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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/01/2019 11:09
Date Of Accident	30/12/2018 20:55
Exact Location Of Accident	JURONG WEST STREET 93/92
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM6217D
Insured/Policyholder	
Name Of Registered Owner	LAU KIM TEEN
NRIC No	S2554257F
Email Address	EKTLAU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97862980
Alternative Phone No	OTHERS-97862980
Vehicle Particulars	
Manufacturer	TOYOTA
Model	RAV4-2.0 PREMIUM (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL 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	VPA/P2041263
Cover Note Number	

Driver

Name of Driver

NRIC No

S2554257F

Date Of Birth

16/06/1959

Occupation

INDOOR

Date Of Driving Pass

LAU KIM TEEN

16/06/1959

16/09/1986

Driving Experience 32 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97862980

Fax Number

Contact Number OTHERS-97862980
EMail Address EKTLAU@GMAIL.COM

Address 102 NANYANG CRESCENT #09-01

Postcode 637820

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 COLLIDED INTO MOTORCYCLIST

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? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN & POLICE REPORT NO. T/20181231/7004 FOR THE CIRCUMSTANCE OF ACCIDENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: MICROSD CARD OF VIDEO WITH TRAFFIC POLICE

NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FX8640C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver NARESH BALAN

NRIC/Passport Number S9574068E

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

OVERALL DAMAGETO BIKE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NARESH BALAN

Approximate Age Injuries Sustain

Injured person in which vehicle? FX8640C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Page 3 of 45

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

7.

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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' law yers/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;
- (ii) 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

1

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

blicyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnesses by Reporting Centre Personnel
ketch Plan		7
	See attachment	

Accident Sketch Plan

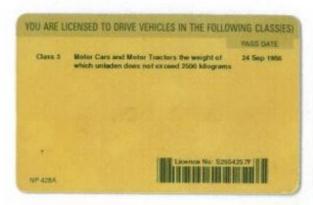
Describe Circumstances of the Accident

See police report

NRIC & DRIVING LICENCE









AXA INSURANCE PTE LTD 8 Shenton Way, #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 Original

POLICY INFORMATION	Policy No. : VPA/P2041263
Source	: (01) 14888 INCH-AXA RN(EP)
Insured	: LAU KIM TEEN
Address	: 102 NANYANG CRESCENT #09-01
Business/Profession	SINGAPORE 637820 : 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 24/03/2018 To 23/03/2019 (Both Dates Inclusive)
Any subsequent period agree to accept a re	od for which the Inquired shall

PREMIUM

Premium After 50.00%: SGD 1,224.79

agree to accept a renewal premium.

NCD

7.00%

: SGD 85.74

Annual Premium

: SGD 1,310.53

Total Payable

: SGD 1,310.53

RISK DETAILS THE MOTOR VEHICLE

Type Of Cover

: Comprehensive

Regn No.

: SKM6217D

Type Of Use Make/Model

: Private Car

: TOYOTA RAV4 2.0

Year of Manufacture : 2014 Body Type

Seating Capacity (excl. Driver) : 05 : SPORTS UTILITY VEHICLE

Engine C.C. : 1998

Engine No.

: 3ZRB247819

Chassis No.

: JTMDE3EV20D031736

Insured's Estimated : Market Value At The Time Of Loss

(including Accessories and Spare Parts)

Limitations as to Use: As specified in Certificate of Insurance

Extra Coverage (Premium Breakdown)

Limits (SGD)

Premium (SGD)

