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 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.	
	ACCIDENT STATEMENT
Date Of Report	03/10/2018 12:11
Date Of Accident	02/10/2018 08:45
Exact Location Of Accident	BLK102 HOUGANG AVE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU1531Z
Insured/Policyholder	
Name Of Registered Owner	TAN SHOU WEI ALLEN
NRIC No	S1167185C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96322963
Alternative Phone No	OFFICE-96322963
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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 GA03354/1

Cover Note Number

Driver

Name of Driver PANG HYIK FOONG

NRIC No S1270588C Date Of Birth 04/11/1957 Occupation **INDOOR Date Of Driving Pass** 20/02/1984

Driving Experience 34 YEARS AND 7 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-81893228

Fax Number

OFFICE-81893228 Contact Number

EMail Address NOEMAIL

NIL Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO MOTORCYCLIST

Weather Conditions **CLEAR** DRY Road Surface

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

NO

Was any other material or property damaged? YES

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

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO STATEMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBM814B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 20

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.:

Accident Sketch Plan

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SKETCH PLAN				0	-
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ECLARATION We declare the foregoing pa	articulars are true in every respe	ect.		L.O.	
6		X		THAM	
licyholder's Signature	Driver's Signature		Reporting Ce	ntre Personnel's Signatur	re
ite & Time:	(If driver is not the po	track and down	Name:		

Common Statement

			C DUME!
ACCIDENT STATEMENT			
Date of Accident Time	Location of Accid	lant:	
- 1-1 0:45-			0 - 1
02/10/18 8:45am	BIK (0) HO	ugang Ave	· Carpark.
INSURED/ POLICY HOLDER (VEHICLE A)			
Vehicle Registration Number		53U 1	
Name of Policyholder	Ta	n shou w	ei Allen.
NRIC/ FIN/ Passport/ ROC of Policyholder is company) Address			7185C
Contact Number			A STATE OF THE PARTY OF THE PAR
Occupation	Tel	Hp	963 22963.
VEHICLE PARTICULARS (VEHICLE A)			
Vehicle Make / Model	~		
Type of Vehicle	(Fallow) (Dis cons		
Exact Purpose for which vehicle was being used	Saloni, MPV CR	V. Van Lorry, Bus M.	
at the time of accident		Private u	50 3
Are you claiming under your own insurance policy?	O Ses	No	Bamarks TO
Vehicle category	Private		sal O Motorcycle
INSURANCE COMPANY (VEHICLE A)	-	No. Continues	- Minorcyce
Name of Insurance Company		AXA.	
Type of Policy	Comprehens	ive O TP Fire &	Theft Third party
Fleet Policy	C Yes	O No	
Policy Number		GA03354	11
DRIVER		100000000000000000000000000000000000000	
Name of Driver		pang 1	Myle Foong-
NRIC/FIN/Passport		US	1770558 C.
Date of Birth		0	1270668 C. 4111/ LAST.
Occupation Driving Pass Date			in soor.
Gender	200	2010	12/1984.
Contact Number	C Max	Female	GIGN SOL
Address	161	Hp	8189 3228.
Email Address			
Was driver an employee of the Insured's Company?	O Yes	E No	
If No relationship of Driver with the Insured			
Vehicle Number of Driver's Own Vehicle (if applicable)		-	
insurance of Driver's Own Vehicle (if applicable)		-	1 Dans
GENERAL INFORMATION OF THE ACCIDENT			· pus.
Type of Collision (E.g. Chain Collision/ Head-On, etc.)			
Weather Conditions Road Surface	Clear	Raining	O Others
Damage Area	C Wet	Dry	O Others
OTHER INFORMATION			
Was there any foreign vehicle(s) involved?	-	200	
Was anybody injured in the accident? (Including Witness	s) No	O Yes	
Was any other vehicle(s) or property damaged?	O No	Yes	
Was there any camera video footage (in car)?	No	O Yes	
DETAILS OF POLICE ACTION		163	
Was the accident reported to the Police?	2 No	O Yes	
If Yes, please state which police station & Report No.			
Was notice of intended Prosecution given?	No No	C) Yes	
1 Yes, against whom?			

Owner

Common Statement

OWN VEHICLE REGISTRATION NUMBER			
DETAILS OF OTHER VEHICLES OR PROPERTY	DAMAGED		
Other Vehicle or Property 1 (VEHICLE B)	DAMINGED		
Vehicle Registration Number		FBM 819 B	
Vehicle Maker Model/ Colour		F DM 84 13	*
Details of Properties (If Other Party is not a Vehicle)			
Damage Area Name of Driver			
NRIC/FIN/Passport			
Contact Number / Email Address Address			
Name of Insurance Company			
Other Vehicle or Property 2			
Vehicle Registration Number			
Vehicle Maker Model/ Dolour			
Details of Properties (If Other Party is not a Vehicle)			
Damage Area			
Name of Driver			
NRICI FINI Passport			
Contact Number / Email Address			
Address			
Name of Insurance Company			
DETAILS OF WITNESS			
Name			
Phone / Email Address			
Address			
NRIC/FIN/ Pastport			
DETAILS OF INJURED PERSON 1			
Name			
NRIC/FIN/ Passport			
Address			
Approximate Age			
Injuries Sustained			
If Vehicle Occupants, state in which vehicle?			
Were Seat Belts Worn?	O Yes	O No	
Was Injured conveyed to hospital by ambulance?	O Yes	O No	
DETAILS OF INJURED PERSON 2			
Name			
NRIC/FIN/ Passport			
Address			
Approximate Age			
Injunes Sustained			
If Vehicle Occupants, state in which vehicle?			
Were Seat Belts Worn?	O Yes	O. No.	
Was Injured conveyed to Hospital by Ambulance?	O Yes	O No	
Declaration			
I/We declare that the above particulars & information provi	ided above are true in a	wery aspect	
(TOCK EDDYC ME THE THE	and a market	
101			
Date 6 Ter	- 0		
Signature of Policy Holder			
(Company Chop (Lappicable)			
the part of Carpenson			
Date & Tir			
N.C.			
Signature of The TDate & Time tit Driver not to Policy riciders			
[If Littler a not the Froncy ricider]			

