

## 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	18/06/2018 12:42
Date Of Accident	16/06/2018 20:20
Exact Location Of Accident	CHOA CHU KANG LOOP RIGHT TURN TWD NORTHVALE CONDO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG9172K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIM HENG KEN
NRIC No	S7418810I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96545272
Alternative Phone No	OTHERS-96545272

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.8 BLUE EFFICIENCY (A)
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

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA004198/1
Cover Note Number	

### Driver

Name of Driver	LIM KIM HENG KEN
NRIC No	S7418810I
Date Of Birth	16/06/1974
Occupation	INDOOR
Date Of Driving Pass	03/12/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96545272
Fax Number	
Contact Number	OTHERS-96545272
EEmail Address	NOEMAIL

Address	69 CHOA CJU KANG LOOP #06-06
Postcode	689672
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 ON 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?	YES
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)	3
Passenger 1	NAME: : TRACY TAN GENDER: : FEMALE
Passenger 2	NAME: : SAMUEL LIM GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 116 TECK WHYE LANE , <b>POSTCODE:</b> 680116 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7629999 - <b>FAX NO:</b> 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T20180616/2124.

#### 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	FBG9417L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHERYL CHAI
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHERYL CHAI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBG9417L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


**SKETCH PLAN**

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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:

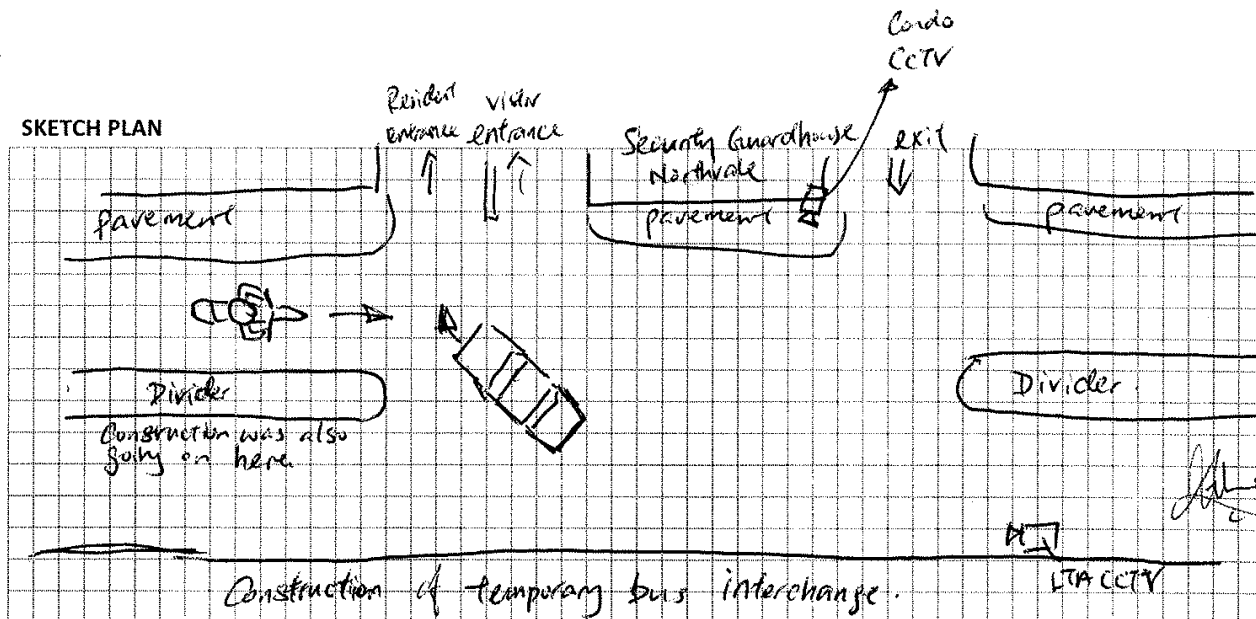
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 18/6/18 10:58

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

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

# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wish to add in that there was construction work at the divider, with limited visibility. I was ~~approaching~~ approaching the entrance with care, but the motorcycle was approaching at a high speed. So even though I braked immediately, the motorcyclist still collided into the front head light.