NCD Protector

Basic Own Damage Excess

: SGD 500.00

Named Drivers

1 LAU KIM TEEN

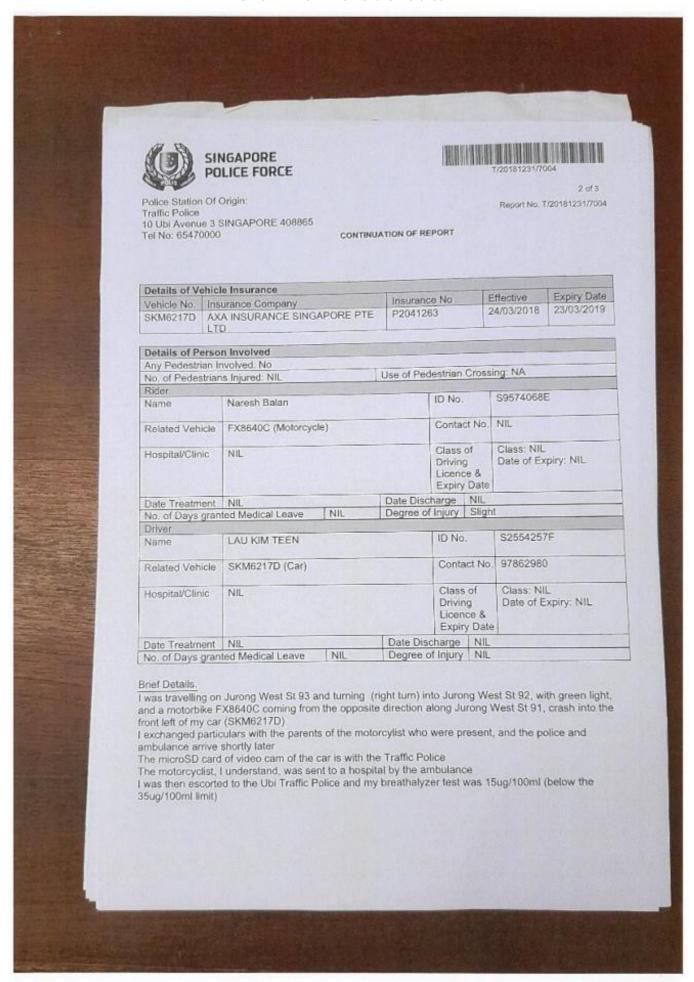
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS

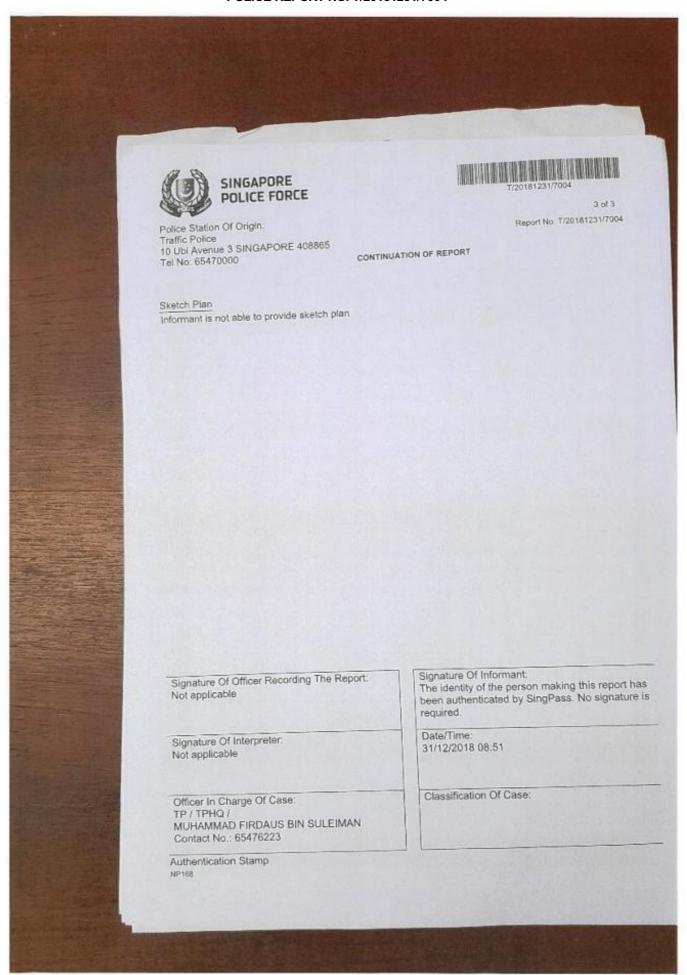
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:

