

## 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	01/03/2019 16:51
Date Of Accident	28/02/2019 13:45
Exact Location Of Accident	UBI AVE 3 TURNING INTO UBI AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5987D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOO OOI NAM LIONEL
NRIC No	S7330586A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96431466
Alternative Phone No	OFFICE-96431466

### Vehicle Particulars

Manufacturer	BMW
Model	523I
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	CN035306
Cover Note Number	

### Driver

Name of Driver	LOO OOI NAM LIONEL
NRIC No	S7330586A
Date Of Birth	27/08/1973
Occupation	INDOOR
Date Of Driving Pass	23/10/1993
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96431466
Fax Number	
Contact Number	OFFICE-96431466
Email Address	NOEMAIL

Address	BLK 404B FERNVALE LANE #23-139
Postcode	792404
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 - MAJOR/MINOR RD
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 142 POTONG PASIR AVENUE 3 , <b>POSTCODE:</b> 350142 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2829999 - <b>FAX NO:</b> 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20190301/2088

#### 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	SMD3297R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

## Sketch Plan Pg. 1

### 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)

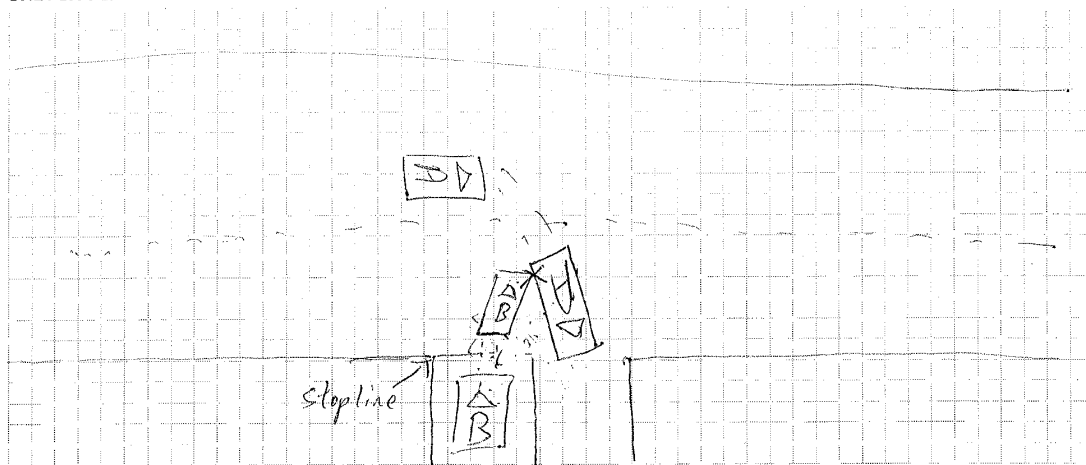
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

~~I was~~  
Refer to police report.

## 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.: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20190301/2088

1 of 3

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

Report No. T/20190301/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2019 14:18	Vide Report No.:	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: LOO OOI NAM, LIONEL			Address: APT BLK 404B FERNVALE LANE #23-139 SINGAPORE 792404	
ID Type / ID No.: NRIC NO / S7330586A			Contact No.:	Mobile: 96431466
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 45	Date of Birth: 27/08/1973	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GENERAL MANAGER @ SPECTRA INSTRUMENTS PTE LTD			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

General Information of the Incident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/02/2019 13:45	Type of Location: T-Junction
Location: Along Road 1 UBI AVENUE 3 UBI AVENUE 4 Along Ubi Avenue 3 turning into Ubi Avenue 4.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD3297R	Car	MERCEDES BENZ		Silver	Slightly Damaged	0
SMG5987D	Car	BMW	523i	Grey	Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190301/2088

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Tel No: 1800-2829999

Report No. T/20190301/2088

## CONTINUATION OF REPORT

Name	CHUA JUN WEI	ID No.	S9448502I
Related Vehicle	SMD3297R (Car)	Contact No.	97383139
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
<b>Driver</b>			
Name	LOO OOI NAM, LIONEL	ID No.	S7330586A
Related Vehicle	SMG5987D (Car)	Contact No.	96431466
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 28/02/2019 at about 1345hrs, I was driving my vehicle along Ubi Avenue 3 turning into Ubi Avenue 4 (T-junction). I was driving on the right lane, turning right, entering Ubi Avenue 4. I noticed that there was another vehicle, at the stop line alone Ubi Avenue 4.

