

## 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	11/12/2018 13:48
Date Of Accident	10/12/2018 14:20
Exact Location Of Accident	PATERSON HILL TRAFFIC LIGHT TO IRWELL BANK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBY8030E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OWYANG YOKE MENG
NRIC No	S0003345F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96630360
Alternative Phone No	OFFICE-96630360

### Vehicle Particulars

Manufacturer	OPEL
Model	OPEL GRANDLAND 1.2
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	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	P2106966
Cover Note Number	

### Driver

Name of Driver	OWYANG YOKE MENG
NRIC No	S0003345F
Date Of Birth	22/05/1951
Occupation	INDOOR
Date Of Driving Pass	09/03/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96630360
Fax Number	
Contact Number	OFFICE-96630360
Email Address	NOEMAIL



Address	34 JALAN LEBAT DAUN
Postcode	808805
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?	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)	2
Passenger 1	
	NAME: : MRS OWYONG
	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 ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3638R
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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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:

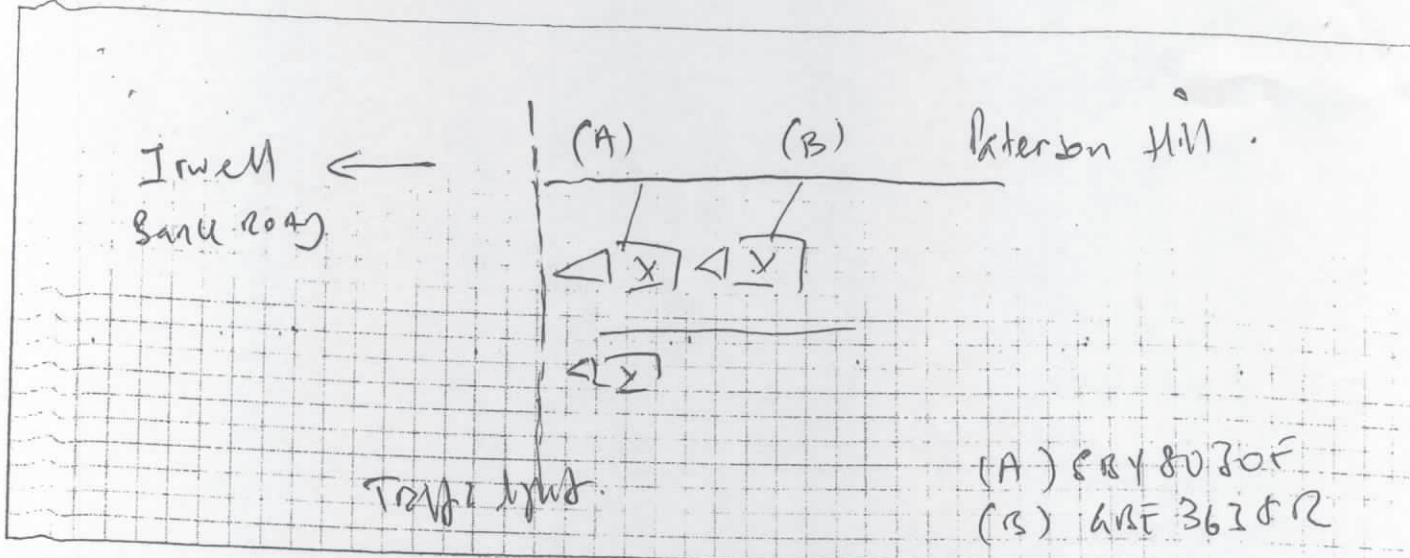
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping for a while at the traffic light, waiting for "Green" to move. Suddenly (B) 4BF 3630R, coming from behind ran onto me, thus my rear was damaged. He claim that the road was slippery I could not stop in time.

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.:





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/P2106966 Account No. : 15038  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : OWYONG YOKE MENG  
Vehicle Registration No. : SBY8030E  
Period of Insurance : From 02/04/2018 To 01/04/2019 (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 750.00

An Additional Excess is applicable as follows:

S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.  
S\$5,000.00 for Undeclared Young and Inexperienced Driver.  
(Please refer to your policy on the terms & conditions)

\* 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.

