

## 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	22/10/2018 17:29
Date Of Accident	21/10/2018 22:15
Exact Location Of Accident	JUNCTION OF VICTORIA ST AND ROCHOR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2904X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN NGOH BAH
NRIC No	S1012450F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93866341
Alternative Phone No	OFFICE-93866341

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2097767
Cover Note Number	

### Driver

Name of Driver	CHAN NGOH BAH
NRIC No	S1012450F
Date Of Birth	20/11/1947
Occupation	INDOOR
Date Of Driving Pass	28/10/1980
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93866341
Fax Number	
Contact Number	OFFICE-93866341
EEmail Address	NOEMAIL

Address	BLK 443 JURONG WEST AVENUE 1 #06-732
Postcode	640443
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	SIDE SWIPE
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
Number of Passengers (Including Driver)	1

#### 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 TO SKETCH PLAN

#### 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 Witness 1

Name	SOPHIE
Phone Number	88227776
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7733L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

#### IMPORTANT NOTICE

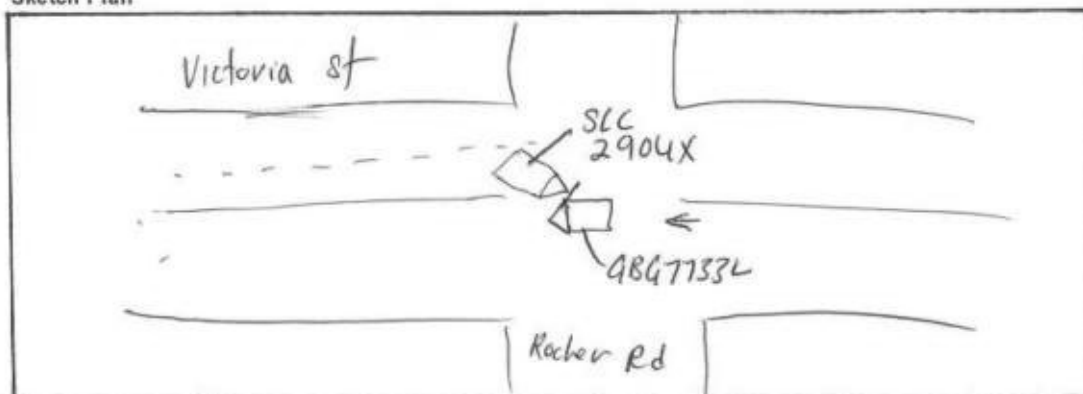
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
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

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



# Common Statement

## Describe Circumstances of the Accident

On 21/10/2018 at about 2215 hrs.

I was driving my car SLK 2904x. along Victoria st toward Rochore Road. On reaching the junction, I stopped my car and waiting for the arrow sign. For a while, suddenly, the amber shown light shown up. Suddenly I saw the opposite direction a vehicle No. G06 7733 speeding very fast. I did not move my car. The driver, ~~knocked~~ Rush his lorry and collided into my front side as a result, cause damage to my car. A road cyclist. Female English lady saw the whole incident and willing to stand as my witness.

That all.



## Declaration

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



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



# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969 Road Transport Act, 1987 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1953 (Malaysia)		
CERTIFICATE NO.	: VPA/P2097767	Account No. : 14888
Coverage	: Comprehensive (SmartDrive Toyota Prestige)	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: CHAN NGOH BAH	
Vehicle Registration No.	: SLC2904X	
Period of Insurance	: From 09/05/2018 To 08/05/2019 (Both Dates Inclusive)	
<b>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b> (a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner (b) Any other person who is driving on the Policyholder's order or with his 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.		
<b>LIMITATIONS AS TO USE*</b> 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, speedtesting, 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.		
(01)		
<b>Basic Own Damage Excess : SGD 500.00</b> An Additional Excess is applicable as follows: S\$2,500.00 for Young or Inexperienced Driver. Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience. (Please refer to your policy on the terms & conditions)* Limitations rendered inoperative by Section 6 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.		

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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

Authorized Signature

Issued by - SGOAGPH on 09/04/2018

## IMPORTANT :

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 the 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, covernote and endorsement etc.

# Medical Report



**SINGAPORE  
POLICE FORCE**

TRAFFIC POLICE  
SINGAPORE POLICE FORCE  
10, UBI AVENUE 3  
SINGAPORE 408865  
TEL NO : 65470000  
Email : SPF\_TP\_MEDICAL@spf.gov.sg

## MEDICAL EXAMINATION REPORT ON FITNESS TO DRIVE<sup>1</sup>

### PART A - Particulars of Applicant

Name of Applicant:	CHAN NGOH BAH									
Driving Licence Number:	S1012450F	Class of Driving Licence:	Motorcycle			Motor Car		Heavy Vehicle		
Date of Birth (Current Age):	20/11/1947 (071)		2B	2A	2	3A	3	4A	4	5
Contact Number(s):	HP: 93866341	Home:			Office:					
Address:	APT BLK 443 JURONG WEST AVENUE 1 #06-732 SINGAPORE 640443									

### PART B - Medical History (To be completed by Medical Practitioner<sup>2</sup> only)

The Medical Practitioner is to ask the applicant on the following questions regarding his medical history. The Medical Practitioner will then tick "✓" in the appropriate box for "Yes" or "No" base on the applicant's response and provide remarks where necessary.