*[Signature]*

### **Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

	- Reporting Only
✓	- Claim OD
	- Claim TP
	- Claim OD/ TP at other workshop

### **DECLARATION**

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

*[Signature]* 18/6/18  
 Policyholder's signature  
 Date & Time

\_\_\_\_\_  
 Driver's Signature  
 (if driver not the policyholder)  
 Date & Time

*[Signature]*  
 Reporting Centre Personnel's Signature  
 Name:  
 Nric/Fin No.



**SINGAPORE  
POLICE FORCE.**



T/20180616/2124

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

1 of 3

Report No. T/20180616/2124

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/06/2018 21:28	Vide Report No.:	Station Diary No.: 88
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**Informant's Particulars**

Name of Informant: LIM KIM HENG KEN	Address: 69 CHOA CHU KANG LOOP #06-06 SINGAPORE 689672		
ID Type / ID No.: NRIC NO / S74188101	Contact No.: Home/Office: Mobile: 96545272		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 44	Date of Birth: 16/06/1974	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: IT PROFESSIONAL	Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/06/2018 20:20	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG LOOP				
Right turn towards Northvale Condominium				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBG9417L	Motorcycle				Slightly Damaged	0
SKG9172K	Car	MERCEDES BENZ	C 180 BLUEEFFICI ENCY	Black	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SKG9172K	AXA INSURANCE SINGAPORE PTE LTD	GA004198	07/11/2017	06/11/2018



**SINGAPORE  
POLICE FORCE**



T/20180616/2124

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

2 of 3

Report No. T/20180616/2124

**CONTINUATION OF REPORT**

**Brief Details.**

On 16/06/2018 at about 2020 hrs, I was driving my vehicle bearing plate number SKG9172K along Choa Chu Kang Loop. As I was making a right turn into Northvale condominium, a motorcycle bearing plate number FBG9417L who was approaching from the opposite direction collided to my vehicle. Due to the collision, my right headlight and front right bumper was damaged (scratches and dents). The motorcyclist was subsequently conveyed by ambulance. I was unable to get further particulars of the motorcyclist. I wish to state that there are CCTV cameras facing the road where the accident happened.



**SINGAPORE  
POLICE FORCE**



T/20180616/2124

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

3 of 3

Report No. T/20180616/2124

**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: SN 120 J/ Sgt 2 ASRAF ZULKARNAIN BIN 'AZIMI Signature:	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/06/2018 21:28
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:

Authentication Stamp  
NP168





redefining / insurance

Date: 18/06/2018

To: Owner of Vehicle Number: 5KG9172K

The following has been advised to you via your workshop, ELHOZ PROTECT PTE LTD through their staff, JACKSON TEO.

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:

Ken Lim

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S74188101**

Name: **LIM KIM HENG (LIN JINXING)**

Birth Date: **16 Jun 1974**

Issue Date: **29 Dec 2003**

001065940D



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S74188101**



Name

**LIM KIM HENG KEN**

**林金兴**

Race

**CHINESE**

Date of birth

**16-06-1974**

Sex

**M**

Country of birth

**SINGAPORE**

S74188101

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 03 Dec 2001

NP 428A



Licence No: **S74188101**



3558843

NRIC No. **S74188101**



Date of issue

**05-01-2005**

V304218

69 CHOA CHU KANG LOOP #06-06  
SINGAPORE 689672

NRIC No: **S74188101**

Date: **14/05/2011**

No: **6772684**



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

## Certificate of Insurance

account number:  
00772

"Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969 - Road Transport Act, 1987 (Malaysia)  
 - Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

### Policy details

Policyholder name	LIM KIM HENG KEN	Certificate number	GA004198 / 1
Cover	Comprehensive	Chassis number	WDD2040312A774244
Plan name	Flexi	Engine number	27491030018562
NCD applicable	50%		
Vehicle registration number	SKG9172K		
Period of Insurance	from 07/11/2017 to 06/11/2018 (both dates inclusive)		
Finance loan company	CENTURY TOKYO LEASING (S) PTE LTD		

