

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	09/02/2019 11:12
Date Of Accident	08/02/2019 18:00
Exact Location Of Accident	YISHUN AVE 7 /YISHUN AVE 6 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8569Y
Insured/Policyholder	
Name Of Registered Owner	KOO WAI JEIN
NRIC No	S1684914F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98301975
Alternative Phone No	OFFICE-98301975

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 (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?	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	0
Cover Note Number	CN020052

Driver

Name of Driver	KOO YAM FAH
NRIC No	S0278413J
Date Of Birth	06/04/1938
Occupation	INDOOR
Date Of Driving Pass	11/04/1958
Driving Experience	60 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98301975
Fax Number	
Contact Number	
EEmail Address	YAMFAH@SINGNET.COM.SG

Address	BLK 116 LORONG 2 TOA PAYOH #18-168
Postcode	310116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 (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 1 GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 2 GENDER: : MALE

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 REPORT ATTACHED

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	YP8241M
Vehicle Make/Model/Colour	LORRY/MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

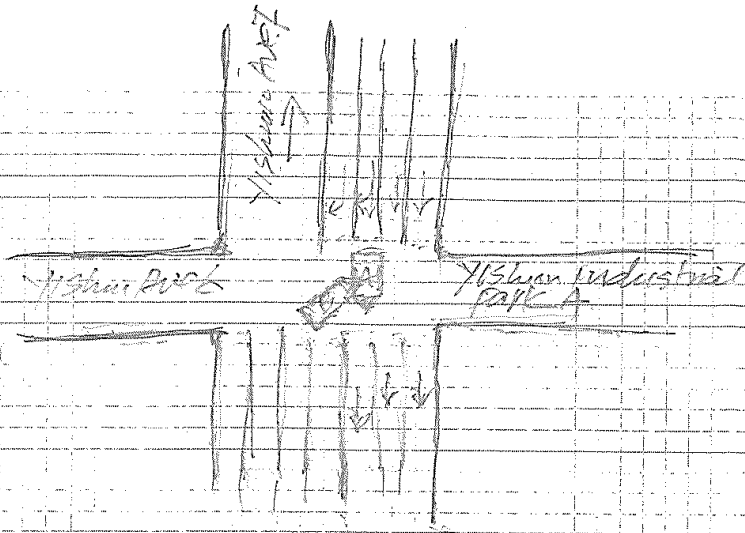
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Yishuan Ave. 8

Refer to report attached.

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/PIN No.:

9/2/19

Sketch Plan Pg. 2

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:

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

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



Yamfah Koo <yamfah@gmail.com>

Account

2 messages

Yamfah <yamfah@singnet.com.sg>

Sat 9 Feb, 09:00

To: KOO YAM FAH <yamfah@singnet.com.sg>

Cc: <yamfah@gmail.com>

On Friday 8 February 2019 at around 6pm, I was driving along Yishun Ave 7 towards Yishun Ave 8. As my car (vehicle A) was passing the traffic lights cross junction of Ave 7 and Ave 6 (light shown green in my favour), a truck (vehicle B) of vehicle no. YP8241M driving at great fast speed (beat the traffic lights shown red) out from Ave 6 towards my car. I quickly accelerated so as to avoid destructive impact onto my car but then due to the truck speeding, the truck front R/H crashed on my car the R/H side from front to rear damaging it very badly. It is obvious that the truck driver had ignored the traffic lights rule and sped across red traffic light causing the accident. After the accident, I stopped my car along the road and took photo of the truck and his damages. I also noticed the truck has a car camera installed. I am filing this accident report to claim damages that his dangerous driving had caused the accident and damages to my car.

Sent from my iPhone

Yamfah Koo <yamfah@gmail.com>

Sat 9 Feb, 09:01

Draft to: Yamfah <yamfah@singnet.com.sg>

[Quoted text hidden]

Yamfah Koo
09/2/19.

