

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 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. 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	15/10/2018 15:03
Date Of Accident	13/10/2018 12:30
Exact Location Of Accident	TOH TUCK AVENUE BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK7094S
Insured/Policyholder	
Name Of Registered Owner	QUEK WEI KIAT
NRIC No	S8532360A
Email Address	ARISTOGAVINQUEK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82455944
Alternative Phone No	OTHERS-82455944

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD 2.0 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA394057/1
Cover Note Number	

Driver

Name of Driver	QUEK WEI KIAT
NRIC No	S8532360A
Date Of Birth	27/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82455944
Fax Number	
Contact Number	OTHERS-82455944
EEmail Address	ARISTOGAVINQUEK@GMAIL.COM

Address	BLK 38C BENDEMEER ROAD #12-850
Postcode	333038
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	RAINING
Road Surface	WET

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?	
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

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	SHC7917Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

A hand-drawn sketch plan on grid paper. It shows a road layout with two vertical lines representing the road edges. Between these lines, there are two small rectangles labeled 'A' and 'B' stacked vertically. To the right of the rectangles, the license plate numbers are written: 'A: SGK 7094S' and 'B: SHC 7978'. An arrow points upwards from the top of the rectangles. Below the rectangles, the text 'Toh Tuck Avenue Boon Lay Way' is written.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the accident. A diagonal line is drawn from the bottom-left corner to the top-right corner. The text 'Refer to Police Report' is written across this diagonal line.

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.:

Individual Statement

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 13/10/2018
Time: 12.30pm
Location of Accident: Toh Tuck Avenue Boon Lay Way

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SSK 7094S
Name of Policyholder: Quek Wei Kiat
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S9532360A
Address: Blk 38C Bendemeer Road #12-850 S(333038)
Contact Number: Tel: Hp 8245 5944
Occupation: Outdoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Honda Accord 2.0A
Type of Vehicle: Sedan, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: F10
Exact Purpose for which vehicle was being used at the time of accident: Private use
Are you claiming under your own insurance policy?
Vehicle category: ☐ Yes ☒ No Remarks: Report

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: GA3940571

DRIVER

Name of Driver: ''
NRIC/ FIN/ Passport: ''
Date of Birth: 27-09-1985
Occupation: ''
Driving Pass Date: 20-02-2014
Gender: ☒ Male ☐ Female
Contact Number: Tel: Hp: ''
Address: ''
Email Address: ''

Was driver an employee of the Insured's Company? ☐ Yes ☒ 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): ''

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc.): 1px Insured Hit TP (Front to Rear)
Weather Conditions: ☐ Clear ☒ Raining ☐ Others
Road Surface: ☒ Wet ☐ Dry ☐ Others
Damage Area: ''

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☐ No ☒ Yes
If Yes, please state which police station & Report No: ''
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom? ''

ARISTOGAVIN@VEK@GMAIL.COM

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SGK7094S

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHC7917Z

Vehicle Make/ Model/ Colour

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 Make/ Model/ Colour

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

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

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?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No


Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.


Signature of Policy Holder
(Company Chop if applicable)

Date & Time

15/10/2018
1440pm

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Individual Statement

SKETCH PLAN

IMPORTANT NOTICE

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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:

1440

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



redefining... INSURANCE

Date: 15/10/2018

To: Owner of Vehicle Number SK7094S

The following has been advised to you via your workshop, BH Auto through their staff, Yap

Please tick the applicable box if you had been advice on the content as seen below:

- ☐ 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 any combination 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 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 Reporting Only

Signed and acknowledge by:

Chae Over Wei Kiat

Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp

IDENTITY CARD & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8532360A**

Name: **QUEK WEI KIAT**

Birth Date: **27 Sep 1985**

Issue Date: **20 Feb 2014**

0002277004F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8532360A**

Name: **QUEK WEI KIAT**

郭 伟 吉

Race: **CHINESE**

Date of birth: **27-09-1985**

Country/Place of birth: **SINGAPORE**

Sex: **M**

5235694





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg 20 Feb 2014

NP 428A

License No: **S8532360A**



5235694

NPIC No: **S8532360A**

Date of issue: **16-10-2013**

Address: **APT BLK 38C BENDEMEER ROAD #12-850 SINGAPORE 333038**




CERTIFICATE OF INSURANCE



redefining / insurance

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

account number
09116

Certificate of Insurance

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1980 - Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	QUEK WEI KIAT	Certificate number	GA394057 / 1
Cover	Comprehensive	Chassis number	CL73203223
Plan name	Essential	Engine number	K2046043736
NCD applicable	0%		
Vehicle registration number	SGK70945		
Period of Insurance	from 29/08/2018 to 28/08/2019 (both dates inclusive)		
Finance loan company	TECK WEI CREDIT PTE LTD		

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.

EXCESS	Basic Own Damage Excess	SGD 700.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed Authorized Driver
2. S\$500 for declared Young and inexperienced Driver
3. S\$5,000 for undeclared Young and inexperienced Drivers. This additional excess is reduced to S\$2,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

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

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 this 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

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**SINGAPORE
POLICE FORCE**



T/20181013/2133

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 83 SINGAPORE 737890
Tel No: 1800-7679999

Report No: T/20181013/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 17:46	Vide Report No.:	Station Diary No: 160
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Informant's Particulars

Name of Informant: QUEK WEI KIAT			Address: APT BLK 38C BENDEMEER ROAD #12-850 SINGAPORE 333038	
ID Type / ID No.: NRIC NO / S8532360A			Contact No.: Home/Office:	Mobile: 82455944
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 27/09/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: RENOVATION CONTRACTOR			Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/10/2018 12:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TOH TUCK AVENUE BOON LAY WAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		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
SGK7094S	Car	HONDA	ACCORD 2.0 A	Black	Slightly Damaged	0
SHC7917Z	TAXI				Slightly Damaged	1

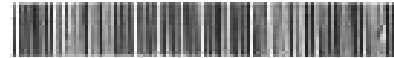
Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGK7094S	AXA INSURANCE SINGAPORE PTE LTD	GA394057	29/08/2018	28/08/2019

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20181013/2133

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7879999

2 of 3

Report No. T/20181013/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK WEI KIAT	ID No.	S8532360A
Related Vehicle	SGK7094S (Car)	Contact No.	82455944
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/10/2018 at about 1230hrs, I was driving my car bearing SGK7094S on the first lane along Toh Tuck Ave towards Boon Lay Way. The traffic light was showing red and therefore I stopped my car. However, my car rolled forward and collided onto a yellow Comfort taxi bearing SHC7917Z. We then alighted and I gave my name card to the driver but the driver was unwilling to share his particulars with me. He only told me that he will liaise with his insurance company.

As a result of the accident, the front right bumper and bonnet were dented and have a few scratches. Meanwhile, the taxi has a slight scratch at the rear bumper of the car. No police and ambulance were at scene and no one was injured.

I am making this report as record purposes as I do not have the particulars of the taxi driver.

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20181013/2133

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No: T/20181013/2133

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:

J /
AHMAD DZUL DANIAL BIN ABDUL RAZAK

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time

13/10/2018 17:46

Officer In Charge Of Case

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No : 65476151

Classification Of Case:

Authentication Stamp
NF100



Signature :

SN 130

Singapore Police Force