

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	27/02/2019 13:52
Date Of Accident	26/02/2019 17:30
Exact Location Of Accident	UPP CHANGI RD EAST TWDS BEDOK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH580G
Insured/Policyholder	
Name Of Registered Owner	LOH PEILIN PEARLYN
NRIC No	S8504340D
Email Address	AARONFOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96231243
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	CN895015
Cover Note Number	25/06/2018 TO 24/06/2019

Driver

Name of Driver	FOO SIANG SIONG
NRIC No	S8507241B
Date Of Birth	01/03/1985
Occupation	INDOOR
Date Of Driving Pass	09/01/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96231243
Fax Number	
Contact Number	
Email Address	AARONFOO@GMAIL.COM

Address	APT BLK 678A PUNGGOL DRIVE #15-806
Postcode	821678
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	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	3
Was any body injured in the Accident?	YES
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	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?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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	SJP5816C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR ONG HAN CHANG
NRIC/Passport Number	
Contact Number	84488178
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDB8006Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR POH YEE TIONG
NRIC/Passport Number	
Contact Number	96818868
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	FOO SIANG SIONG
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SJH580G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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 Person's Signature
Name:
NRIC/FIN No.:

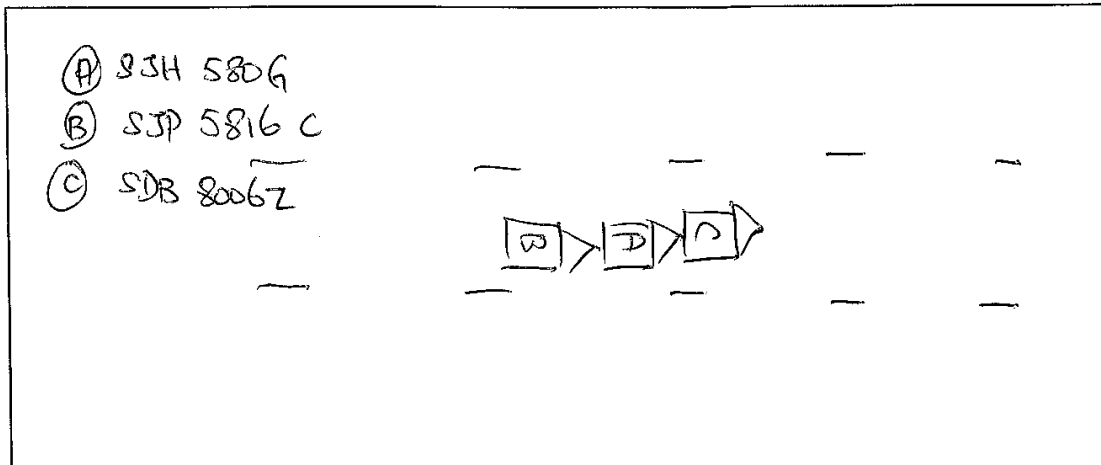
Acc
Vehicle : SJH
5809

Signature
Male
27/10/2019

Sketch Plan Pg. 2

Date of accident: 26/2/19 Time: 1730hrs Location: Upper Changi Road East
 My Vehicle A: SJH 580G Vehicle B: SJP 5816 C Vehicle C: SDB 8006 Z

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on Upper Changi East Road on 26/2/19 @ 1730hrs.
 The vehicle sudden brake & I follow suit & SJP 5816 C hit my
 in front SDB 8006 Z.
 vehicle rear causes my vehicle move forward & hit ~~SJH 580G~~

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : joyce@kgcworkshop.com.sg

Email address :
 & myself :
 Email address : aaaronfox@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Vehicle: SJH 580G

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.:



AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M



Insurer's Copy

Agent Code: 08260

Policy No. (if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN895015

- 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	LOH PEILIN PEARLYN
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI I30 1.4 TURBO GLS 5D DCT TURBO
VEHICLE REGISTRATION NO.	SJH580G
YEAR OF MANUFACTURE	2018
ENGINE NO.	G4LDJD014023
CHASSIS NO.	TMAH3813VJJ032301
ENGINE CAPACITY/TONNAGE	1353
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	HL BANK
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 25/06/2018 TO: 24/06/2019
EXCESS (\$)	AS PER POLICY
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 HOCK MOH NELSON on 25/06/2018 1:15pm
 TEO


 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

Driver's Particulars & Briefings Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S8507241B**

Name: **FOO SIANG SIONG (FU XIANGXIONG)**

Birth Date: **01 Mar 1985**

Issue Date: **07 Dec 2006**

001463925F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8507241B

Name: **FOO SIANG SIONG (FU XIANGXIONG)**

符祥雄



Race: **CHINESE**

Date of birth: **01-03-1985**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S8507241B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


