

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 | 05/03/2019 16:25 |
| Date Of Accident | 04/03/2019 18:30 |
| Exact Location Of Accident | JALAN SULTAN BEACH RD X MINTO RD YELLOW BOX |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJE8145T |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------------|
| Name Of Registered Owner | WU JIN |
| NRIC No | S2619807J |
| Email Address | WU.JIN08@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90251910 |
| Alternative Phone No | OFFICE-91863581 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | LEXUS |
| Model | IS250 AUTO LUXURY 2500 |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | VA1/GA067623 |
| Cover Note Number | 28/10/2018-27/10/2019 |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YE HONG |
| NRIC No | S2619808I |
| Date Of Birth | 27/01/1961 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/08/2000 |
| Driving Experience | 18 YEARS AND 6 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91863581 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-------------------------|
| Address | 98 FLORA ROAD #04-06 |
| Postcode | 507008 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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? | NO |
| 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 | ROCHER N.P.C |
| Police Station Address | ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2949999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACHMENT

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 | SJY7702L |
| Vehicle Make/Model/Colour | MAZDA 3 |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAN ZHI XIAN |
| NRIC/Passport Number | S9245103H |
| Contact Number | 84998892 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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)**

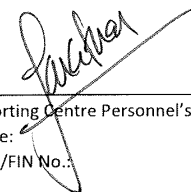
I understand, acknowledge, agree and consent that:

- (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

* REFER TO ATTACH SKETCH *

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

** REFER TO POLICE REPORT. **
T/20190304/2176.

| | |
|---|--|
| <p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p> | <input checked="" type="checkbox"/> Reporting Only |
| | <input type="checkbox"/> Claim OD |
| | <input type="checkbox"/> Claim TP |
| | <input type="checkbox"/> Claim OD / TP at other workshop |

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/20190304/2176

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190304/2176

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 04/03/2019 20:46 | Vide Report No.: | Station Diary No.: 193 |
|--|------------------|---------------------------|

| Informant's Particulars | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: YE HONG | | | Address: 98 FLORA ROAD #04-60 SINGAPORE 507008 | |
| ID Type / ID No.: NRIC NO / S26198081 | | | Contact No.: Home/Office: Mobile: 91863581 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Female | Age: 58 | Date of Birth: 27/01/1961 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: IT CONSULTANT | | | Driving Licence Information: Class: 3 Date of Expiry: | |

| General Information of the Accident | | | | |
|---|----------------------|------------------------------------|--|---------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 04/03/2019 18:30 | Type of Location: T-Junction |
| Location: Along Road 1 JALAN SULTAN BEACH ROAD JUNCTION MINTO ROAD YELLOW BOX | | | | |
| Weather: Cloudy | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| 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 |
| SJE8145T | Car | | | | Slightly Damaged | 0 |
| SJY7702L | Car | | | | Slightly Damaged | 2 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20190304/2176

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190304/2176

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|------------------|---|
| Driver | | | |
| Name | YE HONG | | ID No. S2619808I |
| Related Vehicle | SJE8145T (Car) | | Contact No. 91863581 |
| 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 |
| Driver | | | |
| Name | TAN ZHI XIAN | | ID No. S3245103H |
| Related Vehicle | SJY7702L (Car) | | Contact No. 84998892 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 04 March 2019 at about 1830hrs, I was driving my vehicle SJE8145T along Jalan Sultan towards Victoria Street. It was a three lane road and I was on the right lane.

It was heavy traffic along Jalan Sultan and the vehicles was already stationary before the yellow box of a three lane road when I wanted to turn in to Minto Road. As I was turning in to Minto Road and had already passed two lanes, I did not see the vehicle SJY7702L which was passing along the third lane. As such, my front bumper knocked onto the right side of the other party's vehicle. Both of us then drove in to Minto Road to check on the damages and exchanged particulars. No one was injured. There is no in car camera in my vehicle.

My vehicle SJE8145T suffer scratches on the front right side of the bumper and a dented plate. The other party vehicle SJY7702L suffer scratch on the right driver door and right side bumper.