1 1

Individual Statement

BHAS - Jacelyn Loh

From:

Allen S W Tan <ASWTAN@outlook.com>

Sent: To: Wednesday, 3 October 2018 10:32 AM BHAS - Jacelyn Loh

Subject:

Fwd: Accident 2 Oct 18

Regards Allen Tan

Begin forwarded message:

From: Allen S W Tan <<u>ASWTAN@outlook.com</u>>
Date: 3 October 2018 at 6:58:02 AM SGT
To: Allen S W Tan <<u>ASWTAN@outlook.com</u>>

Subject: Accident 2 Oct 18

Location of accident: At the car park behind Blk 102, Hougang Ave, Singapore

Condition: Clear sky and good visibility, 8.45 am, 2 October 2018.

I was in my car park lot eating some breakfast. My car engine was on and running. My parked lot was around Number 63 or 64. My right and left side were taken up by parked cars. Refer to Photo A.

The view to exit my car park lot was as per the Photo B. My view to the right was obscured by the car parked to my right.

After the event, I took a photo of the view of the parked motor cycle. Refer to Photo C. There was clearly ample exit space to safely get out from her bike lots if she drives properly.

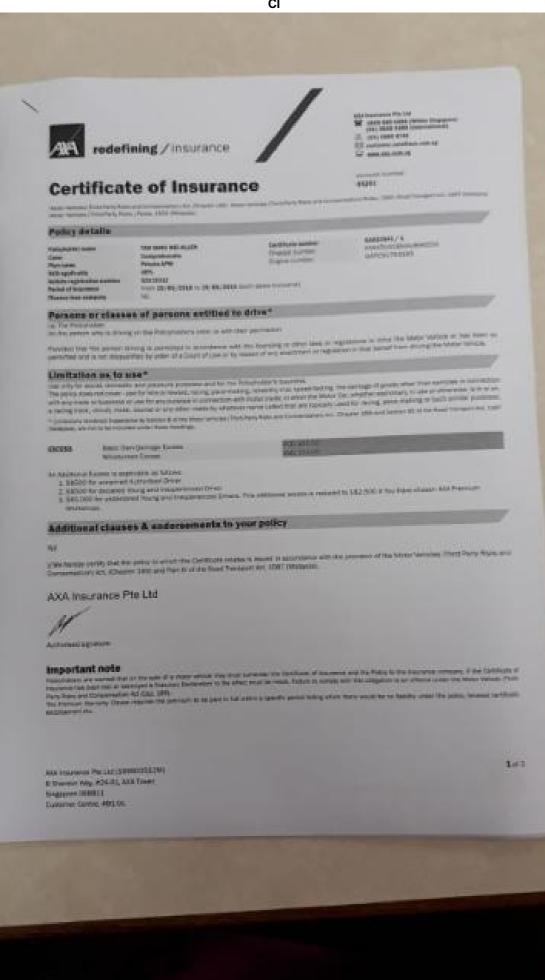
After I finished my breakfast, I eased out of my lot slowly after checking that the path was clear.

Almost instantly I had to step on my brake as I moved slightly out of my lot. In a split second I saw the bike hit my car as the bike also fell. I was only about three feet out of my lot at the impact point.

I stood out to ask if she is alright, she said that she is fine and visibly not injured.

Damages to my car and her bike were minor surface scratches. My car's front bumper towards the right is scratched.

After the event I realised that she had not taken proper precaution to exit her lot. There was clearly ample space to avoid all parked cars. Instead she speeded out so close to the parked car that I had no chance to avoid her. If she is not reckless, the accident could have been avoided. She is the main cause of the collusion.



AXA FROM

(Now is a fourtiern (14) days clause whereby the claim must be made within the stipulated breefy from the day of occurrence. I four had been advised by the workshop or the tability and merits of the case accordingly. You had been advised by the workshop or the claims procedure for the tape of claim that you will making due to this accident. There will be delay to your vehicle repair due to the unavailability of spate parts locally and there is other option except to indent it from everseas. There will be no cancertation/withchains of the Own Domege claim once the order of the spare per hard been planted. If you with to cancel/withdraws to the dayin, you shall have all and, expenses by related charges incurred directly \$700 indirectly to the procurement of the spare parts. The estimated working time for the spare parts to array in the case that it will be crowing time for the spare parts to array in the case of a real time does not include the repair period. The estimated working time for the spare parts to array in the case parts of the spare control that the vehicle may entire the vehicle that the repair period. The whicles below three (3) years with your invariance Company will use only gonume original parts in pass your vehicle. For whicles block Three (3) years with your invariance Company will be carrying out repairs using an combination of genume original pairs entire company with the carrying out repairs using an combination of genume original pairs entire company with the carrying out repairs using an combination of genume original pairs entire company with the carrying out repairs using an combination of genume original pairs entire company with the carrying out repairs using an combination of genume original pairs entire company with the carrying out repairs using the carrying out the carrying out the carrying out the carrying and combined the carrying out the carrying out the carrying and carrying out the car		As lalams
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To Galles @ BH Auto Workslape	1	one Tradales @ BH Auto Workstop
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Driving License





PANG NYM FOOND

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26-15-7194

Owner, 21012203

SMORPHISTER AVENUE SMORPHIST \$56043 MINC NO. \$10785 890

Accident Photo



Accident Photo







Accident Photo