		PASS DATE
C	Class 2B Motorcycles =< 240 CC	07 Dec 2006
	Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	09 Jan 2012

S8507241B

S / No. 9000154951

NP 428A

Licence No: S8507241B





5548559

NRIC No. **S8507241B**

Date of issue: **11-01-2016**

APT. BLK 678A PUNGOL DRIVE #15-806
SINGAPORE 821678

NRIC No: S8507241B Date: 03/12/2016



redefining / insurance

Date: 27/02/19

To: Owner of Vehicle Number: SJH 580 G

The following has been advised to you via your workshop, Ah Lim Motor Co through their staff, Maik.

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 TP claim at other Workshop

Signed and acknowledge by:

[Signature]
Name and signature of policyholder/authorised driver

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

To whom it may concern,

I, Loh Peilin Pearlyn, NRIC no. S8504340D here by authorise
Foo Siang Siang, NRIC no. S8507241B to drive my vehicle
no. SJH580G and to authorise him to lodge an accident
report.

Thank you.



Loh Peilin Pearlyn
S8504340D
26 Feb 2019



**SINGAPORE
POLICE FORCE**



T/20190227/7039

1 of 4

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

Report No. T/20190227/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2019 22:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: FOO SIANG SIONG			Address: APT BLK 678A PUNGGOL DRIVE #15-806 SINGAPORE 821678		
ID Type / ID No.: NRIC NO / S8507241B			Contact No.: Home/Office:		Mobile: 96231243
Nationality: SINGAPORE CITIZEN			Email: aaronfoo@gmail.com		
Sex: Male	Age: 33	Date of Birth: 01/03/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRODUCT MANAGER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2019 17:30	Type of Location: Gradient
Location: UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SDB8006Z	Car	BMW		Grey	Slightly Damaged	2
SJH580G	Car	HYUNDAI	i30 PDE 1.4 Wagon	Brown	Slightly Damaged	1
SJP5816C	Car	NISSAN		Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date

Police Report Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190227/7039

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

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Report No. T/20190227/7039

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJH580G	AXA INSURANCE SINGAPORE PTE LTD	P2147224	25/06/2018	24/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	POH YEE TIONG		ID No.	NIL
Related Vehicle	SDB8006Z (Car)		Contact No.	96818868
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
Driver				
Name	FOO SIANG SIONG		ID No.	S8507241B
Related Vehicle	SJH580G (Car)		Contact No.	96231243
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/02/2019		Date Discharge	27/02/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	ONG HAN CHANG		ID No.	NIL
Related Vehicle	SJP5816C (Car)		Contact No.	84488178
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



**SINGAPORE
POLICE FORCE**



T/20190227/7039

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

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Report No. T/20190227/7039

CONTINUATION OF REPORT

Brief Details.

On 26 February 2019, I was travelling along Upper Changi Road East towards the direction of Bedok Road. When approaching the gradient slope after Bedok Canal, I braked hard to slow down my vehicle (SJH580G) as I saw the vehicle travelling in front of me has come to an abrupt stop.

A car that was travelling behind me (SJP5816C) could not stop in time and rear ended my vehicle, causing me to travel forward and hit the vehicle in front of me (SDB8006Z).

After the incident, I made an accident report with my insurer (AXA) on 27 February 2019. I proceeded to Mount Alvernia Hospital to assess my injuries due to discomfort and was given five days (27 February 2019 to 3 March 2019) of medical leave.

I have an in-car camera but was unable to retrieve my recording via the SD card. I have since set the SD card aside.

I have reached out to the driver of SDB8006Z and requested for a copy of his in-car camera footage.



**SINGAPORE
POLICE FORCE**



T/20190227/7039

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

4 of 4

Report No. T/20190227/7039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/02/2019 22:36

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAA19027232 Vehicle Registration No: SJH 580G
Name (as shown in NRIC) : Foo Siang Siang NRIC/FIN/Passport No : 58507241B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Apt B1K 678A Punggol Dr #15-806 Singapore (821678)
Contact (Tel) : _____ Mobile No. : 9623 1243
Email Address : _____
Date of Accident : 26/02/2019 Time of Accident : 1730 hrs
Place of Accident : Upp Changi Rd East twds Bedok
Insurance Company : AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) Have Injury - driver : Foo Siang Siang
Neck / Shoulder 5 days MC
2) Attach Police Report.

Policyholder / Driver's Signature
Date: 1/3/2019

Reporting Centre Person's Signature
Name: Mei
NRIC/FIN No.: 113/2019
Date: 1/3/2019