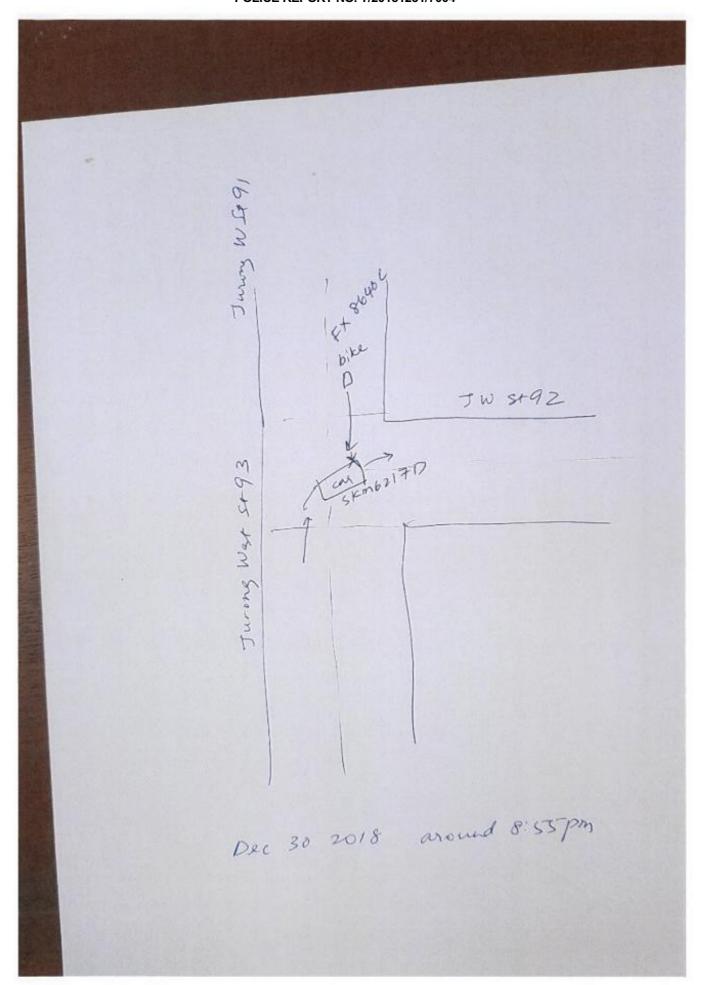
BTS NCDF

Page 1

	POLICE F	RE DRCE			YMANAY		0181231/7 eport No.	1 of 3 7/20181231/7004
raffic Police 0 Ubi Avenue fel No: 654700	000							
Date/Time Re 31/12/2018 08	port Made:	Z.W	Vide Re J/20181	port No.: 230/0171			Statio	on Diary No.:
Informant's P								DESCRIPTION OF THE PERSON OF T
Name of Infor	mant:		Address 102 NA	:: NYANG CRE	ESCENT #0	9-01 SIN	GAPOR	RE 637820
ID Type / ID N	Vo.:		Contact	No.:		Mobile: 9		
NRIC NO / S2	2554257F		Home/O	Office:		MODIIO. 2	100200	
Nationality: MALAYSIAN				gmail.com				
Sex: A	100	te of Birth:	Type of	Informant:				
111010	9 16	06/1959	Driver	ge:		Institutio	n / Scho	ool Name:
Race: Chinese			English		emation:			
Occupation: University lec	turer		Driving Class:	Licence Info	mation.	Date of I	Expiry:	
General Infor	Injury	he Accident & Drive		Drink Drive: Yes	Date/Time Accident: 30/12/201		T ₁	ype of Location: -Junction
Type of	Injury Drink	& Drive		Drive:	Accident:		T)	ype of Location: -Junction
Type of Accident: Location:	Injury Drink	& Drive	Road	Drive:	Accident:		Т	ype of Location: -Junction Speed Limit:
Type of Accident: Location: JURONG Will Weather: Clear	Injury Drink	& Drive	Road S	Drive: Yes	Accident:		Road S	-Junction
Type of Accident: Location: JURONG WI	Injury Drink	& Drive	Road : Dry	Drive: Yes	Accident: 30/12/20		Road S	Speed Limit: Volume:
Type of Accident: Location: JURONG Will Weather: Clear Traffic Flow: Two Way	Injury Drink EST STREE	& Drive	Road S Dry Traffic	Drive: Yes Surface:	Accident: 30/12/20		Road S	Speed Limit: Volume:
Type of Accident: Location: JURONG Will Weather: Clear Traffic Flow: Two Way	Injury Drink EST STREE	& Drive T 92 es - Head To	Road 3 Dry Traffic Traffic Side	Surface: Control: Light - Wor	Accident: 30/12/20	8 20:55	Road S Traffic Light Anyon ambul Yes	Speed Limit: Volume: le conveyed by ance:
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Type of Accident: Location: JURONG WI Weather: Clear Traffic Flow: Two Way Type of Colli Between Mo Details of V Vehicle No. FX8640C	Injury Drink EST STREE ision: wing Vehicle rehicle Invo Type Motorcycle Car	& Drive T 92 es - Head To lved Make TOYOT	Road S Dry Traffic Traffic	Surface: Control: Light - Worl	Accident: 30/12/20	8 20:55	Road S Traffic Light Anyon ambul Yes	Speed Limit: Volume: e conveyed by ance: No of Passeng









	SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP	
	Ref. Report No. 1/2/8/25c / 6/7/	
	1 La Syand	
	(Recipier's Name, NRIC or Passport No. / Rank and No.) Of	
	(Address / Pigos Station / RPG / APP)	
	hereby acknowledge receipt of the below mentioned items of: 1 X(2) Stack Colock 16GB With SO G-ci	
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100	(Name, NRIC or Passport No. / Rank and No.)	
	al Name of Williams (Police Station (NPC) NPP) 2012/18 212/18 212/18	
	on at Time	
100	Witnessed by / * Handed over by: Received by:	ı
	(* Deserte if approximation) Carlo	ı
	(Signature) (Signature)	
	Lau Like (Signeture) Lau Like (Signeture) 1. September	
	D. 10 F. V. 3548 1002	
	Other Remarks:	
HE		
	- Alten	



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 6246

Our Ref

Date

: 31 December 2018

NAME: LAU KIM TEEN NRIC / FIN: S2554257F

Dear Sir / Madam,

CASE OF DRINK DRIVING INVOLVING ROAD TRAFFIC ACCIDENT ALONG JURONG WEST STREET 93 ON 30TH DECEMBER 2018 AT 9.27PM

NOTICE FOR VEHICLE SKM6217D COLLECTION

Please collect the above vehicle which is registered under your name at Traffic Police Vehicle Pound located at 517 Airport Road, Singapore 539942 within 30 working days from the date of this notice. The Duty Officer at Traffic Police Vehicle Pound can be contacted at 6280 7841. The collection hours are:

Day of week	Operational hours
Monday	2.00 pm to 4.00 pm
Tuesday to Friday	9.00 am to 12.00pm 2.00 pm to 4.00 pm

- You have to make your own arrangements to remove your vehicle at your own cost. If you are authorising someone else to collect the vehicle on your behalf, please ensure that he / she produces his / her NRIC / Passport for verification. Please fill up the letter of authorization at Annex 'A'.
- Take note that the vehicle must be collected within 30 working days from the date of this notice or storage fee will be levied as follows:

Type of vehicle	Storage fee per day
Motorcycle/Scooter	\$20/-
Motorcar	\$40/-
Others	\$80/-

Traffic Police will proceed to dispose the vehicle if it remains unclaimed after 30 working days from the date of this notice. Should you require further clarification, please contact the 6547 6223 Ofundersigned / at telephone number via Muhammad_Firdaus_SULEIMAN@spf.gov.sg.

Yours faithfully,

FIRDAUS SULEIMAN SENIOR INVESTIGATION OFFICER TRAFFIC POLICE

A FORCE FOR THE NATION



