

## 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	28/06/2018 14:43
Date Of Accident	27/06/2018 22:10
Exact Location Of Accident	ALONG TECK WHYE LANE TOWARDS TECK WHYE AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE450R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU WENG THOR
NRIC No	S1103066A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96534385
Alternative Phone No	OTHERS-96534385

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA113445/1
Cover Note Number	

### Driver

Name of Driver	LAU JIA YI (LIU JIAYI)
NRIC No	S8938625Z
Date Of Birth	06/11/1989
Occupation	INDOOR
Date Of Driving Pass	22/04/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91559567
Fax Number	
Contact Number	
Email Address	LAUJIAYI89@HOTMAIL.COM

Address	BLK 71 CHOA CHU KANG LOOP #05-17
Postcode	689673
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	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	FBG1827P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	8748 2306
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

FBG1827P

Were seat belts worn?

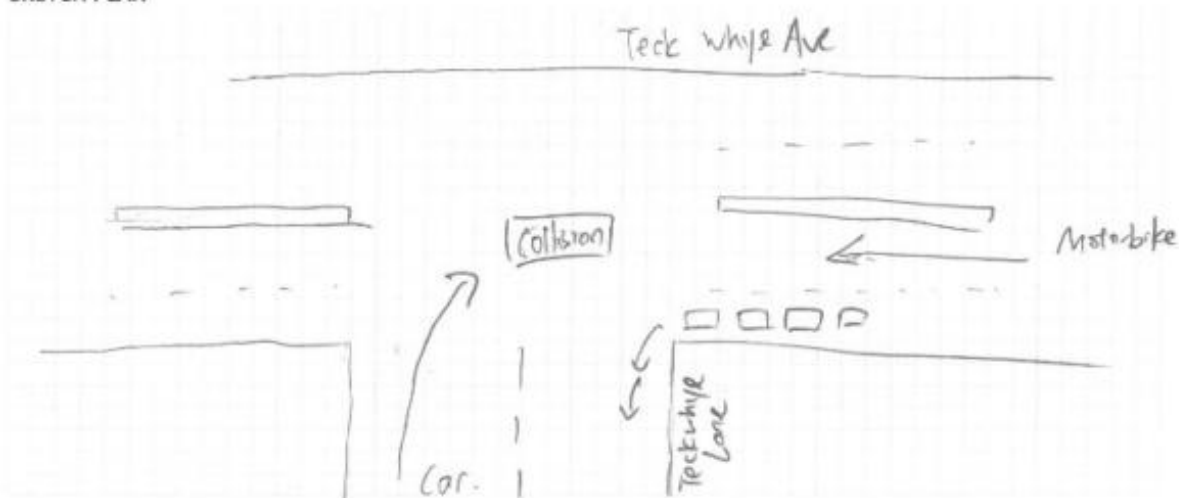
Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

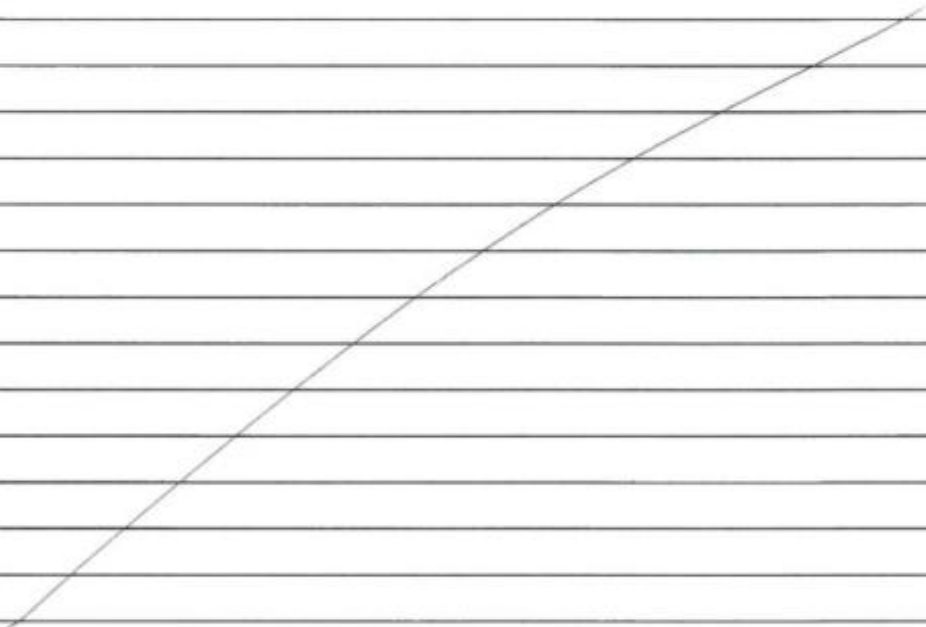
## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow the police report



