

## 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	27/06/2018 16:39
Date Of Accident	26/06/2018 18:30
Exact Location Of Accident	ALONG SCOTTS RD TWDS ORCHARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM828M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP KUAN MIN FREDERICK
NRIC No	S8702836D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82888828
Alternative Phone No	OFFICE-82888828

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	ML 350 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	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	GA333683/1
Cover Note Number	

### Driver

Name of Driver	TAN SHI HUI VELDA
NRIC No	S8729007G
Date Of Birth	03/09/1987
Occupation	INDOOR
Date Of Driving Pass	28/11/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92992229
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	21 HOLLAND HILL #04-03
Postcode	278737
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	SIDE SWIPE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE 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	SMA1237T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96546277
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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.

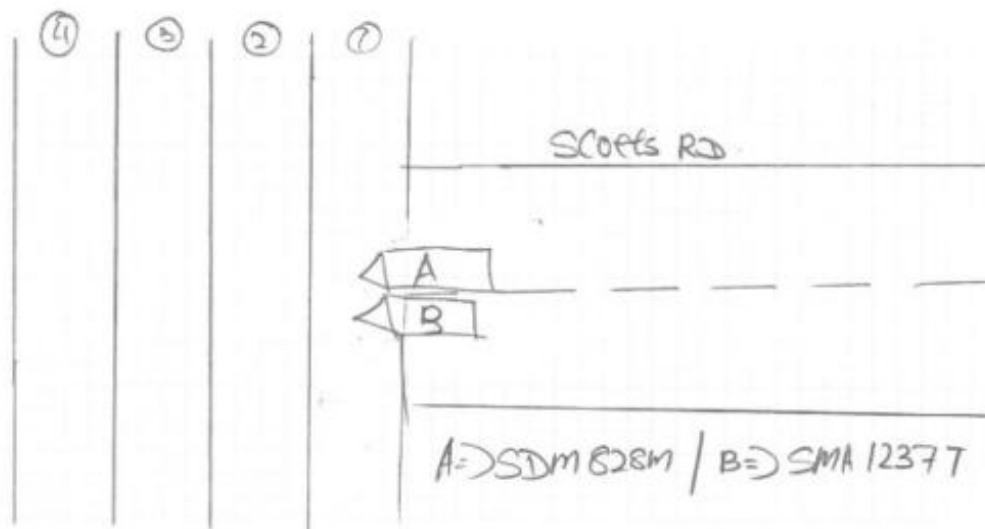
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27th JUNE 2018  
1PM

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

100

④ | ⑤ | ② | ⑦



I, TAN SHI HUI VELDA, IC No. S8729007G, was on the way home from TANG's departmental store in vehicle number SDN828M. I was stationary on Scotts road, waiting for traffic to clear, before turning left onto Scotts road, and then to keep right to turn onto Orchard Road. I was on the right lane.

Vehicle number SMA 1237T, driven by Ms CHUA SIEW LAT FREDA, IC No. S7503455E, was on my left.

We both moved off at the same time, and while turning left, we collided into each other. It was about 18:30 when the collision happened. The weather was dry and clear. It was peak hour traffic, so we agreed to move to the side before taking the accident photos. No one was injured.

We exchanged details and proceeded to head off.

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

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 27<sup>th</sup> JUNE 2018  
1 PM.



# Common Statement

☐ Owner  
☒ Driver

## ACCIDENT STATEMENT

Date of Accident

Time

26/06/18

18:30

Location of Accident

Along Scotts RD. TWDS Orchard D RD.

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Occupation

### 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?

Vehicle category

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

SDM 838M

Kip Kuan min Frederick.  
68702836D.

Tel

Hp

8288 8828

☒ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others

Private Used

☐ Yes

☒ No

Remarks

TP

☒ Private

☐ Commercial

☐ Motorcycle

AXA

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

☐ Yes

☒ No

GA 3336831

### 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)

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

Road Surface

Damage Area

Tan Shi Hui, Velda

S87290079  
03-07-1987

28-11-2006

☐ Male

☒ Female

Tel

Hp

9299 2229

21 Holland

Hill #04-03 S(278737)

☐ Yes

☒ No

1 page.

☒ Clear

☐ Raining

☐ Others

☐ Wet

☒ Dry

☐ Others

### OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (Including Witnesses)

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

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

## Common Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

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

#### 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

(We declare that the above particulars & information provided above are true in every aspect.)

Signature of Policy Holder  
(Company Stamp if applicable)



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

Date & Time

Date & Time

27th JUNE 2018  
1PM

# AXA FROM



Referring to your policy

Date 27/06/18

To: Owner of Vehicle Number SDM E28M

The following has been advised to you via your workshop BA AUTO Workshop through their email SDA@1yr

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

- ☐ 1. 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.
- ☐ 2. You had been advised by the workshop on the liability and merits of the case would make.
- ☐ 3. 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.
- ☐ 4. There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to import it from overseas.
- ☐ 5. 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.
- ☐ 6. The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ The estimated arrival time does not include the repair period.
- ☐ 7. You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ 8. 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 covering out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ 9. You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ 10. For vehicles that are under warranty with a local entrepreneur, you have been advised by the workshop to check with your local distributor as any effect to your warranty prior to making Own Damage claim.