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 330 4888
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg

**Insurer's Copy**

Agent Code: 05495
 Policy No. (if any): P1313317
 Renewal
 SmartDrive Quote Ref:

No. **CN020052****MOTOR COVER NOTE**

- Republic of Singapore; or
- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
 - The Road Transport Act 1987 of Malaysia; or
 - The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
 - The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
 - And any subsequent revisions to the above Acts and Agreements
- The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	KOO WAI JEIN
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA AXIO 1.5 COROLLA 1.5 X AXIO A
VEHICLE REGISTRATION NO.	SJK8569Y
YEAR OF MANUFACTURE	2008
ENGINE NO.	1NZD208270
CHASSIS NO.	NZE1416093514
ENGINE CAPACITY/TONNAGE	1496
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	NIL
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 06/11/2018 TO: 05/11/2019
EXCESS (\$)	300
AXA PREMIUM WORKSHOP?	YES

WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

 Authorised Signature

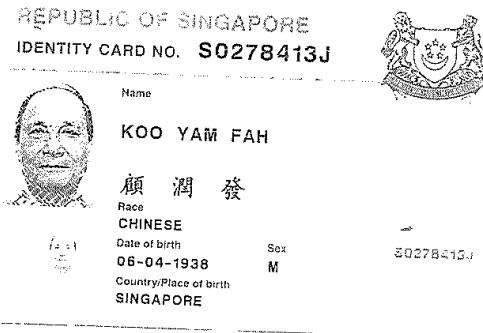
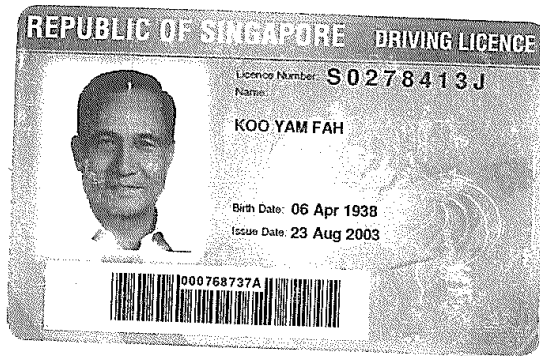
Issued by Janet TAY on 30/10/2018 2:07 pm

- Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.
- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
 - An administrative fee of S\$26.75 (inclusive of GST) will be charged :
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:
 Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
 For Non-Individual Customers:
 Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

NTR/CN020052/03



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	27 Oct 1960
Class 2A	Motorcycles between 201 cc and 400 cc	27 Oct 1960
Class 2	Motorcycles exceeding 400 cc	27 Oct 1960
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Apr 1958



NP 428A

5310497



Identity Card No. S0278413J



Date of issue: 28-05-2014

Address: APT BLK 116 LORONG 2 TOA PAYOH #18-168 SINGAPORE 310116

2/9/2019

Accident Report for SJK8569Y

Reply all | Delete Junk | ...

Accident Report for SJK8569Y

WK

Wai Jein Koo <waijein@yahoo.com>

Today, 11:08 AM

CDGE Braddell Private Cars Crash Repair Counter



Reply all |

Inbox

Dear Mr Patrick

I refer to the accident report on car SJK 8569Y. I hereby authorize my father, Koo Yam Fah, to report the accident.

Please contact me at 81210828 if you have any question. I attach my insurance policy for your reference.

<p>AXA INSURANCE PTE LTD 8 Shenton Way #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel: 1800 8804888 Fax: Website: www.axa.com.sg GST Registration Number: 198903512M customer.care@axa.com.sg</p>		
<p>POLICY INFORMATION</p>		
Source	: (03) 03121 DIRECT A	
Insured	: KOO WAI JEIN	
Address	: 10E #19-17 BRADDELL HILL SINGAPORE 579724	
Period of Insurance	: From 06/11/2018 TO	
Transaction No.	: 00008	
Billing Currency	: SGD	
Gross Premium Less Discount SGD		Charges SGD
956.17		GST 7.00%
<p>Premium Details (SGD)</p>		
Gross Premium	: 956.17	
Total Discount	: 0.00	
Gross Premium less Discount	: 956.17	

Sketch Plan Pg. 7

Date:

9/2/19

To: Owner of Vehicle Number:

SJK 8569Y

The following has been advised to you via your workshop, _____ through their staff, _____.

