

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 | 23/08/2018 13:15 |
| Date Of Accident | 21/08/2018 15:15 |
| Exact Location Of Accident | TAMP NORTH DR 1 & TAMP NORTH DR 2 JUNCT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKV8087B |
| Insured/Policyholder | |
| Name Of Registered Owner | TAY SOO YIN |
| NRIC No | S7828632F |
| Email Address | MYLENETAY@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91766935 |
| Alternative Phone No | OFFICE-91766935 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| 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 | P1954954 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TEO CHOR KEO |
| NRIC No | S2060194I |
| Date Of Birth | 01/01/1946 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/11/1972 |
| Driving Experience | 45 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91766935 |
| Fax Number | |
| Contact Number | OFFICE-98737785 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 163 TAMPINES ST 12 #08-263 |
| Postcode | 1852 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | PARENT |
| 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 | 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 AS ATTACHED

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 | SHA1851D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | TAN CHENG HEE |
| NRIC/Passport Number | S1238951E |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |


Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

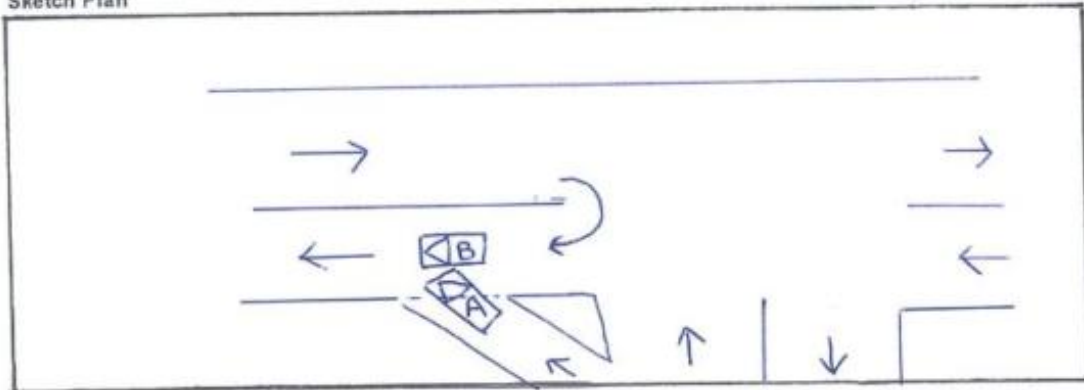
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. 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 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.
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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan


Describe Circumstances of the Accident


after move out from Tampines North Drive 1,
slip rd into Tampines North Drive 3, vehicle B
suddenly makes a u-turn from opposite direction
and hit onto my vehicle right front portion.

Declaration

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


Witnessed by Reporting Centre
Personnel

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



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)

| | | |
|--------------------------|--|---------------------|
| CERTIFICATE NO. | : VPA/P1954954 | Account No. : 14888 |
| Coverage | : Comprehensive (SmartDrive Toyota Prestige) | |
| Sum Insured | : Market Value At The Time Of Loss | |
| Name of Policy Holder | : TAY SOO YIN | |
| Vehicle Registration No. | : SKV8087B | |
| Period of Insurance | : From 01/10/2017 To 30/09/2018 (Both Dates Inclusive) | |

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
- (b) Any other person who is driving on the Policyholder's order or with his 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.

LIMITATIONS 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, speedtesting, 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.

(01)

Basic Own Damage Excess : SGD 500.00

An Additional Excess is applicable as follows:

S\$2,500.00 for Young or Inexperienced Driver.

Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

(Please refer to your policy on the terms & conditions)* 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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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

Issued by - SGOAGPH on 21/07/2017

IMPORTANT :


Authorized Signature

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, covernote and endorsement etc.

