#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Contact Number** 

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/08/2018 14:39
Date Of Accident	24/08/2018 21:00
Exact Location Of Accident	JUNCTION OF BRAS BASAH RD & QUEEN STREET
Country/State of Loss	SINGAPORE
Γ	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGK427L
Insured/Policyholder	
Name Of Registered Owner	TAY TIAN REN, DEREK
NRIC No	S8905799Z
Email Address	DEREKTAY01@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83993793
Alternative Phone No	OTHERS-83993793
Vehicle Particulars	
Manufacturer	HONDA
Model	EDIX 1.7 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	GA134778
Cover Note Number	27/01/2018 - 26/01/2019
Driver	
Name of Driver	TAY TIAN REN, DEREK
NRIC No	S8905799Z
Date Of Birth	23/02/1989
Occupation	INDOOR
Date Of Driving Pass	22/08/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83993793
Fax Number	

OTHERS-83993793

DEREKTAY01@HOTMAIL.COM

**BLK 314A PUNGGOL WAY #12-605** Address

Postcode

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 **CHAIN 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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : WONG CHANG TING

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] PUNGGOL N.P.C

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SDD3020D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver WANG HAIQING S7584798Z NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 31

#### No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHD2808H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver WONG QI WEI, BENJAMIN

NRIC/Passport Number S8408219H

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name WONG CHANG TING

Approximate Age

Injuries Sustain HEAD PAIN & WHIPLASH

Injured person in which vehicle? SGK427L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Date of accident: 24	108/18 Time: 9pm	م Location: ﴿	Junction of BRAS BRASAH & QUEEN STREET
My Vehicle A: ろびに 片。		SDD 3020D	Vehicle C: SHD2808H
SKETCH PLAN			
	•		
Specific francisco and specific to the specific of the specific francisco and southern francisco and specific and specific francisco and	n na sanan sa sanan na kataman kataman karaja wasan kataman na kataman kataman kataman kataman kataman kataman		
		N.	
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		***************************************	
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			20
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT		
Repor	la Me Pole	ee Reason	4 AN
θ	to the Pole T/2018	2 20 5 7	7.2
<del>*</del>	1/3000	08 /2 / 3	3013.
	Part 1984 - 1984	V-1	
	MARK THE TRANSPORT OF T		
		7	
Claim OD/TP at Ah		(I/TP at other work:	shop Reporting Only
Remarks: Please forwar My workshop:	rd a copy of my efile accident	report to:	
Email address :			
& myself :			
Email address :			
Note: Please take note t	that your insurer have 14 days	: timeframe for you to	o submit own damage claim under
you own policy. Kindly o	theck with your own insurer for	or more information.	, subitit own damage claim under
DECLARATION			
I/We declare the foregoing par	rticulars are true in every respect.		***
- HOW -			E CONTRACTOR OF THE PARTY OF TH
Policyholder's Signature Date & Time:	Driver's Signature		Reporting Centre Personnel's Signature
- transfer	(If driver is not the policy Date & Time:	/holder)	Name: NRIC/FIN No.:

AH LIM MOTOR COMPANY)

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.:

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Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

T/20180825/2073 1 of 4

7 of 4 Report No. T/20180825/2073

#### REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No.: Station Diary No.: 25/08/2018 13:59 Informant's Particulars Name of Informant: Address: TAY TIAN REN, DEREK APT BLK 314A PUNGGOL WAY #12-605 SINGAPORE 821314 ID Type / ID No.: Contact No.: NRIC NO / S8905799Z Mobile: 83993793 Home/Office: Nationality: Email: SINGAPORE CITIZEN Date of Birth: Sex: Type of Informant: Age: Male 29 23/02/1989 Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: SAF REGULAR Class: 3 Date of Expiry:

Type of	Non-Injury Others	Drink	Date/Time of	Type of Location:	
Accident:	Others	Drive: No	Accident: 24/08/2018 21:00		
BRAS BASAL QUEEN STR		Road Surface:		oad Speed Limit:	
,					
Traffic Flow:		Traffic Control:	Т	Traffic Volume:	
Type of Collision:				nyone conveyed by mbulance:	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDD3020D	Car			100000000000000000000000000000000000000	51	0
SGK427L	Car	HONDA	EDIX 1.7 A	Black	Slightly Damaged	1
SHD2808H	Car					0

Details of Vehicle Insurance	
Vehicle No.         Insurance Company         Insurance No         Effective	Expiry Date





2 of 4

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

Report No. T/20180825/2073

**CONTINUATION OF REPORT** 

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGK427L	AXA INSURANCE SINGAPORE PTE	GA134778	27/01/2018	26/01/2019

Details of Perso						
Any Pedestrian Ir No. of Pedestrian			Han of Day	J = = 4 ut = = =		: A ! A
Driver	is injured. INIL		Use of Peo	iestrian	Cross	sing: NA
Name	WANG HAIQING			ID No.		S7584798Z
Related Vehicle	SDD3020D (Car)			Contact No.		NIL
Hospital/Clinic	NIL .			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL.	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Passenger						
Name	WONG CHANG TING	3		ID No.		S8943399A
Related Vehicle	SGK427L (Car)			Contact No.		84993098
Hospital/Clinic	PANHEALTH FAMILY CLINIC			Class Driving Licend Expiry	g ce &	Class; NIL Date of Expiry: NIL
Date Treatment	25/08/2018		Date Discl	<u> </u>		3/2018
No. of Days gran	ted Medical Leave	03	Degree of		NIL	
Driver						
Name	WONG QI WEI, BEN	JAMIN		ID No.	•	S8408219H
Related Vehicle	SHD2808H (Car)		•	Contact No.		NIL
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	





Police Station Of Origin: Punggol N.P.C

Report No. T/20180825/2073

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

#### CONTINUATION OF REPORT

Driver						
Name	TAY TIAN REN, DER	REK		ID No	•	S8905799Z
Related Vehicle	NIL.			Conta	ct No.	83993793
Hospital/Clinic	NIL.			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	***************************************	Date Disc	narge	NIL	***************************************
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On 24/08/2018 at about 9pm, I was driving along Bras Basah Road towards Nicoll Highway direction on the second lane from the right. When I was approaching the junction of Queen Street, the car in front of me, SHD2808H jammed brake. I quickly applied my brake and stopped in time without any collision however, the car behind me, SDD3020D could not brake in time and collided with my car and caused my car to jerk forward hitting the car in front of my car. The traffic light was green on our favor and I was not sure why the car in front of me stopped. The driver later told me that the car in front of him jammed brake as such, he also jammed brake.

We alighted and exchanged particulars and took photos of the accident. There was an Aetos officer manning the junction and he is willing to be the witness of the accident.

My wife is the passenger in my car and she is pregnant. I brought her to have a check at KK hospital to check and everything was fine. On 25/08/2018, my wife felt pain of the side of her head as she hit her head due to the collision and pain on her pelvic area maybe due to the whiplash by the seatbelt. I brought her to see a doctor at PanHealth Family Clinic and she was given 3 days medical leave.

My car suffered dent and scratches at the rear and minor dent and scratches at the front.





Police Station Of Origin: Punggol N.P.C

Report No. T/20180825/2073

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

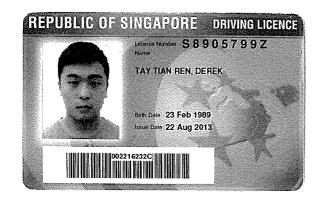
CONTINUATION OF REPORT

### 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:  F /	Signature Of Informant:
Staff Sgt TAN WEILONG, JONATHAN	
Signature Of Interpreter:	Date/Time:
Not applicable	25/08/2018 13:59
	·
Officer In Charge Of Case:	Classification Of Case:
TP / GIA / Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	SN 085
Authentication Stamp NP168 Signatu	ure:
Singapore Poli	ice Force





# SINGAPORE ARMED FORCES

**IDENTITY CARD** 

TAY TIAN REN, DEREK

NRIC No S8905799Z

his card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

Mp: 8399 3793

Email: devektay01@hotmail.com

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 22 Aug 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S8905799Z

- GEMALTOSGPU105451980813

00000050241089

NRIC No/Colour \$8905799Z/ PINK

Race CHINESE Date Of Birth 23/02/1989 Service Status

REGULAR

A (+)
Country Of Birth
SINGAPORE

Military Rank Status OFFICER

ADDRESS:APT BLK 314A PUNGGOL WAY #12-605 SINGAPORE 821314 DATE: 24.01.2017

S8905799Z

Wong chang Ting CF.)

my: les.
Wong chang Ting
x whiplash.
Ca:
Tutoul. 2.





Certificate number

Chassis number

Engine number

**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 03936

GA134778 / 1

BE11102523

D17A4052904

-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 TAY TIAN REN DEREK Comprehensive Cover Plan name Essential NCD applicable

10%

Vehicle registration number SGK427L Period of Insurance

from 27/01/2018 to 26/01/2019 (both dates inclusive)

Finance loan company

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

(a) The Policyholder

(b) 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.

Basic Own Damage Excess **EXCESS** 

Windscreen Excess

SGD 1,200.00 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. \$\$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

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

MAH LIAN AUTOMOTIVE 38 Defu Lane 9 Singapore 539278 SI HUI HP: 9107 0026 Email: sihui.g@gmail.com

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

AXA	redefining/insurance
Date: _	redefining/insurance  27/8/2018  ner of Vehicle Number: SGK#27L
To: Ow	ner of Vehicle Number: SGK 437L
The fol	lowing has been-advised to you via your workshop, <u>Ah Lim Motor Company</u> through their Zila / Eileen / Mui Hong.
Please	tick the applicable box if you had been advice on the content as seen below:
(V)	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 <i>any combination</i> 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 $\underline{\text{Own Damage}}$ 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:
Name	and signature of policyholder/authorised driver
Name	and signature of workshop personnel including company stamp

