

## 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	15/03/2019 15:27
Date Of Accident	15/03/2019 06:45
Exact Location Of Accident	ALONG TIONG BAHRU RD TOWARDS HENDERSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3678G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH CHUN HWEE DONS JOSHUA
NRIC No	S8021700E
Email Address	DONSJOSHUA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91057700
Alternative Phone No	OFFICE-91057700

### Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	159-2.2 JTS
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?	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	GA055749/1
Cover Note Number	

### Driver

Name of Driver	GOH CHUN HWEE DONS JOSHUA
NRIC No	S8021700E
Date Of Birth	25/07/1980
Occupation	INDOOR
Date Of Driving Pass	16/07/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91057700
Fax Number	
Contact Number	OFFICE-91057700
Email Address	DONSJOSHUA@GMAIL.COM

Address	BLK 119C KIM TIAN ROAD #30-222 SINGAPORE 163119.
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : KID GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	<b>ROAD:</b> 25 SIN MING ROAD #01-180 , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9966Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SEE SENG LEE
NRIC/Passport Number	S1479673H
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

✓

*Signature*

✓

*Signature*



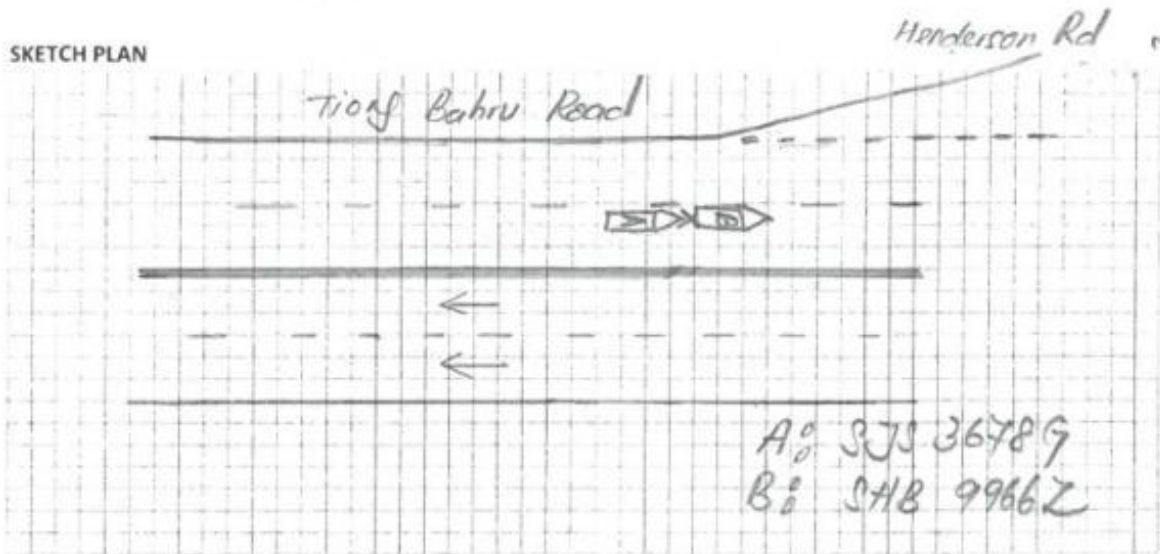
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer police report.

## DECLARATION

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

✓

*[Signature]*

✓

*[Signature]*

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.:

# Individual Statement

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident: 15/03/2019 Time: 06:47am Location of Accident: Along Tiong Bahru Road towards Henderson Rd

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: 558 36786  
Name of Policyholder: 90H CHUN HWEE DONS JOSHUA  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S8021700E  
Address:  
Contact Number: Tel: Hp: 9105 7700  
Occupation:

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:  
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:  
Exact Purpose for which vehicle was being used at the time of accident: Private Use  
Are you claiming under your own insurance policy? ☒ Yes ☒ No Remarks:  
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AVA  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: GA055749/1

### DRIVER

Name of Driver: 11  
NRIC/ FIN/ Passport: 11  
Date of Birth: 25/07/1980  
Occupation: 11/DOOR  
Driving Pass Date: 16/07/2001  
Gender: ☒ Male ☐ Female (9105 7700)  
Contact Number: Tel: Hp:  
Address:  
Email Address: dons.joshua@gmail.com  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No owner

If No, relationship of Driver with the Insured:  
Vehicle Number of Driver's Own Vehicle (if applicable):  
Insurance of Driver's Own Vehicle (if applicable):

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): Head to Rear  
Weather Conditions: ☒ Clear ☐ Raining ☐ Others:  
Road Surface: ☐ Wet ☒ Dry ☐ Others:  
Damage Area:

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes  
Was anybody injured in the accident? (Including Witness) ☐ No ☒ Yes  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any camera video footage (in car)? ☐ No ☒ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☐ No ☒ Yes  
If Yes, please state which police station & Report No.:  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?:



# Individual Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

## DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHR 9966 Z

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

See Seng Lee  
S14796734

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

## DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

## DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

## DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No


Was Injured conveyed to Hospital by Ambulance?