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S20601941**
 Name: **TEO CHOR KEO**
 Birth Date: **1946**
 Issue Date: **24 Jan 2003**

Barcode: **000148776G**

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S20601941**



Name: **TEO CHOR KEO**
 张楚娇
 Race: **CHINESE**
 Date of Birth: **1946** Sex: **F**
 Country of Birth: **CHINA**



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

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

PASS DATE: **24 Nov 1972**

NP 429A

Barcode: **S20601941**

1884615

Barcode: **S20601941**



Valid Group: **A+** Date of issue: **06-02-1994**

Address:
APT BLK 163 TAMPINES STREET 12
#08-263
SINGAPORE 1852

IC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7828632F



Name

TAY SOO YIN
(ZHENG SHUYIN)

郑淑银

Race

CHINESE

Date of birth

02-10-1978

Sex

F

Country of birth

SINGAPORE

S7828632F

4349233



NRIC No. S7828632F



Date of issue

06-02-2009

Address

APT BLK 163 TAMPINES STREET 12
#08-263
SINGAPORE 521163



**SINGAPORE
POLICE FORCE**

TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
TEL NO : 65470000

Email : SPF_TP_MEDICAL@spf.gov.sg

MEDICAL EXAMINATION REPORT ON FITNESS TO DRIVE¹

PART A - Particulars of Applicant

| | | | | | | | | | |
|------------------------------|---|---------------------------|------------|----|---|-----------|---|---------------|---|
| Name of Applicant: | TEO CHOR KEO | | | | | | | | |
| Driving Licence Number: | S20601941 | Class of Driving Licence: | Motorcycle | | | Motor Car | | Heavy Vehicle | |
| Date of Birth (Current Age): | 00/00/1946 (71) | | 2B | 2A | 2 | 3A | 3 | 4A | 4 |
| Contact Number(s): | HP: 91766935 | Home: | | | | Office: | | | |
| Address: | APT BLK 163 TAMPINES STREET 12 #08-263 SINGAPORE 521163 | | | | | | | | |

PART B - Medical History (To be completed by Medical Practitioner² only)

The Medical Practitioner is to ask the applicant on the following questions regarding his medical history. The Medical Practitioner will then tick "✓" in the appropriate box for "Yes" or "No" base on the applicant's response and provide remarks where necessary.

| | Do you have any history of or are you suffering from : | Yes | No | Medical Practitioner's Remarks |
|-----|--|-----|----|--------------------------------|
| 1. | Nervous or mental trouble | | ✓ | |
| 2. | Severe headaches or migraine | | ✓ | |
| 3. | Fits or convulsions of any kind | | ✓ | |
| 4. | Fainting attacks or giddiness | | ✓ | |
| 5. | Head injury or concussion | | ✓ | |
| 6. | Eye trouble of any kind | | ✓ | |
| 7. | Colour blindness | | ✓ | |
| 8. | Difficulty in seeing in the dark | | ✓ | |
| 9. | Deafness | | ✓ | |
| 10. | Asthma | | ✓ | |
| 11. | Heart Disease, weak or strained heart | | ✓ | |
| 12. | Palpitations or breathlessness | | ✓ | |
| 13. | Physical or mental disability | | ✓ | |
| 14. | Have you undergone any surgical operations | | ✓ | |
| 15. | Any illness or injuries not mentioned above | ✓ | | Reg. B. Canier |

I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information or make any misleading statement and I give my consent to the examining or assessing Medical Practitioner to communicate with any physician, who has attended to me.

Signature of Applicant:

Date:

[Signature]
1/11/16

Signature of Medical Practitioner:

Name of Medical Practitioner

DR. SIM SENG CHYE
(M.B. B.S (S'PORE))

(*Delete where applicable)

¹ "Medical Guidelines on Fitness to Drive" by Singapore Medical Association (SMA) is available on SMA's website.

² The Medical Practitioner must be a Singapore registered medical practitioner who is "a person registered under the Medical Registration Act, Chapter 174 and includes a person deemed to be registered under Section 72(1) of the Act."