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

- (a) The Policyholder  
 (b) Any Named Driver as stated in the Policy:  
 1. TAN MENG YEN TRACY  
 (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	Basic Own Damage Excess	SGD 400.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$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

1 of 3

Accident Photo



Accident Photo

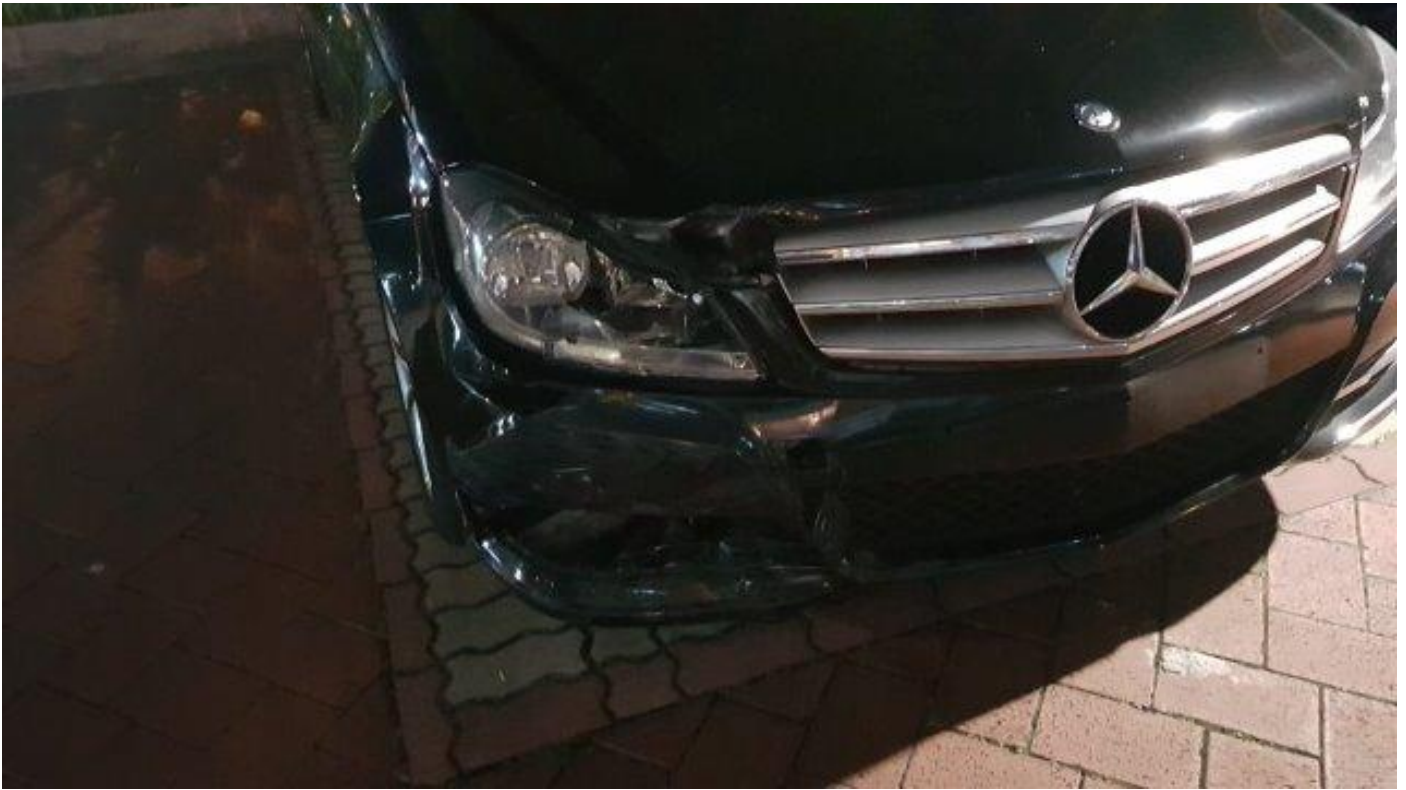


Accident Photo

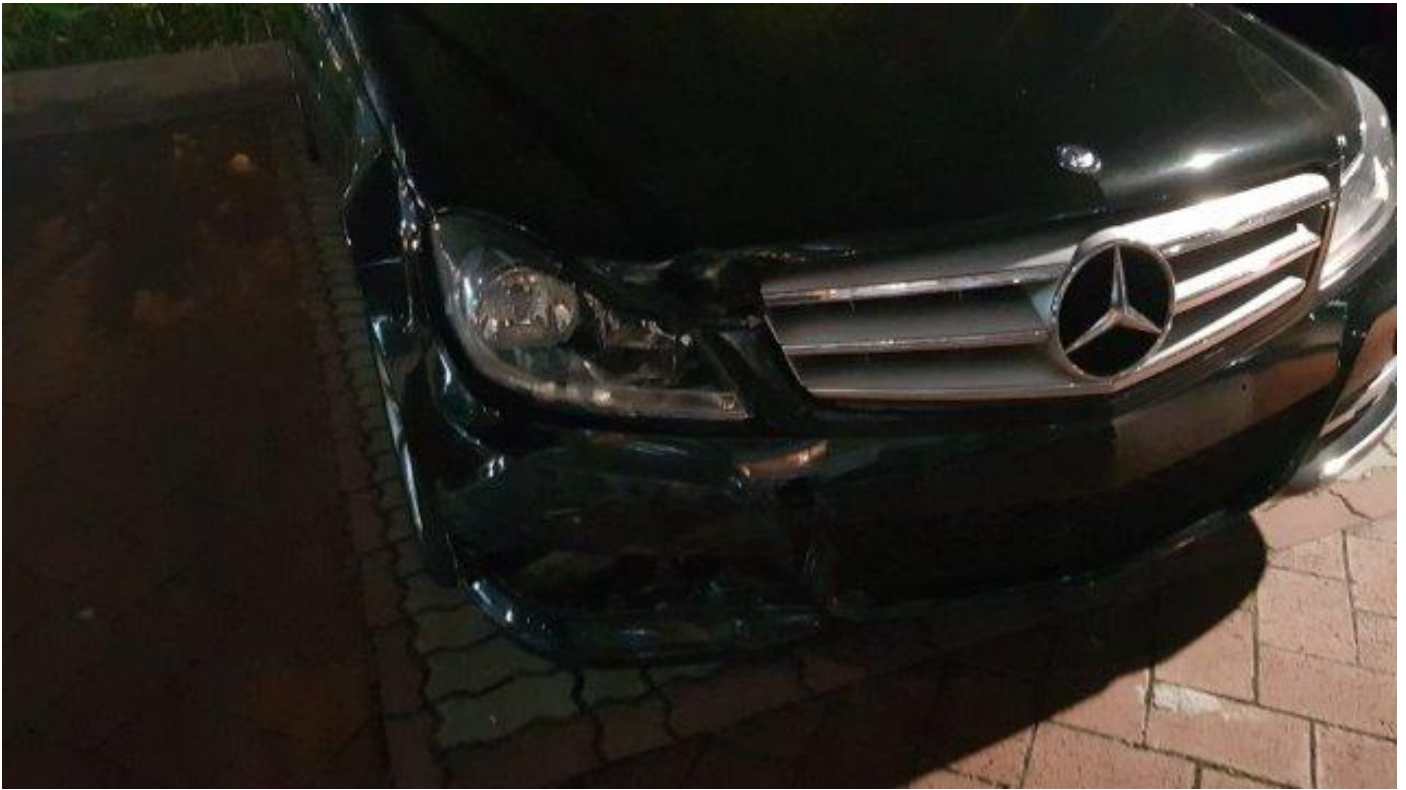




**Accident Photo**



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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