While I was making the right turn entering, Ubi Avenue 4, I felt a jerk as another vehicle had hit onto my vehicle. The other vehicle was along Ubi Avenue 4 and the driver drove his vehicle even before my vehicle finish turning into Ubi Avenue 4. The other vehicle's right front bumper hit onto my vehicle's right rear bumper. Subsequently, the other driver and I came down from our vehicle and exchanged particulars. The other driver apologized to me and told me that he did not realized that my vehicle had yet to finish turning into Ubi Avenue 4.

I am lodging this report for the purpose of insurance claiming.



**SINGAPORE  
POLICE FORCE**



T/20190301/2088

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Report No. T/20190301/2088

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

**CONTINUATION OF REPORT**

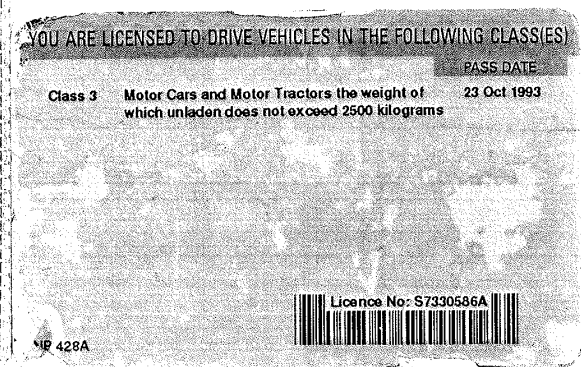
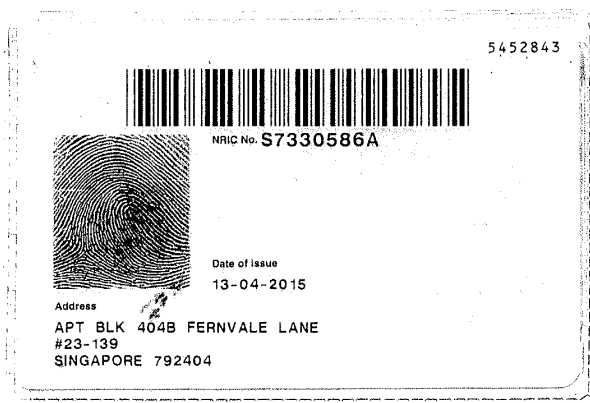
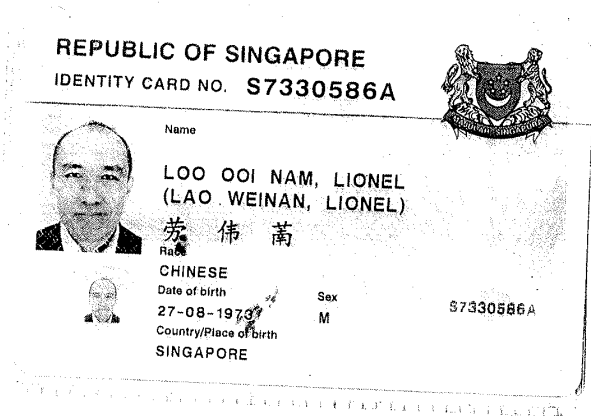
**Sketch Plan**

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 / Sgt 2 EUGENE LOW	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2019 14:18
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 057
SIGNATURE	





# Accident Sketch Plan Pg. 1

## AXA INSURANCE PTE LTD

8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Centre #01-21  
Tel: 1800 8804888  
Website: www.axa.com.sg  
GST Registration Number : 199903512M  
customer.care@axa.com.sg



Original

Agent Code: 13854

Policy No.(if any):

New Business

SmartDrive Quote Ref:

## MOTOR COVER NOTE

No. CN035306

- 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	LOO OOI NAM, LIONEL
MAKE AND DESCRIPTION OF VEHICLE	BMW 523 I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
VEHICLE REGISTRATION NO.	SMG5987D
YEAR OF MANUFACTURE	2010
ENGINE NO.	04637570N52B25AF
CHASSIS NO.	WBAFP32010C546466
ENGINE CAPACITY/TONNAGE	2497
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MAYBANK
VALUE (\$\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 27/02/2019 TO: 26/02/2020
EXCESS (\$\$)	600
AXA PREMIUM WORKSHOP?	NO



I/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

Issued by SD CONTEGO SERVICES on 26/02/2019 8:37 am

Authorised Signature

**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.

MTR/C/NOTE/V01/03

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

