

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	22/02/2019 13:44
Date Of Accident	21/02/2019 22:15
Exact Location Of Accident	TEMASEK AVE ROUND ABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5777J
Insured/Policyholder	
Name Of Registered Owner	CHUA CHIN HUA
NRIC No	S1116627Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93691327
Alternative Phone No	OTHERS-93691327

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2157942
Cover Note Number	

Driver

Name of Driver	CHUA CHIN HUA
NRIC No	S1116627Z
Date Of Birth	19/02/1955
Occupation	INDOOR
Date Of Driving Pass	30/05/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93691327
Fax Number	
Contact Number	OTHERS-93691327
Email Address	NOEMAIL

Address	6 KOVAN RISE #03-14
Postcode	544736
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 - ROUNDABOUT
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)	1

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 & STATEMENT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH MCA ; SAM AT UBI
Was there any audio recorded?	NO

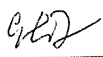
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF563R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO BOON LYE
NRIC/Passport Number	S7018217C
Contact Number	94306173
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


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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.



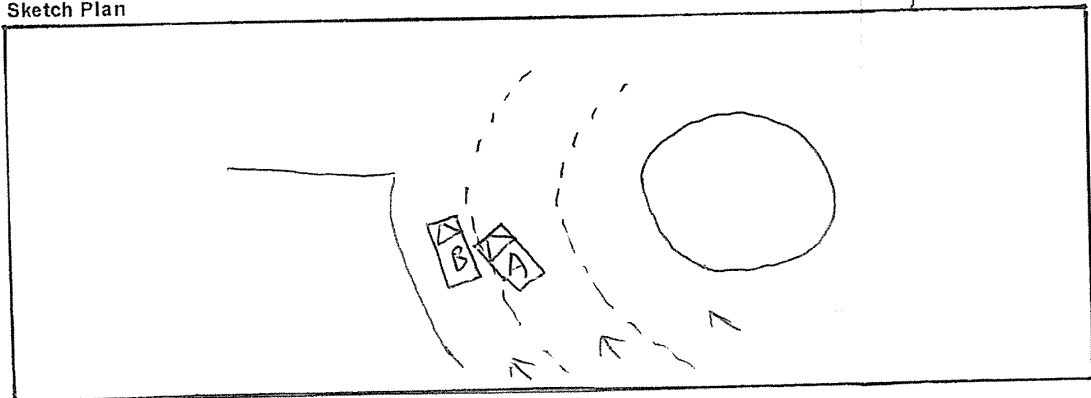
Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On 2/18/19 at around 1050 PM, I'm trying to move my car to left lane, and hit another car.

Declaration

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

Witnessed by Reporting Centre
Personnel

NOTICE OF COMPLIANCE Pg. 1

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Chua Chin Hua (HP:93691327), NRIC/FIN S1116627Z has reported to the Police a non-injury traffic accident which occurred at Temasek Avenue round about, turning to Rochor/Beach Road on 21/02/2019 at 1830hrs involving the following vehicles:

- 1) SMD5777J (Complainant – 8 Kovan Rise #03-14)
- 2) SHF563R (Taxi driver – Yeo Boon Lye, S7018217C, HP:94306173, Blk 252 Pasir Ris St 21 #09-209)

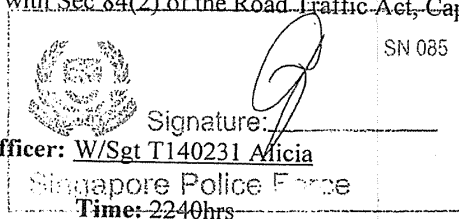
- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: W/Sgt T140231 Alicia

Date: 21/02/2019

S/D Ref: 148

Police Post/Unit: Hougang NPC



HOUGANG NPC
60 HOUGANG AVE 9
SINGAPORE 538775
TEL: 1800-4890999

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

AXA INSURANCE PTE LTD
 100 Raffles Place, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: (65) 63387288 Fax: (65) 63382522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 Customer.service@axa.com.sg



Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Duplicate

POLICY INFORMATION		Policy No. : VPA/P2157942	
Source	: (01) 14885 BMS-AXA TOYOTA NB		
Insured	: CHUA CHIN HUA		
Address	: 6 KOVAN RISE #03-14 SINGAPORE 544736		
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance	: From 30/07/2018 To 29/07/2019 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 50.00%	: SGD 1,577.94		
NCD			
GST 7.00%	: SGD 110.46		
Annual Premium	: SGD 1,688.40		
Total Payable	: SGD 1,688.40		
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	: Comprehensive		
Regn No.	: SMD5777J		
Type Of Use	: Private Car		
Make/Model	: TOYOTA CAMRY 2.5		
Year of Manufacture	: 2018	Seating Capacity (excl. Driver)	: 04
Body Type	: SALOON	Engine C.C.	: 2494
Engine No.	: 2AR1966320		
Chassis No.	: MR053AK5004012784		
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
Hire Purchase	: DBS BANK LTD		
<u>Extra Coverage(Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
Basic Own Damage Excess		: SGD 600.00	
<u>Named Drivers</u>			
1 CHUA CHIN HUA			
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
Sales Agent ID : BSTL022			


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1116627Z**

Name: **CHUA CHIN HUA**

Birth Date: **19 Feb 1955**
Issue Date: **14 Apr 2003**

000383378E





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1116627Z**

Name: **CHUA CHIN HUA**
蔡振华

Race: **CHINESE**
Date of Birth: **19-02-1955**
Country of Birth: **SINGAPORE**

Sex: **M**

EMERGENCY EXERCISE **FOOD**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 May 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 Jan 1984

Licence No: **S1116627Z**


NP 428A

0314906

NRIC No. **S1116627Z**

Blood Group: **B+**
Date of Issue: **19-04-1992**

6 KOVAN RISE #03-14
SINGAPORE 644738
NRIC No: **S1116627Z**
Date: **29/08/2016**




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