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 - MVUELSIE on 23/04/2018

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.



Type	Country Code	Passport No
PA	SGP	E6013945F
Name		

4396

Sex	Nationality
M	SINGAPORE CITIZEN
Date of birth	Place of birth
22 MAY 1951	SINGAPORE
Date of issue	Date of expiry
28 APR 2016	13 JAN 2022
Modifications	Authority
SEE PAGE 2	MINISTRY OF HOME AFFAIRS
National ID No	
S0003345F	

PASGPOWYONG<<YOKE<MENG<<<<<<<<<<<<<<<<<<<<<<<<<  
E6013945F9SGP5105221M2201133S0003345F<<<<<60





**SINGAPORE  
POLICE FORCE**



E/20180118/2051

1 of 3

**POLICE REPORT (NP322)**

Report No. E/20180118/2051

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Date/Time Report Made 18/01/2018 17:26		Vide Report No.		Station Diary No 73	
Name Of Informant OWYONG YOKE MENG		Address 34 JALAN LEBAT DAUN SINGAPORE 808805			
ID Type / ID No. NRIC NO / S0003345F		Contact No. Home/Office      Mobile 98630360			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation BUSINESSMAN		Sex Male	Age 66	Date of Birth 22/05/1951	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 18/01/2018 15:30		Location Of Incident 1 RAFFLES PLACE ONE RAFFLES PLACE SINGAPORE 048616			

**Brief details.**

Now, I am lodging this report for replacement purpose. I might dropped it at the above mentioned location premises. I tried to locate it but to no avail.

**Property Information**

Signature Of Officer Recording The Report:  
E / Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
Insp AW LUO MIN  
Contact No.: 63910000

Authentication Stamp

Signature Of Informant:

Date/Time:  
18/01/2018 17:26

Classification Of Case:

	SINGAPORE POLICE FORCE	SN 070
SIGNATURE		FUPO hotline number: 68429645





**SINGAPORE  
POLICE FORCE**



E/20180118/2051

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POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. E/20180118/2051

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One Black Wallet
2	Identity Card	Lost	SINGAP ORE NRIC			1		One Singapore NRIC belongs to S0003345F
3	Cash	Lost				1	Singapor e Dollars 1000.00	Cash amounting Singapore One Thousand dollars
4	Cash	Lost				1	Thai Bahts 19000.00	Cash amounting Nineteen Thousand Bahts
5	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSE AS BANK LTD			1		One UOB Credit Card

Signature Of Officer Recording The Report:

E / Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Interpreter:  
Not applicable

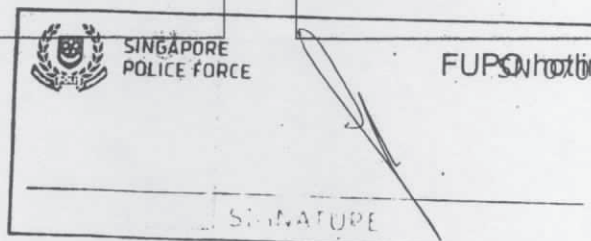
Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
Insp AW LUO MIN  
Contact No.: 63910000

Signature Of Informant:

Date/Time:  
18/01/2018 17:26

Classification Of Case:

Authentication Stamp



FUP Who line number: 68429645





**SINGAPORE  
POLICE FORCE**



E/20180118/2051

3 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. E/20180118/2051

6	Credit Card / Debit Card/ ATM Card	Lost	HSBC LTD			1		One HSBC Credit Card
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Signature Of Officer Recording The Report:

E / Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
Insp AW LUO MIN  
Contact No.: 63910000

Authentication Stamp

Signature Of Informant:

Date/Time:  
18/01/2018 17:26

Classification Of Case:



SINGAPORE  
POLICE FORCE

SN 070

FUPO hotline number: 68429645

SIGNATURE