

## 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	14/12/2018 11:08
Date Of Accident	13/12/2018 08:25
Exact Location Of Accident	ALONG CLEMENCEAU AVE NORTH NEAR BLK 426
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN7387R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHEENA LEE YAN RONG
NRIC No	S9147142F
Email Address	BANGTHISWALL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96842387
Alternative Phone No	OFFICE-96842387

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA PRIMAVERA-150CC
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AN3170534
Cover Note Number	

### Driver

Name of Driver	MAXINE TAN
NRIC No	S9440818J
Date Of Birth	08/11/1994
Occupation	INDOOR
Date Of Driving Pass	20/09/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96842387
Fax Number	
Contact Number	OFFICE-96842387
EEmail Address	BANGTHISWALL@HOTMAIL.COM

Address	BLK 327 SEMBAWANG CRESCENT #03-30
Postcode	750327
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO: T/20181213/2062. STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

#### 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	SLE9952A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MAXINE TAN
Approximate Age	
Injuries Sustain	SLIGHT INJURIES
Injured person in which vehicle?	FBN7387R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

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

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

## Sketch Plan #2

### SKETCH PLAN

Vehicle  
A - FEN7387R  
B - SLE9952A.

Legend  
Vehicle  
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: 1/20181213/2062.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:



**SINGAPORE  
POLICE FORCE**



T/20181213/2062

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20181213/2062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/12/2018 13:43		Vide Report No.: E/20181213/0069		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MAXINE TAN			Address: 327 SEMBAWANG CRESCENT #03-30 SINGAPORE 750327		
ID Type / ID No.: NRIC NO / S9440818J			Contact No.: Home/Office: Mobile: 81121612		
Nationality:			Email:		
Sex: Female	Age: 24	Date of Birth: 08/11/1994	Type of Informant: Rider		
Race:			Language:		Institution / School Name:
Occupation: RETAIL BUYER			Driving Licence Information: Class: 2B,3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2018 08:25	Type of Location: Straight Road
Location: Along Road 1 CLEMENCEAU AVENUE NORTH NEAR BLOCK 426				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN7387R	Motorcycle					0
SLE9952A	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181213/2062

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20181213/2062

**CONTINUATION OF REPORT**

Rider			
Name	MAXINE TAN	ID No.	S9440818J
Related Vehicle	FBN7387R (Motorcycle)	Contact No.	81121612
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	13/12/2018	Date Discharge	13/12/2018
No. of Days granted Medical Leave	02	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS RIDING ON THE RIGHT LANE OF 2 ON CLEMENCEAU AVENUE NORTH. THE CAR MENTIONED ABOVE WAS AHEAD OF ME. I NOTICED THE CAR HAD SIGNALLED RIGHT TO MAKE A TURN. I SLOWED DOWN , HOWEVER INSTEAD OF MAKING A RIGHT TURN , THE CAR CAME TO A COMPLETE STOP. BY THE TIME THE CAR STOPPED, IT WAS TOO LATE FOR ME TO COME TO A STOP AND COLLIDED INTO THE REAR OF THE CAR. I WAS INJURED AS A RESULT OF THIS ACCIDENT AND CONVEYED BY AMBULANCE TO TAN TOCK SENG HOSPITAL.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181213/2062

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20181213/2062

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:

TP /

KHALED AMR HASSAN MOHSEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/12/2018 13:43

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

Signature: 



DRIVER IC/DL Pg. 1

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Portrait photo of Maxine Tan

Licence Number: **S9440818J**  
Name: **MAXINE TAN**  
Birth Date: **08 Nov 1994**  
Issue Date: **11 Jul 2014**

Barcode: 002324019F

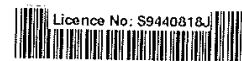
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

			EFFECTIVE DATE
Cia	Class 2B	Motorcycles ≤ 200 CC	28 Sep 2018
	Class 3A	Motor cars without clutch pedals ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles without clutch pedals ≤ 2500 kg	11 Jul 2014

S9440818J

S / No. 9000284230

NP 428A



DRIVER IC/DL

4376855



NRIC No. S9440818J



Date of Issue  
24-03-2009

Address  
APT BLK 327 SENBAWANG CRESCENT  
#03-30  
SINGAPORE 750327



# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

<b>1 Date of accident</b> Time <b>13/12/18 08:25</b>		<b>2 Exact location of accident</b> <b>Along Clemenceau Ave North. near 151/426</b>		<b>3 Injuries even if slight</b> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
<b>4 Material damage</b> To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		<b>5 Witness' name, address and tel no.</b> (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

