### 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 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

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	ACCIDENT STATEMENT
Date Of Report	26/11/2018 15:40
Date Of Accident	25/11/2018 17:00
Exact Location Of Accident	200 TURF CLUB ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL1636R
Insured/Policyholder	
Name Of Registered Owner	TAN BEE LAY
NRIC No	S1553633J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91390818
Alternative Phone No	HOME-91390818
Vehicle Particulars	
Manufacturer	TOYOTA
Model	YARIS E AUTO
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy	VEC

e you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

**Insurance Company** 

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number GA007763

Cover Note Number

**Driver** 

Name of Driver KWOK WEICHENG, TIMOTHY

NRIC No S8309885F Date Of Birth 10/04/1983 Occupation **INDOOR** Date Of Driving Pass 16/11/2015

**Driving Experience** 3 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98554741

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address BLK 635B SENJA ROAD #25-257 SINGAPORE 672635

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

NO

NO

4

**General Information of the Accident** 

Type Of Accident COLLISION - CROSS JUNCTION

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?

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : REBECCA

GENDER: : FEMALE

Passenger 2 NAME: : THADDEUS KWOK

GENDER: : MALE

Passenger 3 NAME: : AUDRINA KWOK

GENDER: : FEMALE

**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** 

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 OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJZ5593C

Vehicle Make/Model/Colour

BMW

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NG CHYI HUEY

NRIC/Passport Number

S8078525I

Contact Number

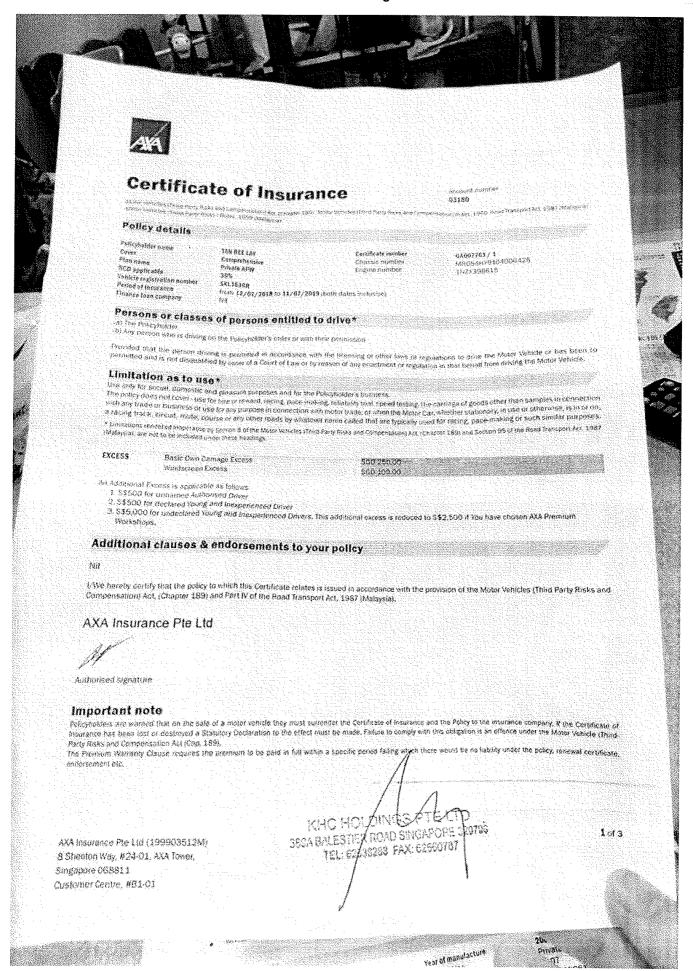
96261975

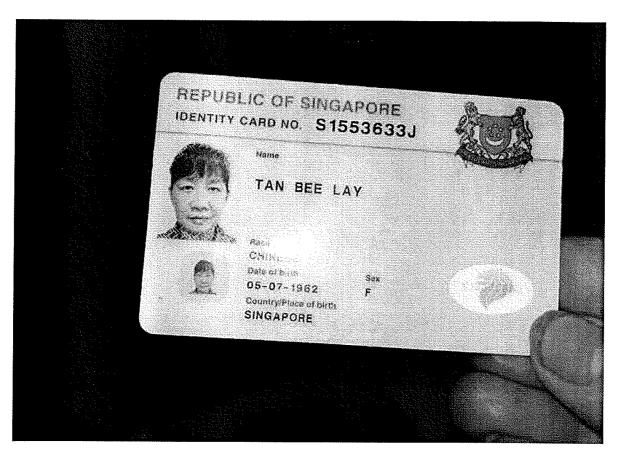
Address Postcode

Insurance Company Name

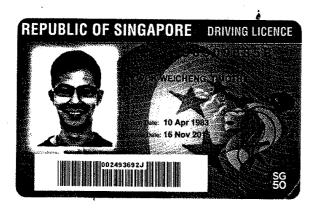
Nature Of Damage

No. Of Passenger (Including Driver)









### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8309885F





KWOK WEICHENG, TIMOTHY

郭威成 Race CHINESE

Date of birth 10-04-1983

\$83**098\$**5F

5170575

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

13-05-2013

APT BLK 6358 SENJA ROAD #25-257 SINGAPORE 672635

S8309885F



SKETCH PLAN			
	BD		
	$+++++(\triangle V)$		
		A) BKL1636R	
	<del>                                     </del>		
	<del>-   -   -   -   -   -   -   -   -   -  </del>	8/97/55936	
DESCRIBE CIRCUMSTANCES OF 1			
I was driving at of	tar Turf City and Stopped at	a Taluction to diede	
DV + Actibia cas cas.	in a traffic bloodend in	ΔN. 1. 1	
shead and it was	clear then slowly made was turning felt a know	my risht turn out,	
When I As I	was turning delt a know	1c and healised my car	
has collided with	a black BMW.		
Important:		- Reporting Only	
You have been advised by the works! claim against your own policy <b>(OD CL</b>	hop that in the event that you wish to	- Claim OD	
DAYS CLAUSE WHEREBY MUST BE IV	IADE within the stipulated time frame	- Claim TP	
from the day of the occurrence.		- Claim OD/ TP at other workshop	
DECLARATION			
I/WE declare the foregoing partic	ulars are true in every respect.		
	(In/A)	Milliam	
*******************************		/	
Policyholder's signature	Driver's Signature	Reporting Centre Personnel's Signature	
Date & Time	(if driver not the policyholder)	Name:	
	Date & Time	Nric/Fin No.	
	26/11/18 A Lbi4hrs.		

### SKETCH PLAN

### **IMPORTANT NOTICE**

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  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.
- 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:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

1614 hrs.

Reporting Centre Personner's Signature

Name: \
NRIC/FIN No.:

Transfer Fee Enquiry Page 1 of 1

# > Back to OneMotoring

Total Amount Payable : You may print this page fo			25.00
Transfer Fee :	25.00	-	25.00
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Road tax, including Over Payment Amount Payable		ehicle to the new registered owner when its ow	nership is being transferred.
		ase use Enquire Road Tax Payable for fee(s) pa	
PM Emission:			
NOx Emission :			
HC Emission :	· · · · · · · · · · · · · · · · · · ·		
CO Emission :	en e	to the Bearing Supersystems of the Supersystem	Company of the Compan
CO2 Emission :	<b>.</b>		
Intended Transfer Date:	26 Nov 2018		
Inspection Due Date :	11 Jul 2019		
Road Tax Expiry Date:	11 Jul 2019	marka sanak sa sa sanak sanak sanak sanak sanak sanak sa sanak sanak sanak sanak sanak sanak sanak sanak sanak	A market care and market a consequence of
COE Expiry Date :	30 Jun 2026		
PQP Paid:	\$46,454.00	The state of the s	
COE Category:	A - Car (1600cc & below)		
Lifespan Expiry Date :	·		
Original Registration Date:	12 Jul 2006		
Year Of Manufacture :	2006		
Jnladen Weight:	1080 kg		
Maximum Laden Weight:	1490 kg		
Maximum Power Output:	80.0 kW (107 bhp)		
Engine Capacity:	1497 сс		
Engine No.:	1NZX398615		
Propellant:	Petrol		
Chassis No.:	MR054HY9104006426		
Vehicle Model:	YARIS E AUTO		
Vehicle Make :	TOYOTA		
Vehicle Scheme:	Normal		
Vehicle Attachment 1:	No Attachment		
Vehicle Type:	P10 - Passenger Motor Car		
Vehicle No.:	SKL1636R		
Vehicle Details Vehicle No.:	SKL1636R		to the second of

OK Print