Name of Applicant: TEO CHOR KEODriving Licence Number: S20601941**PART C – General Medical Examination** (To be completed by Medical Practitioner only)

Please tick "✓" in the appropriate box for "Yes" or "No" and provide remarks where necessary.

| | Yes | No | Medical Practitioner's Remarks |
|---|-----|----|--------------------------------|
| 1. Any deformities and/or physical disabilities observed | | ✓ | |
| 2. Any evidence of wounds injuries or operations | | ✓ | |
| 3. Any abnormality of movement of the joints (Appropriate test (e.g. Straight Leg Raise) should be conducted where clinically indicated) | | ✓ | |
| 4. Any evidence of abnormality of the nervous system | | ✓ | |
| 5. Any evidence of psychiatric disorder | | ✓ | |
| 6. Heart: Any evidence of abnormality of the cardio-vascular system | | ✓ | |
| 7. Any defect of hearing | | ✓ | |
| 8. Does the applicant show any evidence of being addicted to the excessive use of alcohol or drugs? | | ✓ | |
| 9. Blood Pressure: Systolic: <u>115/65</u> Diastolic: <u>85</u> | | | |
| Are the blood pressure readings normal, having regard to the applicant's age? | ✓ | | |
| 10. Is there any defect of vision; including colour vision? | | ✓ | |
| Do you consider applicant should wear glasses when driving? | | | |
| Visual Acuity for distance: Without / With * glasses RE: <u>6/6</u> LE: <u>6/6</u> | | | |
| Near Vision: Without / With * glasses RE: <u>NS</u> LE: <u>NS</u> | | | |
| The following question applies only to a holder of Class 4, Class 4A and/or Class 5 Driving Licence(s), who will attain the age of 70, 71, 72, 73 or 74 years on his/her birth date at the time of application: | | | |
| 11. Does the applicant show any evidence of cognitive impairment? (Appropriate test (e.g. Abbreviated Mental Test (Annex A) should be conducted where clinically indicated) | | ✓ | |

12. Additional Remarks by the Medical Practitioner:

Fit**PART D – Overall Result of Medical Examination** (To be completed by Medical Practitioner only)

13. I certify that I have this day examined and identified the applicant named on page 1 and above. He/she has shown me his/her identity card which bears the same name and identification number on this form. The answers to the questions above are correct to the best of my knowledge and belief. From my observations and medical examination, I find the applicant physically and mentally

to drive a motor vehicle.

* FIT / UNFIT

| | | | |
|--------------------------------------|---|-----------------|-----------------|
| Signature: | | Date: | <u>1/11/16</u> |
| Name of Medical Practitioner: | DR. SIM SENG CHYE | | |
| Medical Qualification: | M.B. B.S (S'PORE) | | |
| Official Stamp of hospital / clinic: | TAMPINES MEDICAL CENTRE | | |
| Address of hospital / clinic: | BLK 267 #01-41 | Contact Number: | <u>67815111</u> |
| | TAMPINES STREET 21, SINGAPORE 520667 | | |
| | TEL: 6781 5111 | | |

(*Delete where applicable)

Authorization Letter

04-07-11:08:59 ; BORNEO MOTORS, - PTCBC LEVEL 1

1/ 1

AUTHORISATION LETTER

Date:

To: (Insurance Company)

Cc: BORNEO MOTORS (S) PTE LTD

Attn: Officer-In-Charge

Dear Sir / Madam,

RE: Authorization to Act on Behalf for Insurance Claim Documentation

I, (full name)..... TAY SOO YIN NRIC no. S7828632F .

hereby authorized my (relationship)..... MOTHER

(full name)..... TEO CHOR KEO NRIC no. S20601947 .

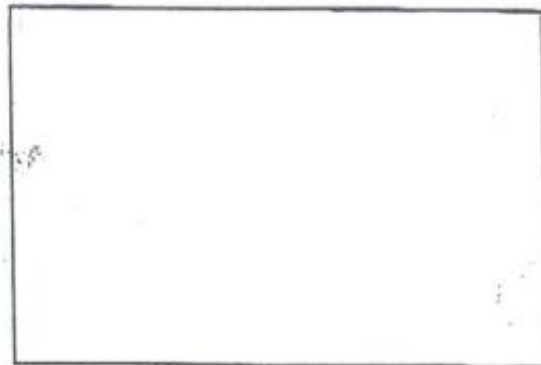
to exercise and execute to sign all / any necessary transaction documentation pertaining to
my registration vehicle number SKV 8087 B as I'm currently having tight
official business schedules / away from Singapore on duty overseas travel.

Please do not hesitate to call me if you need any further clarifications on the above.

Thank You.

Yours Truly,

Policyholder
Signature DM
Contact number: 98737785



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

