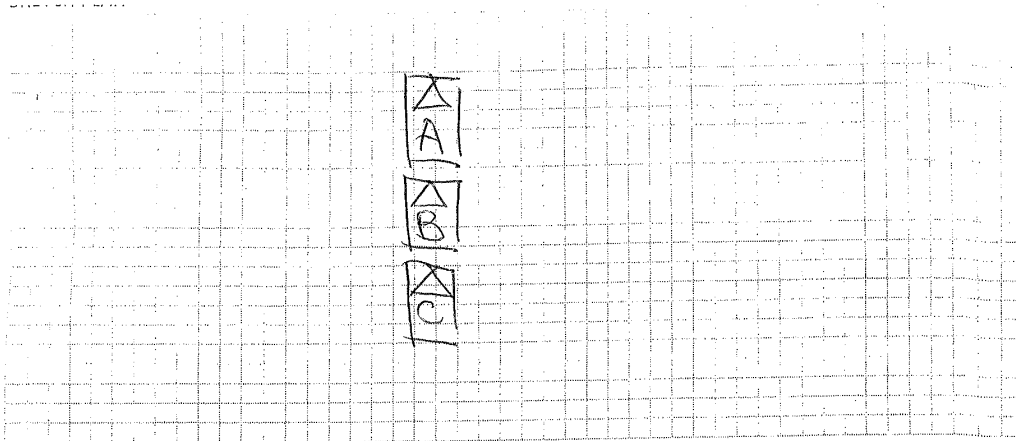
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS DRIVING ALONG THE TWEEDS SLE, SUDDENLY VEHICLE
B HIT ONTO MY VEHICLE REAR. TOTAL 3 VEHICLES
WAS INVOLVED.

DECLARATION

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


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.:

CRASH INVESTIGATION FORM 100



redefining/Insurance

Date: 08/05/2018

To: Owner of Vehicle Number: 3JU 2905H

The following has been advised to you via your workshop, _____ through their staff, _____.

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 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.

☐ 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.

☒ 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 *any combination* 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 Own Damage 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:

X

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



**SINGAPORE
POLICE FORCE**



T/20180510/2088

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180510/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2018 14:47	Vide Report No.:	Station Diary No.: 125
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Informant's Particulars

Name of Informant: KOH KENG ANN			Address: APT BLK 332A ANCHORVALE LINK #05-352 SINGAPORE 541332		
ID Type / ID No.: NRIC NO / S7670842H			Contact No.: Home/Office: Mobile: 98488891		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 04/10/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2018 08:30	Type of Location: EXPRESSWAY
Location: Along Road 1 TAMPINES EXPRESSWAY TPE TOWARDS PIE (4KM) IN BETWEEN ELIAS & PASIR RIS 3RD LANE				
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
GBB8921E	SINGTEL PICK UP VEH				Slightly Damaged	0
SJU2705H	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Beige	Slightly Damaged	1
YP5718A	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180510/2088

2 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180510/2088

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJU2705H	AXA INSURANCE SINGAPORE PTE LTD	GA253629	08/08/2017	07/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM KOK BENG		ID No.	S1295395Z
Related Vehicle	GBB8921E (SINGTEL PICK UP VEH)		Contact No.	81295563
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	KOH KENG ANN		ID No.	S7670842H
Related Vehicle	SJU2705H (Car)		Contact No.	98488891
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
Passenger				
Name	YIEW BEE ENG		ID No.	S7584771H
Related Vehicle	SJU2705H (Car)		Contact No.	96284035
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/05/2018		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20180510/2088

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180510/2088

CONTINUATION OF REPORT

Driver			
Name	BALASUPRAMANIAM S/O SELVARAJ	ID No.	S9031785G
Related Vehicle	YP5718A (Lorry)	Contact No.	86605095
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 the 08/05/2018 at about 0830hrs, I was driving my vehicle SJU2705H together with my wife along TPE Towards PIE at the 3rd lane (extreme left) of a 3 lane road. The road condition was moderate and the weather was clear. At that point of time I was heading to Pasir Ris to send my wife to work. My wife at that point of time was sitting at the front passenger seat.