	Do you have any history of or are you suffering from :	Yes	No	Medical Practitioner's Remarks
1.	Nervous or mental trouble		✓	
2.	Severe headaches or migraine		✓	
3.	Fits or convulsions of any kind		✓	
4.	Fainting attacks or giddiness		✓	
5.	Head injury or concussion		✓	
6.	Eye trouble of any kind		✓	
7.	Colour blindness		✓	
8.	Difficulty in seeing in the dark		✓	
9.	Deafness		✓	
10.	Asthma		✓	
11.	Heart Disease, weak or strained heart		✓	
12.	Palpitations or breathlessness		✓	
13.	Physical or mental disability		✓	
14.	Have you undergone any surgical operations	✓		Bilateral inguinal hernia (L/R)
15.	Any illness or injuries not mentioned above	✓		Bilateral inguinal hernia, Diabetes mellitus

I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information or make any misleading statement and I give my consent to the examining or assessing Medical Practitioner to communicate with any physician, who has attended to me,

Signature of  
Applicant:

Signature of Medical  
Practitioner:

Date:

15/11/17

Name of Medical Practitioner:

DR. WEE YEW JONG  
M.B.B.S (Singapore), M.Sc (O.M.)

(\*Delete where applicable)

<sup>1</sup> "Medical Guidelines on Fitness to Drive" by Singapore Medical Association (SMA) is available on SMA's website.

<sup>2</sup> The Medical Practitioner must be a Singapore registered medical practitioner who is "a person registered under the Medical Registration Act, Chapter 174 and includes a person deemed to be registered under Section 72(1) of the Act.

## Medical Report

Name of Applicant: CHAN NGOH BAH

Driving Licence Number: S1012450F

### PART C – General Medical Examination (To be completed by Medical Practitioner only)

Please tick "✓" in the appropriate box for "Yes" or "No" and provide remarks where necessary.

	Yes	No	Medical Practitioner's Remarks
1. Any deformities and/or physical disabilities observed		✓	
2. Any evidence of wounds injuries or operations		✓	
3. Any abnormality of movement of the joints (Appropriate test (e.g. <b>Straight Leg Raise</b> ) should be conducted where clinically indicated)		✓	
4. Any evidence of abnormality of the nervous system		✓	
5. Any evidence of psychiatric disorder		✓	
6. Heart : Any evidence of abnormality of the cardio-vascular system		✓	
7. Any defect of hearing		✓	
8. Does the applicant show any evidence of being addicted to the excessive use of alcohol or drugs?		✓	
9. Blood Pressure: Systolic: <u>120 mmHg</u> Diastolic: <u>80</u>			
Are the blood pressure readings normal, having regard to the applicant's age?	✓		
10. Is there any defect of vision; including colour vision?		✓	
Do you consider applicant should wear glasses when driving?		✓	
Visual Acuity for distance : Without / With * glasses	RE: <u>6/6</u>	LE: <u>6/6</u>	
Near Vision: Without / With * glasses	RE: <u>20/20</u>	LE: <u>20/20</u>	
The following question applies only to a holder of Class 4, Class 4A and/or Class 5 Driving Licence(s) or holder of a private driving instructor's licence, who will attain the age of 70, 71, 72, 73 or 74 years on his/her birth date at the time of application:			
11. Does the applicant show any evidence of cognitive impairment? (Appropriate test (e.g. <b>Abbreviated Mental Test</b> (Annex A) should be conducted where clinically indicated)		✓	

12. Additional Remarks by the Medical Practitioner:

NIL

### PART D – Overall Result of Medical Examination (To be completed by Medical Practitioner only)

13. I certify that I have this day examined and identified the applicant named on page 1 and above. He/she has shown me his/her identity card which bears the same name and identification number on this form. The answers to the questions above are correct to the best of my knowledge and belief. From my observations and medical examination, I find the applicant physically and mentally

to drive a motor vehicle.

**FIT / UNFIT**

Signature:		Date:	<u>15/10/18</u>
Name of Medical Practitioner:	DR. WEE YEW JONG M.B.B.S. (Singapore), M.Sc. (O.M.)		
Medical Qualification:			
Official Stamp of hospital / clinic:	EASTERN CLINIC AND DENTAL SURGERY BLK 303 JURONG EAST ST. 32 #01-92 SINGAPORE 600303 TEL: 65632941	Contact Number:	<u>65622941</u>
Address of hospital / clinic:			

(\*Delete where applicable)



# Nric And Driving Licence



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