The graph is drawn on a set of horizontal lines. A single straight line is plotted, starting from a point on the vertical axis and extending diagonally upwards to the right. The line has a constant positive slope.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: 28/06/18  
2pm

Driver's Signature [Signature] 28/06/18  
(If driver is not the policyholder) 2pm.  
Date & Time:

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

# Individual Statement

☐ Owner  
☒ Driver

## ACCIDENT STATEMENT

Date of Accident: 27/06/2018 Time: 22:10pm Location of Accident: Along Teck Whye Lane towards Teck Whye Avenue

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SLE450R  
Name of Policyholder: Lau Weng Thor  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1103066A  
Address: Blk 71 Choa chiu kang Loop #05-17 Sc68967  
Contact Number: Tel 9653 4385  
Occupation: indoor

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Honda Vezel  
Type of Vehicle: ☒ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others  
Exact Purpose for which vehicle was being used at the time of accident: Private use  
Are you claiming under your own insurance policy? ☒ Yes ☐ No  
Vehicle Category: ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: GA113445/1

### DRIVER

Name of Driver: Lau Jia Yi (Lin Jiaji)  
NRIC/ FIN/ Passport: S89386252  
Date of Birth: 06-11-1989  
Occupation: indoor  
Driving Pass Date: 22-04-2010  
Gender: ☒ Male ☐ Female  
Contact Number: Tel 9155 9567  
Address: x  
Email Address: x  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured: x

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): 4 ppl (1M 2F)  
Weather Conditions: ☒ Clear ☐ Raining ☐ Others  
Road Surface: ☐ Wet ☒ Dry ☐ Others  
Damage Area:

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes  
Was anybody injured in the accident? (including Witness) ☐ No ☒ Yes  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any camera video footage (in car)? ☒ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☐ No ☒ Yes  
If Yes, please state which police station & Report No: 1  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?:

laujiayi89@hotmail.com

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SLE450R

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

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

Vehicle Registration Number

FBG1827P

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

8748 7306

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?

☐ Yes

☐ No

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

☐ Yes

☐ No

Were Seat Belts Worn?


☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

### Declaration


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

 28/06/18 2pm

Date & Time

Signature of Policy Holder

(Company Chop if applicable)

 28 June 2018 2pm

Date & Time

Signature of Driver / Date & Time

(If Driver is not the Policy Holder)

## Individual Statement

### 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:  
28/06/18 2pm

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
28/06/18 2pm

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

## Individual Statement



Date: 28/06/2018

To: Owner of Vehicle Number SLE 450R

The following has been advised to you via your workshop, BH Auto through their staff, Ray

Please tick the applicable box if you had been advised 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 Own Damage claim

Signed and acknowledge by

Lau Weng Thor Am LAN JIA YI

Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp



IDENTITY CARD (OWNER) & DRIVING LICENCE (DRIVER)