I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20190304/2176

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20190304/2176

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:

A /

Sgt 2 KAMARULARIFIN BIN RAMLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/03/2019 20:46

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

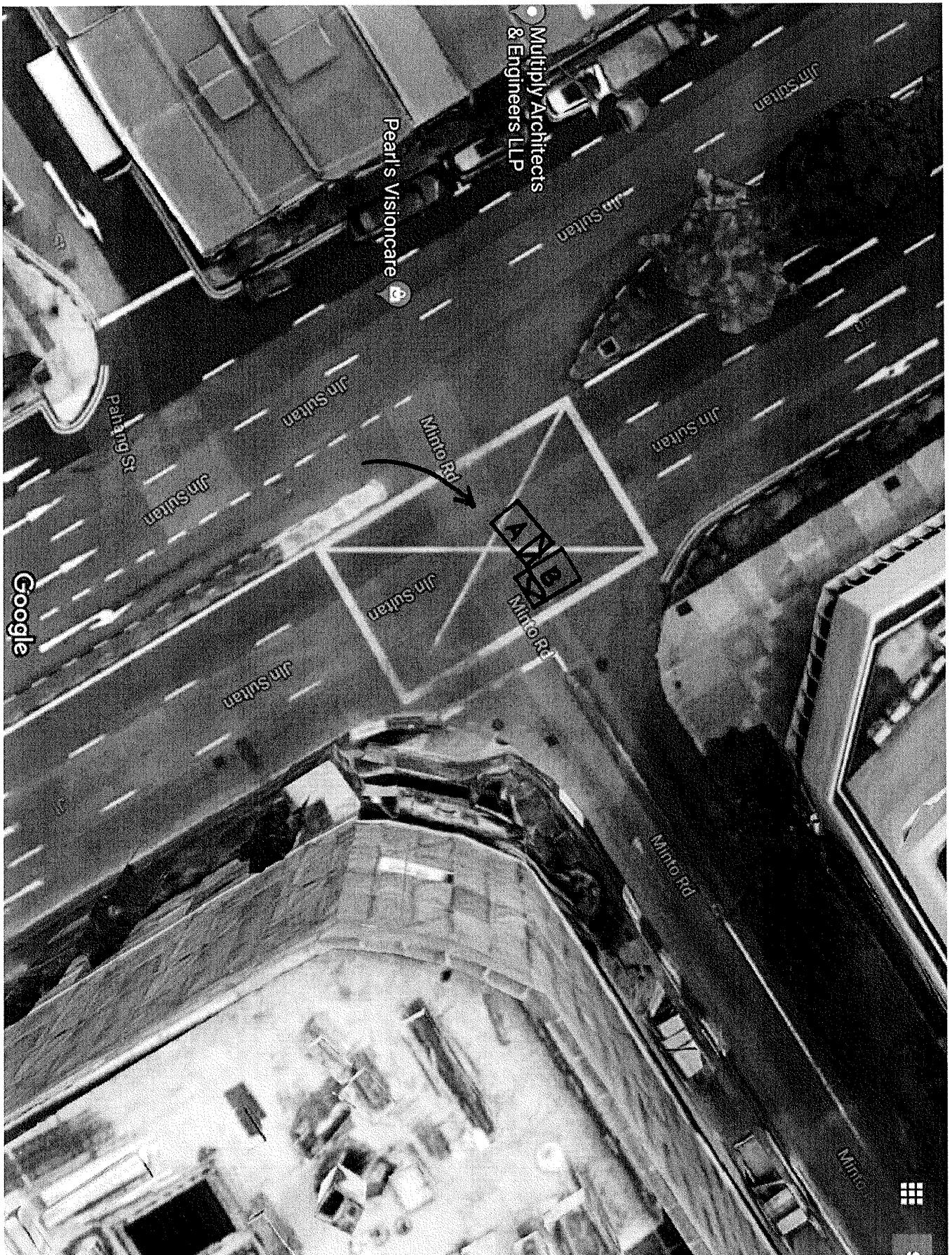
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force



Sketch Plan Pg. 7



redefining / insurance

Date: 05/03/19.

To: Owner of Vehicle Number: SJE8145T.

The following has been advised to you via your workshop, Jonathan 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 case 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.
- ☒ () There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- () The estimated 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 that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- () Others _____

Signed and acknowledge by:

Ye Hany
Name and signature of policyholder/authorised driver

[Signature]
Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