Others

TPE BA AUTO Workshop

Named contact/advisee by:

Name and signature of policyholder/excessholder driver:

Name and signature of workshop personnel including company stamp:



## 45181

### Policy details

**Persons or classes of persons entitled to drive\***

the  $AC$  algorithm is taking of the policy which order of visit the parent or

**Limitation as to use\***

1. Unpublished work is not eligible for Letter-K. The Major Venues, The Society for Humanistic Psychology, and the American Psychological Association are not included under these awards.

Additional Notes: *Exemplar in a collection of 1000*

1. \$5,500 for unlicensed Nursing and Other;  
2. \$5,500 for licensed Nursing and Experienced Drivers;  
3. \$16,000 for unlicensed Nursing and Experienced Drivers. This additional increase is reduced to \$5,500, if you have at least 400 Weekly Workdays.

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(We do not guarantee that the copies stored in the Certified (PDF) Records are identical with the contents of the Master Records Third Party Record and Compensating Act, (Chapter 95) and that the Master Record Storage Unit, 1200 (California).

AXA Insurance Plc Ltd

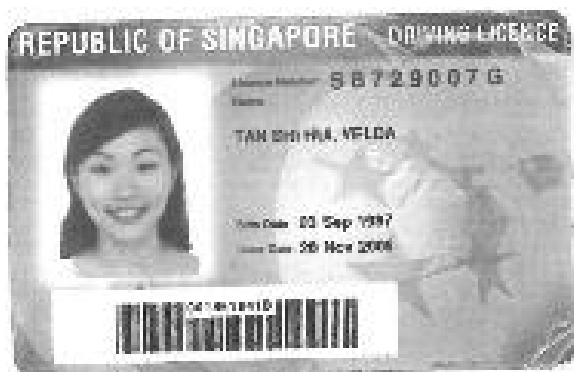
4. *Antibacterial activity*

**Important Notice:**  
 Participants who want to take advantage of a free, weekly, 1-day event to understand the significance of the events of the 1960s to the present are going to the Civil Rights Institute in Chicago to develop a Service, Leadership or Impact Project. Participants will be required to complete a Project, which is an official award from the Mayor's Office of Community Development.  
 The History of Working Class Chicago will be the focus of the project. Participants will be required to complete a project that will be a part of the project. The project will be a part of the project.

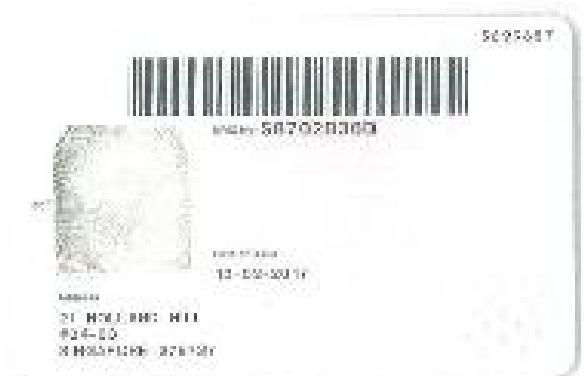
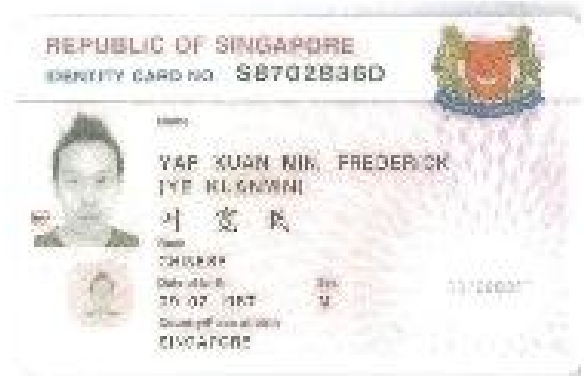
1412



## Driving License



## Identification Card



## OWNER LETTER

C T

DATE

I, YAP KUAN MIN FREDERICK (IC NO: S8702836 D),  
AUTHORISE MY WIFE, TAN SHIHUI VELDA (IC NO: S8729007G),  
TO ACT ON MY BEHALF REGARDING THE CAR INSURANCE  
MATTERS. SHE WAS INVOLVED IN A CAR ACCIDENT ON  
26<sup>TH</sup> JUNE 2018 AT 18:30 HRS WHILE DRIVING  
VEHICLE NUMBER SDM828M WHICH IS INSURED  
UNDER MY NAME, POLICY NUMBER GA333683.  
THANK YOU.

YOURS SINCERELY,



YAP KUAN MIN FREDERICK

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



Police Report

