

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	16/05/2018 16:39
Date Of Accident	15/05/2018 07:45
Exact Location Of Accident	KJE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6550Y
Insured/Policyholder	
Name Of Registered Owner	TAN KAILI
NRIC No	S8206550D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91010408
Alternative Phone No	OFFICE-91010408

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	-
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	GA339432/1
Cover Note Number	

Driver

Name of Driver	TAN KAILI
NRIC No	S8206550D
Date Of Birth	23/02/1982
Occupation	INDOOR
Date Of Driving Pass	23/05/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91010408
Fax Number	
Contact Number	OFFICE-91010408
Email Address	NOEMAIL

Address	-
Postcode	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached police report.

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	SJV87R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SZE JIE
NRIC/Passport Number	S8718744F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGG9678R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WILFRED TOH CHIN TAU
NRIC/Passport Number	S8014547J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN KAILI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKZ6550Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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

(A) SJV 87R
(B) SKZ6550Y
(C) SGC9678R

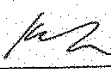
→ KSE Towards Tuar

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

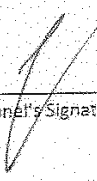
Attached Police Report.

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.:



**SINGAPORE
POLICE FORCE**



T/20180515/2137

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3
Report No: T/20180515/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2018 18:07		Video Report No:		Station Diary No: 71
Informant's Particulars				
Name of Informant: TAN KAILI		Address: 23 ANCHORVALE CRESCENT #05-28 SINGAPORE 544655		
ID Type / ID No.: NRIC NO / S8206550D		Contact No: Home/Office: Mobile: 91010408		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 36	Date of Birth: 23/02/1982	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Company director		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2018 07:45	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY				
Towards Tuas		Road Surface: Dry		Road Speed Limit:
Weather: Clear		Traffic Control:		Traffic Volume: Heavy
Traffic Flow: One Way		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
SGG8678R	Car	TOYOTA	WISH			0
SJV87R	Car	RENAULT				0
SKZ6550Y	Car	MERCEDES BENZ	C180	Black		0

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No	Insurance Company			



**SINGAPORE
POLICE FORCE**



T/20180515/2137

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Report No. T/20180515/2137

Police Station Of Origin:
Ang Mo Kio South N.P.C
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569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No	Insurance Company	VA1/GA339432	02/04/2018	01/04/2019
SKZ6550Y	AXA INSURANCE SINGAPORE PTE LTD			

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S8206550D
Name	TAN KAILI	Contact No.	91010408
Related Vehicle	SKZ6550Y (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Date Treatment	15/05/2018
Date Treatment	15/05/2018	Date Discharge	15/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 15/05/2018 at around 0747hrs, I was driving along the first lane of Kranji Expressway towards Tuas. At that point of time, the traffic flow was heavy and vehicles were all moving at a moderate speed. Suddenly the car bearing: SJV87R (V1) which was in front of my car came to a sudden stop. Upon seeing that, I applied brake and managed to stop in time. Seconds later my car came to a complete stop, I felt an impact from the rear of my car which was caused by another car bearing: SGG9678R (V3) which had collided into the back of my vehicle. Due to the impact, my car's safety headrest was activated and the car skidded forward before colliding into the rear of vehicle (V1). As a result of the accident, I sustained injury to the back of my head and lower back. There are damages to the front and rear of my car. Subsequently I went to Mount Alvernia Hospital and was given three days MC reference M18007078.

T/20180515/2137
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**SINGAPORE
POLICE FORCE**

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Tel No: 1800-4519999



T/20180515/2137

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Report No. T/20180515/2137

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 /
Sgt 2 YEO YUE LONG ROGER

Signature Of Interpreter:
Not applicable

Officer in Charge Of Case:
TP / ABU /
SSI / 2 SSIMARSITA BINTE BOHARI
Contact No: 65476219

Authentication Stamp
NP168

Signature Of Informant:

[Handwritten Signature]

Date/Time:
15/05/2018 18:07

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Card No. Name: **S8206550D**

Name: **TAN KAILI (CHEN KAILI)**

Birth Date: **23 Feb 1982**
 Expiry Date: **04 Feb 2008**

001567218K

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


PASS DATE

Class 3 Motor Cars -> 300kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

23 May 2002


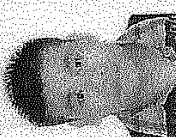
NP 42BA

License No: S8206550D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8206550D


Name: **TAN KAILI (CHEN KAILI)**

Race: **CHINESE 陈凯利**


Date of birth: **23-02-1982**

Country of birth: **SINGAPORE**


Sex: **M**

Signature: 

4170281



APIC No. **S8206550D**



Date of issue: **04-02-2008**

23 ANCHORVALE CRESCENT #05-28
SINGAPORE 544665

APIC No. **S8206550D** Date: **28/11/2017**

Accident Sketch Plan Pg. 1



redefining insurance

Date: 16/5/18

To: Owner of Vehicle Number: SKZ 6550Y

The following has been advised to you via your workshop, S & H motor through their staff, Mr Wong.

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:

[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo

