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 <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	04/10/2018 14:22
	Date Of Accident	09/09/2018 16:45
	Exact Location Of Accident	EAST COAST AT CARPARK D4 LAMPPOST 18
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
•	Vehicle Registration Number	SKK5056T
	Insured/Policyholder	
	Name Of Registered Owner	TAY SWEE LIN
	NRIC No	S1623923B
	Email Address	TAY_SWEELIN@YAHOO.COM
	Mobile Phone No	(LOCAL) +65-96864934
	Alternative Phone No	OTHERS-96864934
	Vehicle Particulars	
	Manufacturer	BMW
	Model	216D AT
	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	CN1623923B
	Cover Note Number	
	Driver	
	Name of Driver	TAY SWEE LIN

Name of Driver TAY SWEE LIN
NRIC No S1623923B
Date Of Birth 22/07/1963
Occupation INDOOR
Date Of Driving Pass 31/08/1993

Driving Experience 25 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96864934

Fax Number

Contact Number OTHERS-96864934

EMail Address TAY_SWEELIN@YAHOO.COM

Address 18 TAMAN SERASI #03-20

Postcode 257722 Was driver an employee of the Insured's Company NO

If N = Deletionship of the Dobras with the Insured COMNE

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 2

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 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : ELIZABETH FOULDEY

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE

NO

YES

Police Station Address ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2959999 - **FAX NO**: 63918499

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Details of Witness 1

Name ELIZABETH FOULDEY

Phone Number 94484138

Email Address EFOULDES@GMAIL.COM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR2974P
Vehicle Make/Model/Colour MAZDA 3

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver IBRAHIM BIN ROHIM

NRIC/Passport Number

Contact Number 96605176

Address BLK 114 TECK WHYE LANE #04-678

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

680114

S8933132C

AIG ASIA PACIFIC INSURANCE PTE. LTD.

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.

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

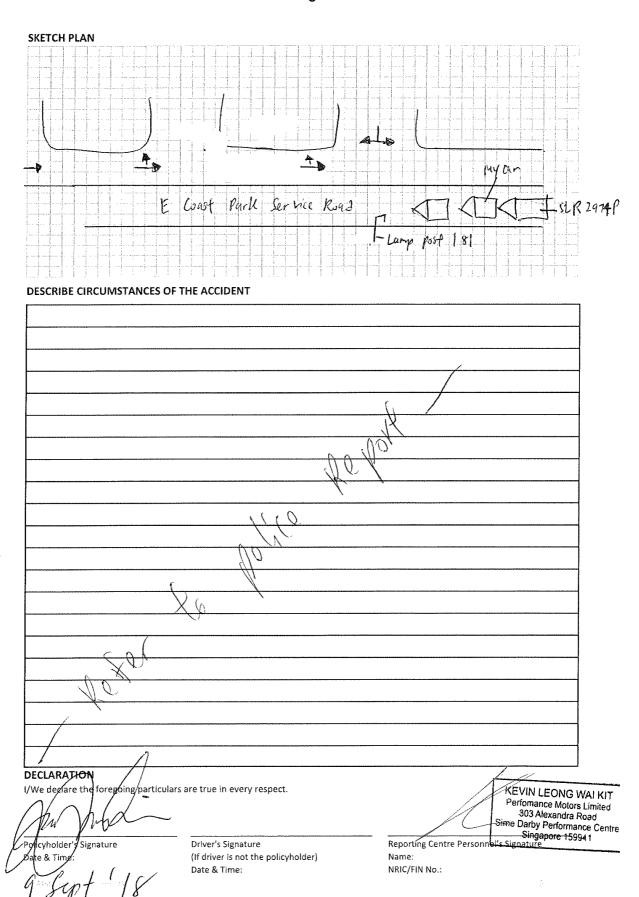
Date & Time:

Sime Darby Performance Centre
Singapore 159941
Reporting Centre Personnel's Signature
Name:

KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road

NRIC/FIN No.:

Page 4 of 19







1 of 4

Report No. T/20180909/2059

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

Date/Time Report Made: 09/09/2018 18:20			Vide Report No.:	Station Diary No.: 92		
Informan	t's Particu	lars				
Name of Informant: TAY SWEE LIN			Address: 18 TAMAN SERASI #03-20 SINGAPORE 257722			
ID Type / ID No.: NRIC NO / S1623923B			Contact No.: Home/Office: Mobile: 96864934			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Female 55 22/07/1963			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: ART CONSULTANT			Driving Licence Information: Class: 3	Date of Expiry:		

General Informat	ion of the Accident					
Type of Accident:	Non-Injury Others	Drink Drive: No].	Date/Time of Accident: 09/09/2018 16:45		Type of Location: Straight Road
Location: Along Road 1 EAST COAST PA near Carpark D4 Lamp Post Numb	ARK SERVICE ROAD	,				
		Road Surface	Surface:		Road Speed Limit:	
Clear Dry						
Traffic Flow:	affic Flow: Traffic Control: Not Controlled			1	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear						ne conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKK5056T	Car	BMW	216D ACTIVE TOURER LED EU6	Silver	Slightly Damaged	1
SLR2974P	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	White		1





2 of 4

Report No. T/20180909/2059

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK5056T	AXA INSURANCE SINGAPORE PTE	GA300376	29/11/2017	28/11/2018
	LTD			

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar		Use of Pedestrian Crossing: NA				
Driver						
Name	TAY SWEE LIN			ID No	٠.	S1623923B
Related Vehicle	NIL			Contact No.		96864934
Hospital/Clinic NIL			Class Drivin		Class: 3 Date of Expiry: NIL	
			İ	Licen	9	Date of Expiry. Will
Date Treatment	NIL		Date Disc	narge	NIL	
No. of Days gran	Degree of	Injury	NIL			

Brief Details.

On 09/09/2018, at about 1645hrs, I was driving my vehicle SKK5056T along the East Coast Park Service Road near carpark D4, nearby lamp post 181.

As the vehicle infront of me came to a stop, I slowly came to a gradual stop. Subsequently, I felt a impact from the rear of my vehicle. I suspect that the vehicle behind, SLR2974P was travelling at quite a fast speed and did not managed to stop in time.

After the accident, we alighted from our vehicles to assess the damages and injuries. I wish to state that I had a passenger, my daughter in my vehicle with me during the accident. We did not sustained any injuries at the material time. There other driver and his wife and kids (passengers) also did not complained of injuries.

My vehicle rear, sensor light is damaged and the bumper is dented in.

I wish to state that my car's inbuilt (front) camera is not working and I do not have a in-built rear camera.

After exchanging particulars, we left the scene. I am lodging this report to prevent any allegations from the driver.

Driver's particulars: Name: Ibrahim Bin Rohim NRIC: S8933132C

D.O.B: 27/09/1989 Hp: 9660 5176





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 Tel No: 1800-2959999 3 of 4 Report No. T/20180909/2059

CONTINUATION OF REPORT





010000072000

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Report No. T/20180909/2059

4 of 4

Tel No: 1800-2959999

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:	Signature Of Informant:				
Sgt 2 TRICIA NG CHU ER	Chymul -				
Signature Of Interpreter:	Date/Time.				
Not applicable	09/09/2018 18:20				
Officer In Charge Of Case:	Classification Of Case:				
TP / GIA /					
Staff Sgt WONG SIEU LUI					
Contact No.: 65476151					
Authentication Stamp					
SINGAPORE SI	N 167				
SIGNATURE					



