**Registration No. (VEHICLE A)** **FBN 7387R**

**6 Insured / policyholder (see insurance cert.)**

Name **Sheena Lee Yan**  
(capital letters) **Rong**

Address \_\_\_\_\_

NRIC / Passport no. **S9142142F**

Tel no. (from 9am till 5pm) **96842387**

HP \_\_\_\_\_

**7 Vehicle**

Make, type \_\_\_\_\_

**8 Insurance company**

**AXA** ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?  
No ☐ Yes ☒

Policy No. **AN 3170534**

**9 Driver** ☐ Same as Owner

Name **Maxine Tan.**  
(capital letters)

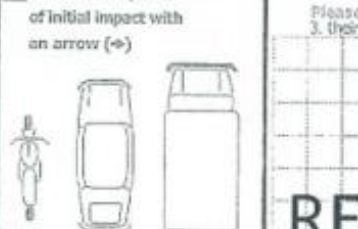
NRIC / Passport no. **S9440818J**

Class of licence \_\_\_\_\_

HP **81121612**

Gender Male ☐ Female ☒

**10 Indicate the point of initial impact with an arrow (⇒)**



**11 Visible damage to vehicle A**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14 My remarks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12 CIRCUMSTANCES**  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

- |                             |   |
|-----------------------------|---|
| <input type="checkbox"/> 01 | Chain Collision                                 |
| <input type="checkbox"/> 02 | Collided into Bicyclist                         |
| <input type="checkbox"/> 03 | Collided into Motorcyclist                      |
| <input type="checkbox"/> 04 | Collided into Parked Vehicle                    |
| <input type="checkbox"/> 05 | Collided into Pedestrian                        |
| <input type="checkbox"/> 06 | Collided into Property                          |
| <input type="checkbox"/> 07 | Collision - Change/Cross Lane                   |
| <input type="checkbox"/> 08 | Collision - Cross Junction                      |
| <input type="checkbox"/> 09 | Collision - Head on Collision                   |
| <input type="checkbox"/> 10 | Collision - Head to Rear                        |
| <input type="checkbox"/> 11 | Collision - Major/Minor Rd                      |
| <input type="checkbox"/> 12 | Collision - Opening Door of Vehicle             |
| <input type="checkbox"/> 13 | Collision - Roundabout                          |
| <input type="checkbox"/> 14 | Collision - U-Turn                              |
| <input type="checkbox"/> 15 | Drink Driving / Drug Influence                  |
| <input type="checkbox"/> 16 | Fire, Explosion or Lightning                    |
| <input type="checkbox"/> 17 | Flood   |
| <input type="checkbox"/> 18 | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> 19 | Hit by Fallen Tree / Other Objects              |
| <input type="checkbox"/> 20 | No Collision                                    |
| <input type="checkbox"/> 21 | Side Swipe                                      |
| <input type="checkbox"/> 22 | Theft   |

← **State TOTAL number of boxes marked with a cross** →

**13 Sketch of accident when impact occurred**

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please make reference to one of the sketches on page 4

**15 Signatures of drivers**

**A** *Maxine*

**14 My remarks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →



# Individual Statement

INDIVIDUAL STATEMENT (Part II)															
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	Own Workshop Email / Fax (if any) _____ Email: <u>Bongthiisun11@Hotmail.com</u>														
	1 Occupation (if more than one, state all)		2 Vehicle registration no. _____ C.C. _____												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner _____		If commercial vehicle, state permissible carrying capacity _____												
	state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____														
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____														
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present _____ Tel no. _____														
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
	7 Date of birth _____	Occupation _____	Date of license pass _____	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>											
	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>												
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____														
	9 Full details of all driving convictions including pending prosecutions in the last 36 months														
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty								
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
	<u>Maxine Tan</u>		<u>FGN 758JR</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>											
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)											
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>UBA HQ</u>														
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____														
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>														
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>														
	16 Speed of vehicles A _____ km/hr B _____ km/hr														
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____														
	20 If your vehicle is commercial, state weight of load carried at time of accident _____														
Declaration	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
	22 State number of Passengers (including Driver) _____														
I/We declare the foregoing particulars are true in every respect															
Policyholder's signature _____ Date _____															
Driver's signature (if driver is not the policyholder) <u>Maxine Tan</u> Date _____															

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

