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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/03/2019 15:22
Date Of Accident	07/03/2019 15:00
Exact Location Of Accident	PIE (LP 730)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDS1666A
Insured/Policyholder	
Name Of Registered Owner	KHNG THIAN HUAT
NRIC No	S0100189B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96314060
Alternative Phone No	OFFICE-96314060
Vehicle Particulars	
Manufacturer	BENTLEY
Model	CONTINENTAL GT 6.0
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	CN036457
Cover Note Number	

Driver

Name of Driver KHNG THIAN HUAT

 NRIC No
 S0100189B

 Date Of Birth
 02/03/1953

 Occupation
 INDOOR

 Date Of Driving Pass
 08/12/1972

Driving Experience 46 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96314060

Fax Number

Contact Number OFFICE-96314060

EMail Address NOEMAIL

Address

Postcode

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 **CHAIN COLLISION**

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

4

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHOY MEI HAR

GENDER: : FEMALE

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

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

NO

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer attached police report.

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

SLF5877E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver BEN

NRIC/Passport Number

Contact Number 86086539

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC8802P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI
Name of Driver TEO

NRIC/Passport Number

Contact Number 97337233

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKD8204A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HANIF

NRIC/Passport Number

Contact Number 92399160

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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
- 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
- 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:

- 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)
 - (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
- (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
- 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.
- 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.
- 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.

Poligyholder'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 Pg. 1

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DESCRIBE CIRCUMSTANCES OF TI	HE ACCIDENT		
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Attucked Police	Feport.		
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DECLARATION I/We declare the foregoing particulars	are true in every respect.		





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

1 of 4 Report No. T/20190308/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time 08/03/201	Report M 9 14:21	ade:	Vide Report No.: E/20190307/0092	Station Diary No.:	
Informant	t's Particu	ars		The state of the s	
Name of I KHNG TH	nformant: IAN HUAT		Address: 23 BUKIT SEDAP ROAD SIN	IGAPORE 279922	
ID Type / I NRIC NO	ID No.: / S0100189	9B	Contact No.: Home/Office:	Mobile: 96314060	
Nationality SINGAPO	r: RE CITIZE	N	Email: khngthianhuat@hotmail.com		
Sex: Male	Age: 66	Date of Birth: 02/03/1953	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation SELF-EMP	n: PLOYED		Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drii Dri No		Date/Time of Accident: 07/03/2019 15:00	Type of Location Straight Road
Location:					
PAN ISLAND EX	PRESSWAY 16KM L	P730 TO CH	IANGI		
Weather: Sunny		Road Surfa	ice:		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Con Not Contro			Traffic Volume: Moderate
Type of Collision: Between Moving	Vehicles - Head To R	ear			Anyone conveyed by ambulance:

Vehicle No.	ehicle Involve Type	Make	Model	Color	Condition	No of Passenger
SDS1666A	Car	BENTLEY	CONTINENT		Seriously	

Details of Vo	ehicle Insurance		
Vehicle No.	Insurance Company	Insurance No	Effective Expiry Date
SDS1666A	AXA INSURANCE SINGAPORE PTE	Cover Note No.	06/03/2019 05/03/2020
	LTD	CN036457	





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

2 of 4 Report No. T/20190308/7005

CONTINUATION OF REPORT

Details of Perso	on Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestriar	is Injured: NIL	Use of Pe	destrian Cross	sing: NA	
Passenger			Gogirian Olos	ang. NA	
Name	CHOY MEI HAR		ID No.	S0244165I	
Related Vehicle	SDS1666A (Car)	Contact No.	97319697		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge NIL		
No. of Days gran	ted Medical Leave NIL	Degree of			
Driver					
Name	KHNG THIAN HUAT		ID No.	S0100189B	
Related Vehicle	SDS1666A (Car)		Contact No.	96314060	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	narge NIL		
No. of Days grant	ed Medical Leave NIL	Degree of			

Brief Details.

Accident occurred on 7th March 2019 at PIE (AP)16km LP/730 -- Police Case Card Report No. E/20190307/0092.

I was driving my car SDS 1666A (Bentley) along the PIE towards Changi Airport, on first lane from centre of the road (extreme right). I saw a vehicle ahead not moving so I applied brake to slow down, wanted to shift to the next lane but no chance to shift due to heavy on-coming traffic. I then stopped completely behind the SLF 5877E (Honda Civic). In a very very short while after I stopped my vehicle behind the SLF 5877E (Honda Civic) there was a hard impact that banged and pushed my car from behind and then resulted my car SDS 1666A (Bentley) moved forward and banged against the front car SLF 5877E (Honda Civic). The accident occurred.

The driver of SLF 5877E (Honda Civic) came out of his car and walked to the vehicles behind my car and all drivers came out from the car including myself. The car behind that banged my car was SHC 8802P(Comfort Taxi) and the car that banged SHC 8802P(Comfort Taxi) was SKD 8204A (Jaguar XF). The taxi driver told us that he knew and saw my car had stopped so he had also followed and stopped completely behind my car before the SKD 8204A (Jaguar XP) came driving behind his taxi and banged his taxi.

My car SDS 1666A(Bentley)'s front and back are badly damaged. It was arranged to tow away to the workshop after the Police had recorded our statements and pictures were taken.

Vehicles Involved in this chain accident:

The vehicle in front of me - a Honda Civic SLF 5877E; Driver-Ben Hp.86086539.

Sketch Plan #5 Pg. 1





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

3 of 4 Report No. T/20190308/7005

CONTINUATION OF REPORT

My vehicle - a Bentley SDS 1666A; Driver-Khng Thian Huat Hp.96314060. The vehicle behind me - a Comfort Taxi SHC8802P; Driver-Mr Teo Hp.97337233. The vehicle behind the taxi - a Jaguar XF SKD 8204A; Driver-Mr Hanif Hp.92399160.





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

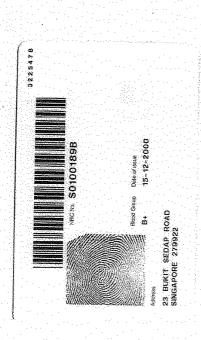
4 of 4 Report No. T/20190308/7005

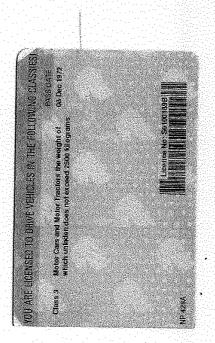
CONTINUATION OF REPORT

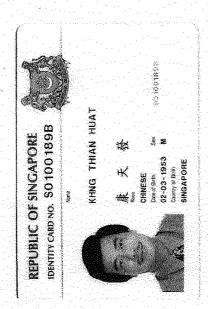
Sketch Plan	
Informant is not able t	o provide sketch plan

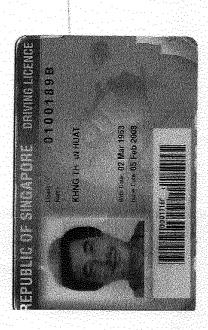
NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2019 14:21
Officer In Charge Of Case: TP / TPIB / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp	









Accident Sketch Plan Pg. 1

Accident Sketch Plan Pg. 1
Tedefining / includence
Date: 8/3/19
To: Owner of Vehicle Number: Sp.S. 6.6.A
The following has been advised to you via your workshop, South Market through the
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 polic there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timefrant
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 protedure 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 part have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/o 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 <u>Own Damage</u> 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.
1 Others
Signed and acknowledge by:
W-
Name and signature of policyholder/authorised driver
Name and signature of workshop personnel including company stamp

