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

- ☒ You had been advised by the workshop that in the event 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.
- ☐ The Estimation 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 below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
- ☐ Others _____

Signed and acknowledge by:



Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



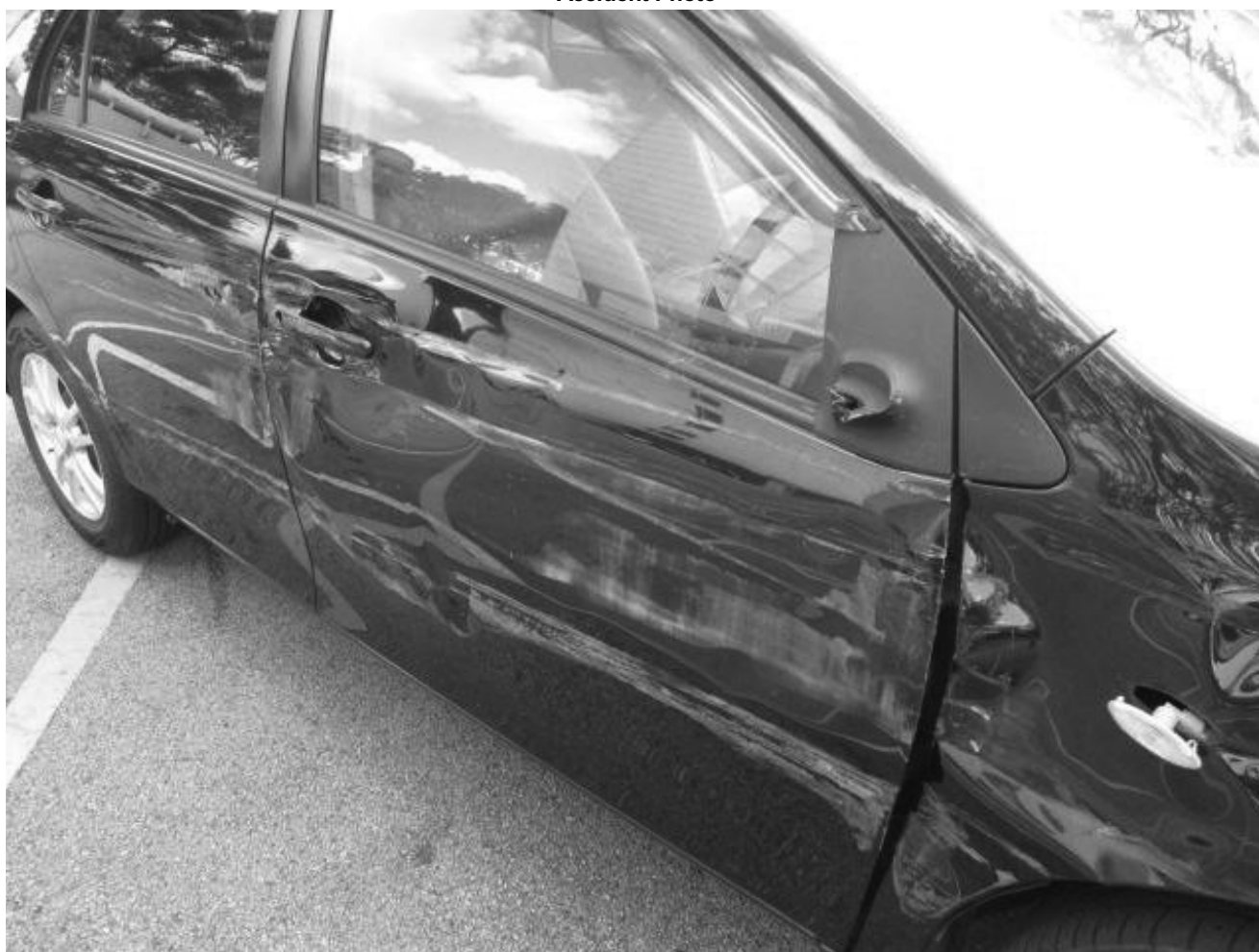
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Google Maps Yishun Ave 7



Image capture: Feb 2018 © 2019 Google
Singapore

Google

Accident Photo



Accident Photo



Accident Photo

