

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	21/06/2018 18:09
Date Of Accident	20/06/2018 18:45
Exact Location Of Accident	ALONG BUKIT TIMAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2565R
Insured/Policyholder	
Name Of Registered Owner	LI NA
NRIC No	S8675079A
Email Address	LINA@TIB.COM.SG
Mobile Phone No	(LOCAL) +65-96566885
Alternative Phone No	OFFICE-96566885

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA337581/1
Cover Note Number	

Driver

Name of Driver	LI NA
NRIC No	S8675079A
Date Of Birth	01/04/1986
Occupation	INDOOR
Date Of Driving Pass	30/01/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96566885
Fax Number	
Contact Number	OFFICE-96566885
Email Address	LINA@TIB.COM.SG

Address	BLK 353 WOODLANDS AVE 1 #03-753
Postcode	730353
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?	YES
Foreign Vehicle Registration Number	WTT4590 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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 [OTHER]	9 MARSILING LANE SINGAPORE 739146
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	WTT4590
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PARK EUNKYOUNG
NRIC/Passport Number	G6378359K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

Along Bukit Timah Expressway

A - SLC 5652

B - WTT 4590



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Statement

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

Individual Statement

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 20/6/18 Time: 18:45 Location of Accident: Along Subit Tumah Expressway

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number:
Name of Policyholder:
NRIC/ FIN/ Passport/ ROC (if Policyholder is company):
Address:
Contact Number:
Occupation:

SIC 2565R
LI NA
SIC 353, Woodlands Ave 1 #03-7535/73053
Tel: Indoor Hp: 96566885

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:
Type of Vehicle:
Exact Purpose for which vehicle was being used at the time of accident:
Are you claiming under your own insurance policy?

Harder Airwave
Season, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others:
Private Used
Remarks: Party only
☐ Yes ☒ No ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:
Type of Policy:
Fleet Policy:
Policy Number:

AXA
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☐ Yes ☒ No
GA 337581/1

DRIVER

Name of Driver:
NRIC/ FIN/ Passport:
Date of Birth:
Occupation:
Driving Pass Date:
Gender:
Contact Number:
Address:
Email Address:
Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured:
Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

01/04/1986
Indoor
30/01/2018
Male ☒ Female
Tel: Hp: 96566885
Uma@fib.com.sg
☐ Yes ☒ No
owner ipax

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc):
Weather Conditions:
Road Surface:
Damage Area:

Head to Rear
☐ Clear ☒ Rainy ☐ Others
☒ Wet ☐ Dry ☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?
Was anybody injured in the accident? (including Witness)
Was any other vehicle(s) or property damaged?
Was there any camera video footage (in car)?
DETAILS OF POLICE ACTION
Was the accident reported to the Police?
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given?
If Yes, against whom?

☐ No ☒ Yes
☒ No ☐ Yes
☒ No ☐ Yes
☐ No ☒ Yes
7/20180620/2173
☒ No ☐ Yes

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

WTT 4590

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

Park Eunyoung
B16378359K
9021 9226

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

21/6/2018 5:30pm

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Individual Statement

SKETCH PLAN

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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.: 

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180620/2173

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

1 of 3

Report No. T/20180620/2173

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 21:06	Vide Report No.:	Station Diary No.: 86
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Informant's Particulars

Name of Informant: LI NA			Address: APT BLK 353 WOODLANDS AVENUE 1 #03-753 SINGAPORE 730353		
ID Type / ID No.: NRIC NO / S8675079A			Contact No.: Home/Office: Mobile: 96566885		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 32	Date of Birth: 01/04/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 20/06/2018 18:45	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY PIE ENTER BKE -> WOODLANDS				
Weather: Clear	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
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
SLC2565R	Car	HONDA	AIRWAVE 1.5M A	Black	No Damage	0
WTT4590	Car	HONDA	I-VTEC	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC2565R	AXA INSURANCE SINGAPORE PTE LTD	GA337581	26/03/2018	25/03/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180620/2173

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

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Report No. T/20180620/2173

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LI NA	ID No.	S8675079A
Related Vehicle	SLC2565R (Car)	Contact No.	96566885
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	PARK EUNKYOUNG	ID No.	G6378359K
Related Vehicle	WTT4590 (Car)	Contact No.	90219226
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

Brief Details.

On 20.06.2018 at about 1845hrs, I was driving along BKE towards Woodlands. I had just entered BKE from PIE near Beach Road. On BKE, I was driving on the first lane. I was driving slowly because there was heavy traffic. However, the road conditions were slippery and wet because of a recent rain. Suddenly, the vehicles in front braked and I had followed suit but I was unable to stop in time. As a result, I collided with a foreign vehicle, WTT4590 in front of me.

There was no damage to my vehicle but the other vehicle WTT4590 sustained a dent on the rear bumper. Nobody was injured. We exchanged particulars and proceeded to make a Police report. I have an in-vehicle camera which captured the incident.



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4886 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 03165

Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) -Motor Vehicles (Third Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysia)
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	LI NA	Certificate number	GA337581 / 1
Cover	Comprehensive	Chassis number	GJ11209143
Plan name	Essential	Engine number	L15A5160849
NCD applicable	10%		
Vehicle registration number	SLC2565R		
Period of Insurance	from 26/03/2018 to 25/03/2019 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy:
 1. YAO JIE ✓
 (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.

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 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 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

- \$500 for unnamed *Authorised Driver*
- \$500 for declared *Young and Inexperienced Driver*
- \$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 Pte 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. 189).

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.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

陳保險經紀私營有限公司
 TAN INSURANCE BROKERS PTE LTD
 3A/5A Alilal Street, Chenn Leonn Building
 Singapore 199896
 www.tib.com.sg
 Tel: (65) 6742 6766 Fax: (65) 6742 6669

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OWNER LICENSE

5380816

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE 30 Jan 2018

Class 3A Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg

Barcode S8675079A

Date of Issue 12-11-2014

Address
APT BLK 353 WOODLANDS AVENUE 1
#03-753
SINGAPORE 730353

NP 428A

Barcode Licence No: S8675079A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8675079A



Name

LI NA

李娜

Race

CHINESE

Date of birth

01-04-1986

Country/Place of birth

CHINA

Sex

F

S8675079A

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8675079A

Name

LI NA

Birth Date: 01 Apr 1986

Issue Date: 30 Jan 2018



002769044B

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180620/2173

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

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Report No. T/20180620/2173

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:

J /

Staff Sgt TING PIN YENG, JAMES

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/06/2018 21:06

Officer In Charge Of Case:

TP / AEIT /

Staff-Sgt WONG SIEU LUI

Contact No.: 65476151

SN 127

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