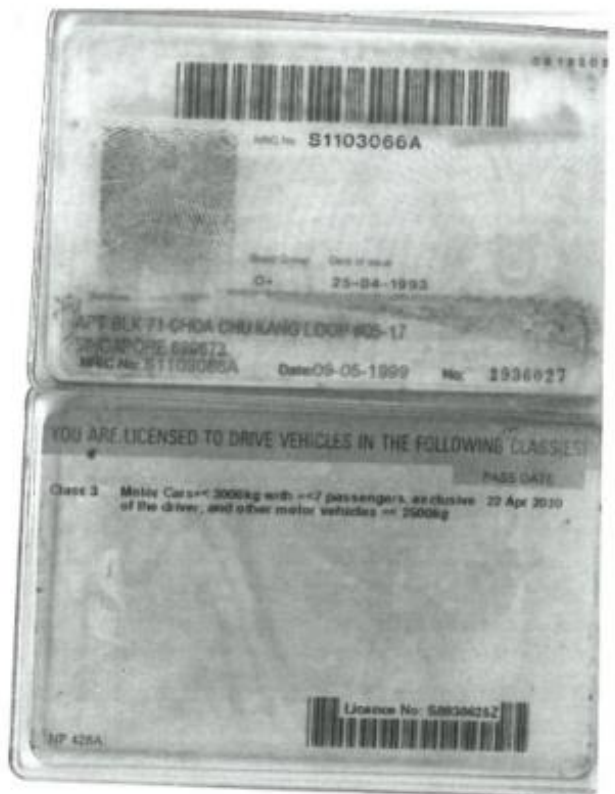
Owner



Driver

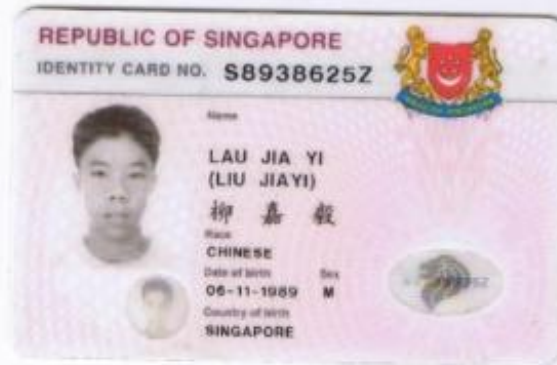


Owner



Driver

# IDENTITY CARD (DRIVER)



# CERTIFICATE OF 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

## Certificate of Insurance

account number  
10843

-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	LAU WENG THOR	Certificate number	GA113445 / 1
Cover	Comprehensive	Chassis number	RU11116442
Plan name	Essential	Engine number	L15B4036448
NCD applicable	50%		
Vehicle registration number	SLE450R		
Period of Insurance	from 04/07/2017 to 03/07/2018 (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. LAU JIA YI
- (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 imposed 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 300.00
	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

(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 signatory

### 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



Accident Photo



Accident Photo





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**Accident Photo**





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Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T20180628/2010

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689298  
Tel No: 1900 7859999

1 of 3  
Report No: T20180628/2010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2018 00:58	Video Report No.: J/20180627/0187	Station Diary No.: 13
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### Informant's Particulars

Name of Informant: LAU JIA YI			Address: 71 CHOA CHU KANG LOOP #05-17 SINGAPORE 688673		
ID Type / ID No.: NRIC NO / 58938525Z			Contact No.: Home/Office: Mobile: 91559567		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 06/11/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2018 22:10	Type of Location: T-Junction
Location: Along Road 1 TECK WHYE AVENUE TECK WHYE LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SLE450R	Car				Slightly Damaged	3

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180628/2018

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7859999

2 of 3

Report No: T/20180628/2018

## CONTINUATION OF REPORT

Driver			
Name	LAU JIA YI	ID No.	S8938625Z
Related Vehicle	SLE45DR (Car)	Contact No	91559567
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 27/6/2018 at about 2210hrs I was at the T-junction of Teck Whye Lane and Teck Whye Avenue. As I was making a right turn towards Teck Whye Avenue from Teck Whye Lane, a motorcycle suddenly collided onto the right rear portion of my car. I then stopped my car and I observed that the rider and pillion of the said motorcycle were lying on the road and are in conscious state and appeared to be in pain. There were a lot of people at the scene who assisted the rider and the pillion. The traffic police and ambulance came to the scene and the rider and the pillion were subsequently conveyed to Ng Teng Fong Hospital by the ambulance. I left the scene after I was informed by the traffic police that I could leave the scene. I was advised to lodge an accident report regarding the accident and as such, I am now lodging this report. I would like to state that my 3 passengers and I were unhurt from the accident and my car sustained slight damages on the right rear portion of the car.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180620/2010

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20180620/2010

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/

Sgt 3 YAO MING YANG, CASIMIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/06/2018 00:58

Officer In Charge Of Case:

TP/GIT

SING CHYEE THENG

Contact No: 65476397

Authorisation Stamp:

NP165

Classification Of Case:

**Singapore Police Force**