

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	25/09/2018 10:15
Date Of Accident	24/09/2018 21:20
Exact Location Of Accident	JUNCT AT COMMONWEALTH AVE WEST & CLEM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7849S
Insured/Policyholder	
Name Of Registered Owner	TEY CHEE KEONG
NRIC No	S7138339C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92965953
Alternative Phone No	OFFICE-92965953

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?	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	P1910418
Cover Note Number	

Driver

Name of Driver	TEY CHEE KEONG
NRIC No	S7138339C
Date Of Birth	29/10/1971
Occupation	INDOOR
Date Of Driving Pass	15/10/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92965953
Fax Number	
Contact Number	OFFICE-92965953
EEmail Address	NOEMAIL

Address	11 DAIRY FARM HEIGHTS #04-25
Postcode	677661
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?	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)	2
Passenger 1	NAME: : TEY HAOWEI JARELL
	GENDER: : MALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5630M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ARUMUGAM S/O RANGASAMY
NRIC/Passport Number	S0803425G
Contact Number	98264230
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

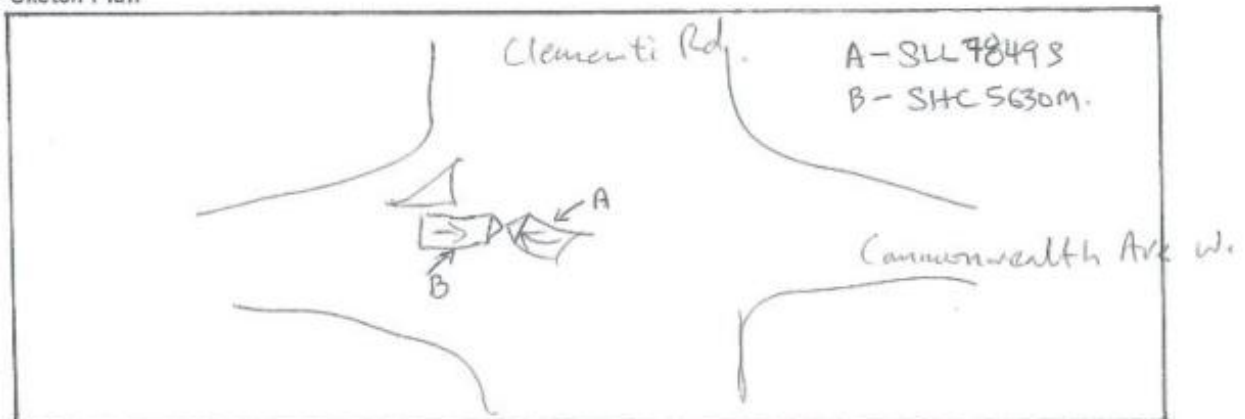
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time 25/9/2018 08:00am

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

I was turning right to Clement Rd from Commonwealth Ave west.

I stop at the junction waiting to turn right and saw the oncoming taxi signal left to turn ^{left} into Clement Rd from the opposite direction. As traffic was clear I proceeded to turn right. However, the taxi did not turn left and proceeded straight instead and crashed into my left side.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 03:00 am

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



Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Original

POLICY INFORMATION		Policy No. : VPA/P1910418	
Source	:	(01) 14885	BMS-AXA TOYOTA NB
Insured	:	TEY CHEE KEONG (ZHENG ZIQIANG)	
Address	:	11 DAIRY FARM HEIGHTS #04-25 SINGAPORE 677661	
Business/Profession	:	OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 10/03/2017 To 09/03/2019 (Both Dates Inclusive)			
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 20.00% NCD	:	SGD 1,328.50	
GST 7.00%	:	SGD 92.99	
Annual Premium	:	SGD 1,421.49	
Total Payable	:	SGD 2,843.00	
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	:	Comprehensive	
Regn No.	:	SLL7849S	
Type Of Use	:	Private Car	
Make/Model	:	TOYOTA ALTIS 1.6	
Year of Manufacture	:	2017	Seating Capacity (excl. Driver) : 05
Body Type	:	SALOON	Engine C.C. : 1598
Engine No.	:	1ZRY331500	Chassis No. : MR053REH104557529
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	:	As specified in Certificate of Insurance	
Hire Purchase	:	STANDARD CHARTERED BANK SINGAPORE LTD	
Basic Own Damage Excess	:	SGD 500.00	
Named Drivers			
1 TEY CHEE KEONG (ZHENG ZIQIANG)			
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : ESTU034			

Sales Draft Number One : 8063-1489381598670			
BTY			

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7138339C**

Name: **TEY CHEE KEONG (ZHENG ZIQIANG)**

Birth Date: **29 Oct 1971**

Issue Date: **08 Oct 2003**

000901063H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7138339C**

Name: **TEY CHEE KEONG (ZHENG ZIQIANG)**

郑自强

Race: **CHINESE**

Date of Birth: **29-10-1971**

Sex: **M**

Country of Birth: **SINGAPORE**




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

15 Oct 1998

NP 428A



License No: S7138339C

6202038

NPIC No: **S7138339C**

Blood Group: **O+**

Date of Issue: **17-12-1991**

3LK 11 DAIRY FARM HEIGHTS #04-25

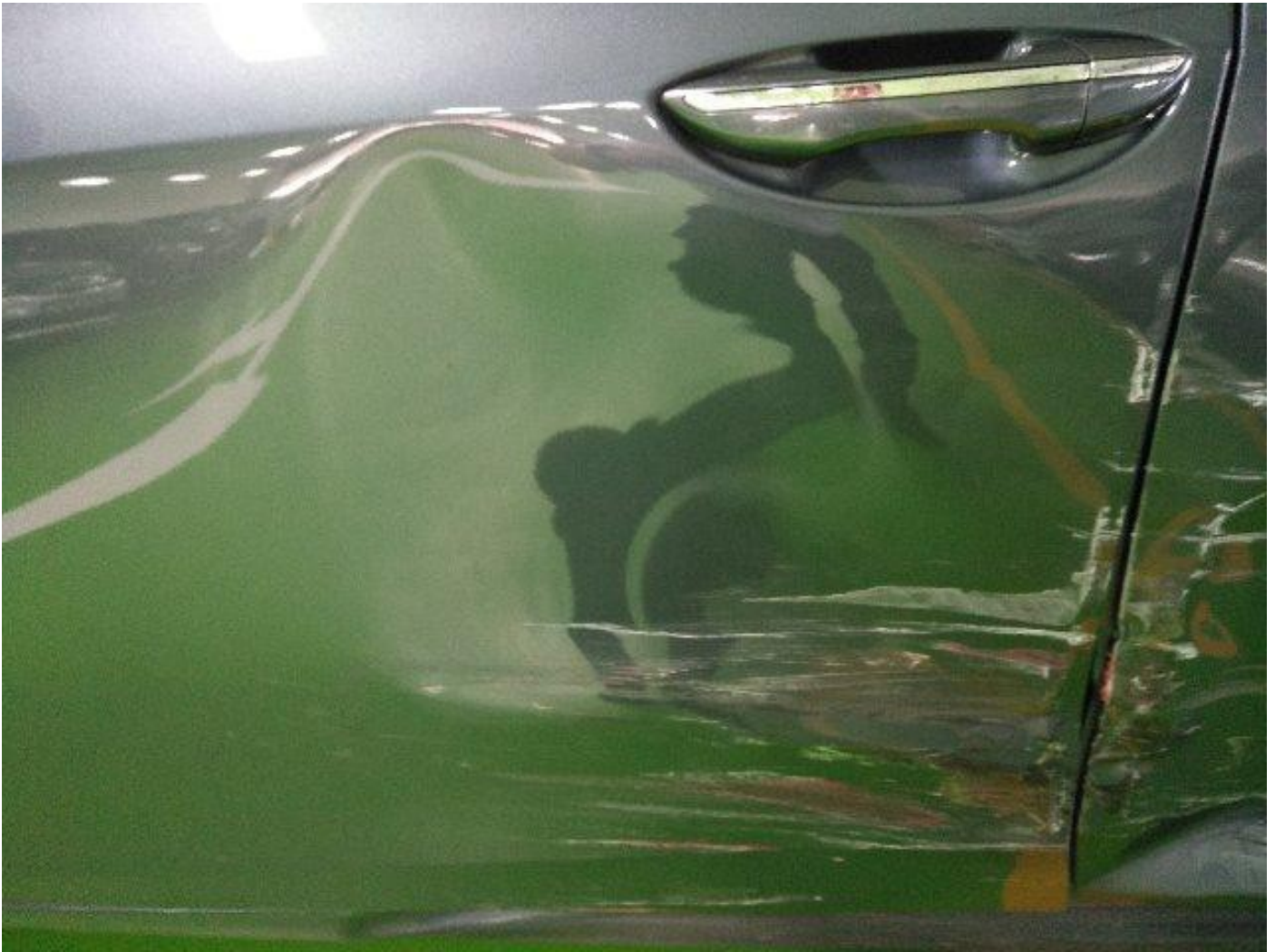
SINGAPORE 677681

NPIC No: **S7138339C**

Date: **17/08/2016**




Accident Photo



Accident Photo



Accident Photo



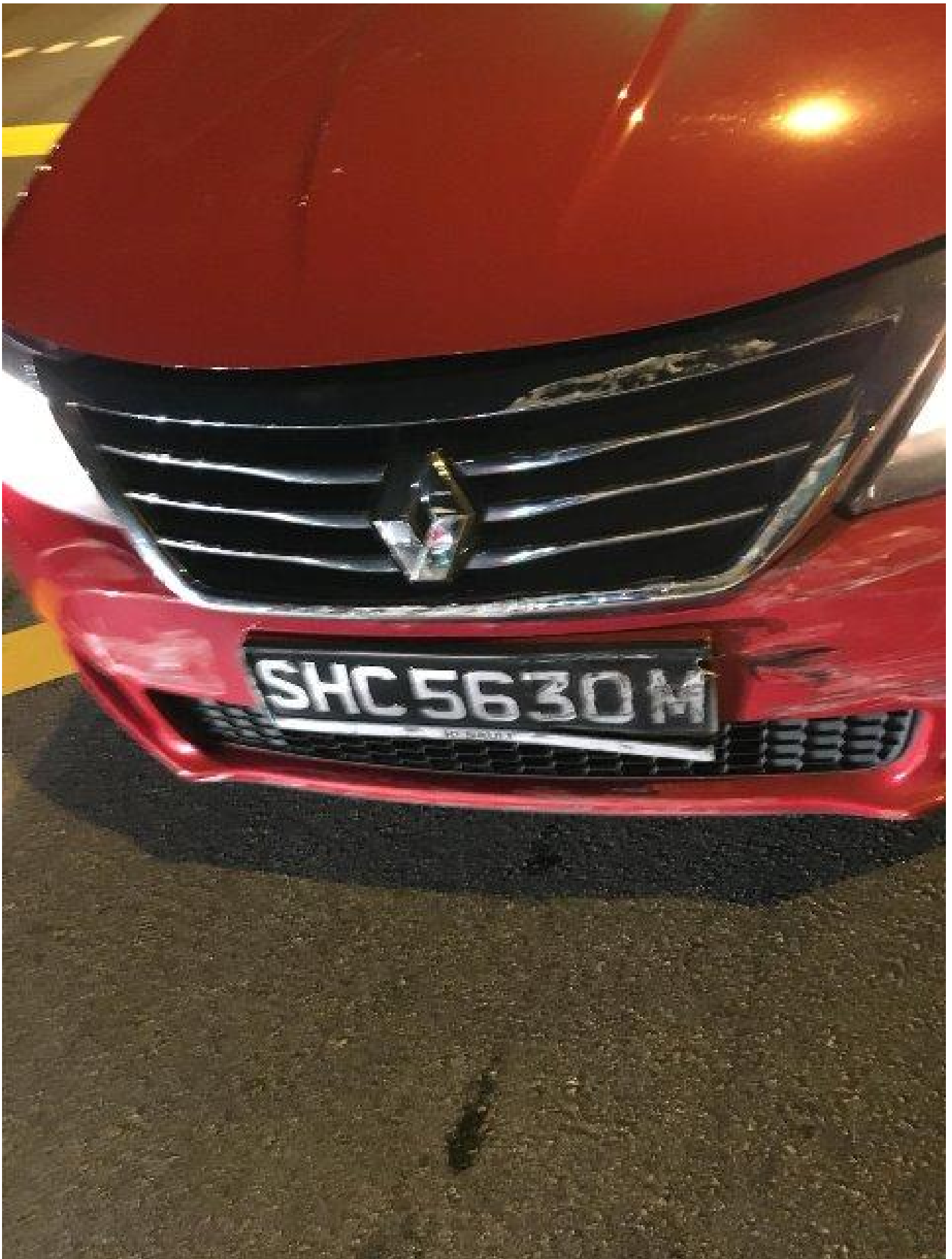
Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0803425G



Name

ARUMUGAM S/O RANGASAMY

அறுமுகம் ரெங்கசாமி

Race

INDIAN

Date of Birth

28-04-1948

Sex

M

Country of Birth

SINGAPORE



Accident Photo



Accident Scene Photo



Accident Photo

