

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	18/12/2018 17:31
Date Of Accident	03/12/2018 18:05
Exact Location Of Accident	ALONG ECP TWDS CITY BETWEEN 2A TO 7B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS6393D
Insured/Policyholder	
Name Of Registered Owner	WEE TEONG BOO
NRIC No	S0073020C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96727875
Alternative Phone No	OFFICE-96727875

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4L AT
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	VPA/P1004560
Cover Note Number	

Driver

Name of Driver	WEE TEONG BOO
NRIC No	S0073020C
Date Of Birth	27/07/1950
Occupation	INDOOR
Date Of Driving Pass	06/06/1968
Driving Experience	50 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96727875
Fax Number	
Contact Number	OFFICE-96727875
Email Address	NOEMAIL

Address	93 FARRER DRIVE #01-03
Postcode	259290
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
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	SHB6393X
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: SDS6393D
B: SHB6393X

Along ECP Towards City Between 2A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

18/11/18 5:25 PM

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

03/12/2018

Time

18:05 HRS

Location of Accident

Along/AT ECP Tube City BETWEEN 24 To 25

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

SD3 6393 D

Name of Policyholder

LEE TEONG BOO

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

80073620 C

Address

93 FARER DRIVE #01-03 Singapore 259390

Contact Number

Tel

Hp 96727875

Occupation

INDOOR

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

☒ Saloon ☐ MPV/CRV Van Lorry Bus Motorcycle Others

Exact Purpose for which vehicle was being used at the time of accident

Private use

Are you claiming under your own insurance policy?

☐ Yes

☒ No

Remarks report

Vehicle category

☒ Private

☐ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

AXA

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☒ No

Policy Number

VPA/P1004560

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

27-07-1950

Occupation

Driving Pass Date

06 JUN 1968

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)

Weather Conditions

Road Surface

Damage Area

3 PM (4 PM)
TP (Insured Front to Rear)
☒ Clear ☐ Rainy ☐ Others
☐ Wet ☒ Dry ☐ Others

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?

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SDS 6393 D

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHB 6393 X

Vehicle Make/ Model/ Colour

Tax 1

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

(We declare that the above particulars & information provided above are true in every aspect)

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

18/11/18 5:20pm

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

Date & Time

Individual Statement

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 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. 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.

Policyholder's Signature

Date & Time:

12/12/18

S2R

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



redefining

Date: 18/12/2018

To: Owner of Vehicle Number: 003 6593 D

The following has been advised to you via your workshop, BH AUTO through their staff, Yapmy

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

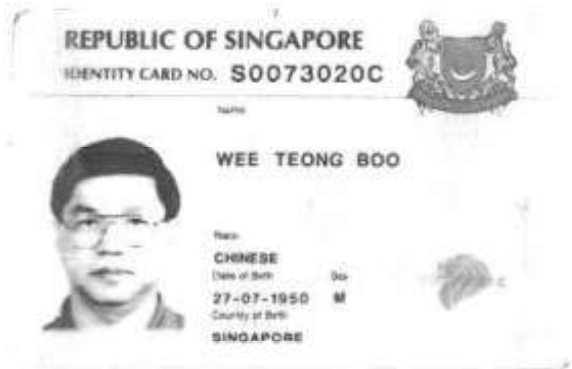
- ☐ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits 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.

Signed and acknowledge by

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



		PASS DATE
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors / vehicles \leq 2500 kg	06 Jun 1998

Licence No: S0073030C



NP 428A



CERTIFICATE OF INSURANCE

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel: 1600 8804888 Fax:-
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VPA/P1004560	Account No. : 03365
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: WEE TEONG BOO	
Vehicle Registration No.	: SDS6393D	
Period of Insurance	: From 22/11/2018 To 21/11/2019 (Both Dates Inclusive)	

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (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.

LIMITATIONS 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, 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)

Basic Own Damage Excess : SGD 500.00

ADDITIONAL EXCESS APPLICABLE FOR ANY AUTHORISED DRIVERS

Age of Driver	Driving Experience Less than 1 year	Driving Experience More than 1 year
Below 22	Own Damage Excess + S\$4,000	Own Damage Excess + S\$4,000
22 to below 27	Own Damage Excess + S\$4,000	Own Damage Excess + S\$2,500
27 to below 70	Own Damage Excess + S\$2,500	Own Damage Excess
70 and above	Own Damage Excess + S\$2,500	Own Damage Excess + S\$2,500

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 55 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).

winner INSURANCE AGENCIES PTE LTD
Blk 147 Potong Pasir Avenue 1 #02-93
Singapore 350147
Tel: +65 6283 8611 Fax: +65 6283 7611
RCB /GST Registration Number: 200006391E

N.B :
Your authorized workshop is Kah Motor Co Sdn Bhd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - WINNER03 . on 07/11/2018

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 Vehicles (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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



1/20181218/2110

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No: 1/20181218/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2018 16:32		Vide Report No.:		Station Diary No: 79
Informant's Particulars				
Name of Informant: WEE TEONG BOO		Address: 53 FARRER DRIVE #01-03 SINGAPORE 259290		
ID Type / ID No.: NRIC NO / S0073020C		Contact No.: Home/Office: Mobile: 96727675		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 68	Date of Birth: 27/07/1950	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Doctor		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/12/2018 18:00	Type of Location: Expressway
Location: Along Road 1 EAST COAST PARK SERVICE ROAD Along ECP towards City (expressway)				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	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
S0S6393D	Car	HONDA	ODYSSEY 2.4L AT	Purple	No Damage	2
SHB8393X	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
S0S6393D	AXA INSURANCE SINGAPORE PTE LTD	P1004560	22/11/2018	21/11/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20181218/2110

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4829999

2 of 3

Report No: T/20181218/2110

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WEE TEONG BOO	ID No.	S0073020C
Related Vehicle	SDS6393D (Car)	Contact No.	96727875
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 17/12/2018, I received a letter from Traffic Police, TP/IP/68625/2018, that I had met with an hit and run between a taxi, SHB6393X. On the 03/12/2018 at about 6pm, I had picked up my son from airport and heading home to Farrer Drive. While driving along ECP towards city, near to exit 2A, I noticed a white Mercedes taxi, SHB6393X tailgating my vehicle, SDS6393D, Honda Odyssey, Maroon colour. I was driving at 80km/hr+. The taxi change his lane from 1 to 2. The taxi overtake me and back into lane 1. The taxi then reduce his speed resulting me to step on my brake. After a while, I decided to overtake him as he was driving slowly in front of me on lane 1. I overtook the taxi and signal my vehicle from lane 2 back to lane 1. As I was filtering into lane 1, the taxi suddenly sped up dangerously and his vehicle was closed to my right bumper. I did not feel any collision. The taxi immediately accelerate and overtook my vehicle from lane 1 to lane 2. The taxi then sped off from lane 2.

I would wish to state that I did not feel any collision during the incident. I did not made a check on my vehicle till I received a letter from my insurance company on the 12/12/2018. I discovered a white paint mark on my right rear bumper. I did not suffered any injury nor my wife and son. I'm not sure if the taxi has any passenger on board or any injury to the taxi driver. No government property damaged. I'm making a report after I received a traffic police report.

Police Report



SINGAPORE
POLICE FORCE



T/2018/218/2110

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629968

3 of 3
Report No: T/2018/218/2110

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: E / Staff Sgt LIM JIAN HONG 	Signature Of Informant 
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2018 16:32
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG  Contact No: 65476144	Classification Of Case: SH 0
Authentication Stamp NP188	