As I was driving, I noticed a tipper truck in front of me made a sudden stop at the said lane as such I follow suit to make a stop too. Gradually my vehicle came to a stationary stop behind the said tipper truck. Suddenly, from my rear I heard a loud collision and forces my vehicle to move inches forward. Due to the collision my wife head/neck bang back and forth onto the head rest area of the passenger seat. I manage to exit my vehicle after the collision and discover that a pick-up vehicle (GBB8921E) from Singtel is the vehicle that collided onto my rear portion of my bumper. I came to understand that there was another lorry that was involved in the said road traffic accident that collided onto pick-up vehicle.

The damages that I received during the accident was dent/scratches on the center part of my vehicle. I do not have any in-car camera in my said vehicle.

All of the driver manage to exchange particulars and we left the scene. No ambulance or traffic police was at scene. My wife did not went to work on that day after the accident and went to the clinic to consult doctor as she felt dizzy and had some sign of vomiting. We proceeded to clinic at B/330 Anchorvale Street " Medivene Clinic & Surgery" on 08/05/2018 and a female doctor by the name of Teo Hui Yi Olivia gave 2 days MC for my wife to rest at home.

However on the 09/05/2018 the my wife complain that she felt numbness on all of her fingers as such I decided to bring her to the same clinic and the doctor referred to A & E. As such on the same day I decided to drive and send her to Parkway East Hospital. The doctor in the said hospital made examination on her and decided to admit her in the hospital for further follow up.

I would like to add that I do not suffer from any injuries due to the accident.

**SINGAPORE
POLICE FORCE**

T/20180510/2088

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180510/2088

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:

F /

Staff Sgt MUHAMMAD FADHLULLAH BIN
SHARIFFUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404



Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

10/05/2018 14:47

Classification Of Case:

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7670842H

Name: KOH KENG ANN

Exp. Date: 04 Oct 1976

Issue Date: 26 Dec 2003

001063981C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7670842H

Name: KOH KENG ANN

许庆安

Race: CHINESE

Date of birth: 04-10-1976

Country of birth: MALAYSIA

Sex: M



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Pass Date: 26 Dec 2003

License No: S7670842H

174236

4649401

Barcode

NRIC No: S7670842H

09-11-2010

APT BLK 332A ANCHORVALE LXX #05-352

SINGAPORE 541332

NRIC No: S7670842H Date: 15/10/2014

INSURANCE



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 15467

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) (Motor Vehicles) (Third-Party Risks and Compensation) Rules, 1980 (Road Transport Act, 1987 (Malaysia))
 Motor Vehicles (Third-Party Risks) Rules, 1985 (Malaysia)

Policy details

Policyholder name	KOH KENG ANN	Certificate number	GA253629 / 1
Cover	Comprehensive	Chassis number	NR053ZE108158121
Plan name	Essential	Engine number	3224546185
RCD applicable	50%		
Vehicle registration number	SJU2705H		
Period of insurance	from 08/08/2017 to 07/08/2018 (both dates inclusive)		
Finance loan company	THONG LEE TRADING PTE LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder's motor 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.

Limitation 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 motor traffic 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 imperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 90 of the Road Transport Act, 1987 (Malaysia), and/or other relevant laws and regulations.

EXCESS

Windscreen Excess

Not Applicable

An Additional excess is applicable as follows:

- \$5,500 for undecared Authorized Driver
- \$5,500 for declared Young and inexperienced Driver
- \$45,000 for undecared Young and inexperienced Drivers. This additional excess is reduced to \$5,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

(a)

(b) 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 Pte Ltd

Authorized signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender this Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to this effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189).
 The Premium Waiver Clause requires the premium to be paid in full within a specific period during which there would be no liability under the policy, renewal certificate, and/or endorsement.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre: #61-01

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1

GENERAL
INSURANCE
ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: S66500206 / 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 : MSME18059332 Vehicle Registration No: SJU 2705H
Name (as shown in NRIC) : BOH KENG ARON NRIC/FIN/Passport No : S7670842H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BK 330A ANCHORAGE LINK # 05-352 Singapore (54333)
Contact (Tel) : _____ Mobile No. : 9848 8891
Email Address : _____
Date of Accident : 08/05/2018 Time of Accident : 08.30
Place of Accident : TPE TWDS PIE (ARM) ON BETWEEN BLIAS & PASIR KOS
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:

attach police report

Policyholder / Driver's Signature

Date: 11/5/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: