

MSME18115554 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 06/09/2018 13:25
 SUBMITTED BY: Chia Pei Ying

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	06/09/2018 13:25
Date Of Accident	05/09/2018 15:00
Exact Location Of Accident	ALONG TAMPINES AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG466U
Insured/Policyholder	
Name Of Registered Owner	GOH KIA CHENG PATRICK
NRIC No	S0042741A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81837872
Alternative Phone No	OFFICE-81837872
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
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?	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	GA257635
Cover Note Number	
Driver	
Name of Driver	GOH KIA CHENG PATRICK
NRIC No	S0042741A
Date Of Birth	10/02/1952
Occupation	INDOOR
Date Of Driving Pass	05/09/1973
Driving Experience	45 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81837872
Fax Number	
Contact Number	OFFICE-81837872
Email Address	NOEMAIL

Address BLK 103 CLEMENTI ST 14 #11-125
 Postcode 120103
 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 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? 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
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CLEMENTI N.P.C
 Police Station Address **ROAD:** 20 CLEMENTI AVE 5 , **POSTCODE:** 129858 , **COUNTRY:** SINGAPORE
 Police Station Contact **TEL NO:** - **FAX NO:**
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20180905/2140.

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 SLM4453P
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver MOHAMMAD HAIKAL BIN AHMAD WASHI
 NRIC/Passport Number
 Contact Number 92372952
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GOH KIA CHENG PATRICK

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGG466U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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:

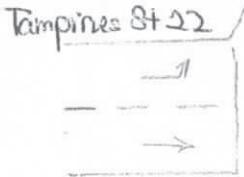


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

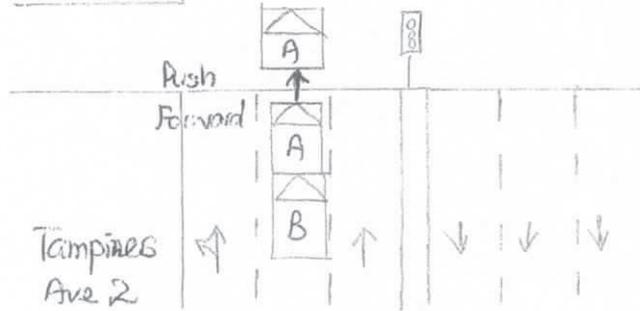
Sketch Plan #2 Pg. 1

SKETCH PLAN



Veh A: SGG 466U

Veh B: SLM 4453P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/09/2018, time about 3pm, I was driving my vehicle (SGG 466U) stationary along Tampines Ave 2 before Junction Tampines St 22 waiting traffic light turn green, suddenly vehicle B (SLM 4453P) hit onto my vehicle rear portion, cause my vehicle push forward after the stop line. Then I come down and saw my vehicle rear portion badly damage.

DECLARATION

I/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:

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

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, Goh Kia Cheng Patrick, the owner of vehicle no. SGG 465U

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Focus Auto Pte Ltd

Signed and Acknowledge by:

[Signature]
Nric no. and signature of policyholder

.....
Company Stamp

5/9/18
Date

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180905/2140

1 of 4

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180905/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2018 19:43	Vide Report No.:	Station Diary No.: 115
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Informant's Particulars

Name of Informant: GOH KIA CHENG PATRICK		Address: APT BLK 103 CLEMENTI STREET 14 #11-125 SINGAPORE 120103	
ID Type / ID No.: NRIC NO / S0042741A		Contact No.: Home/Office: Mobile: 81837872	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 10/02/1952	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CONSULTANT		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/09/2018 15:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 2 TAMPINES STREET 22				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG466U	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623G5	Gold		0
SLM4453P	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180905/2140

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Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180905/2140

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG466U	AXA INSURANCE SINGAPORE PTE LTD	GA257635	26/09/2017	25/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GOH KIA CHENG PATRICK	ID No.	S0042741A	
Related Vehicle	SGG466U (Car)	Contact No.	81837872	
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	05/09/2018	Date Discharge	05/09/2018	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	MUHAMMAD HAIKAL BIN AHMAD WASHI	ID No.	NIL	
Related Vehicle	SLM4453P (Car)	Contact No.	92372952	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On the 05/09/2018 at about 1500hrs, I was driving my vehicle (SGG466U) along Tampines Avenue 2. The accident happened before the junction of Tampines Street 22. I was stationary at the junction as it was red. While I was stationary, one vehicle (SLM4453P) impacted on my vehicle from the rear.

After that, we alighted and exchanged particulars. I do not have any in-vehicle camera. There is no passenger in both the vehicle involved. There was no police or ambulance. We left subsequently.

I went to seek treatment at Gleneagle Hospital. No MC given for now. I am not sure if I will feel any pain in a few days later from the accident.

Sketch Plan #6 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180905/2140

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20180905/2140

CONTINUATION OF REPORT

Accident Sketch Plan Pg. 1



SINGAPORE POLICE FORCE



T/20180905/2140

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20180905/2140

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: D / Sgt 3 TAN WEILUN, EUGENE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2018 19:43
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168 	