☐ Yes


☐ No

## Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

✓   
Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

✓   
Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

# AXA FORM



redefining / insurance

Date: 15/03/2019

To: Owner of Vehicle Number: SVS 36789

The following has been advised to you via your workshop, BH AUTO SERVICES through their staff, CHAN YUN SHI

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:

[Signature]

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp





# INSURANCE OF CERTIFICATE



redefining / insurance

AXA Insurance Pte Ltd  
 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

## Certificate of Insurance

account number  
 03479

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

### Policy details

Policyholder name	GOH CHUN HWEE DONS JOSHUA	Certificate number	GA055749 / 1
Policy type	Comprehensive	Chassis number	ZAR93900007289047
Excess	Flexi	Engine number	939A50001755307
Excess percentage	50%		
Vehicle registration number	SJ536780		
Period of insurance	from 23/08/2018 to 22/08/2019 (both dates inclusive)		
Insurance company	DBS BANK LTD		

### Persons or classes of persons entitled to drive\*

\* Policyholder

person who is driving on the Policyholder's order or with their permission

provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so licensed and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### Intention as to use\*

Intended for social, domestic and pleasure purposes and for the Policyholder's business.

Policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, or on a track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes. Actions rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

\$	Basic Own Damage Excess	S\$0 400.00
	Windscreen Excess	S\$0 100.00

Additional Excess is applicable as follows:

\$500 for unnamed *Authorised Driver*

\$500 for declared *Young and Inexperienced Driver*

\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Signature

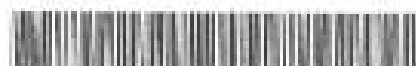
### Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, etc.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190315/2084

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20190315/2084

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS3678G	AXA INSURANCE SINGAPORE PTE LTD	GA055749	23/08/2018	22/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	See Seng Lee		ID No.	S1479673H
Related Vehicle	SHB9966Z (Car)		Contact No.	NIL
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	GOH CHUN HWEE DONS JOSHUA		ID No.	S8021700E
Related Vehicle	SJS3678G (Car)		Contact No.	91057700
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/03/2019		Date Discharge	15/03/2019
No. of Days granted Medical Leave	04		Degree of Injury	NIL
Passenger				
Name	Kimberly-Jeon Goh		ID No.	T0626830C
Related Vehicle	SJS3678G (Car)		Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/03/2019		Date Discharge	15/03/2019
No. of Days granted Medical Leave	04		Degree of Injury	NIL

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190315/2084

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 4

Report No: T/20190315/2084

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2019 13:56		Vide Report No.:		Station Diary No.: 31	
<b>Informant's Particulars</b>					
Name of Informant: GOH CHUN HWEE DONS JOSHUA			Address: APT BLK 119C KIM TIAN ROAD #30-222 SINGAPORE 163119		
ID Type / ID No.: NRIC NO / S8021700E			Contact No.: Home/Office: Mobile: 91057700		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 25/07/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/03/2019 06:45	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 TIONG BAHRU ROAD HENDERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
SHB9968Z	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	No Damage	0
SJS3678G	Car	ALFA ROMEO	ALFA 159 2.2JTS SEL ESPEED	Red	Slightly Damaged	1

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190315/2084

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529989

3 of 4

Report No. T/20190315/2084

### CONTINUATION OF REPORT

#### Brief Details.

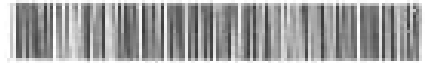
On the 15/03/2019 at 0547hrs, my vehicle (SJS3678G) was travelling along Tiong Bahru Road towards Henderson Road. The weather was clear and traffic volume was light. My vehicle was travelling on lane 1 when suddenly, the vehicle in front (SHB8956Z) came to a stop when the road ahead was clear. I did not manage to stop in time and my vehicle had collided into it. I alighted and spoke with the driver. The damages to my vehicle is the front bonnet crushed. The involved vehicle damaged does not have any visible damages. We exchanged particulars and left the location. There is an in-car camera installed in my vehicle.

After accident, I went to NUH with my daughter who was the passenger and we received 4 days MC each. I am lodging this report for insurance claim.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190315/2084

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20190315/2084

CONTINUATION OF REPORT

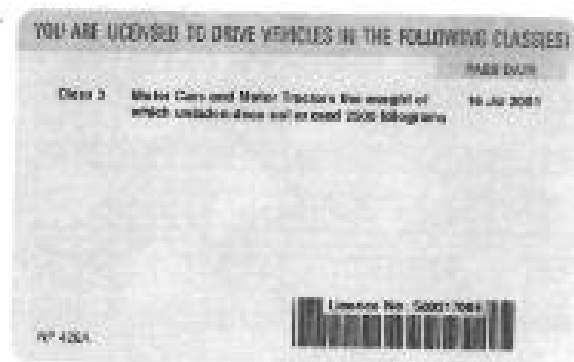
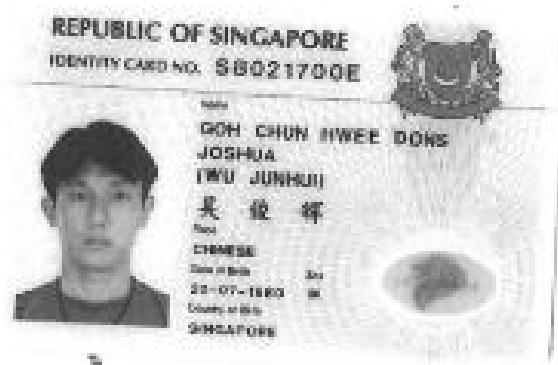
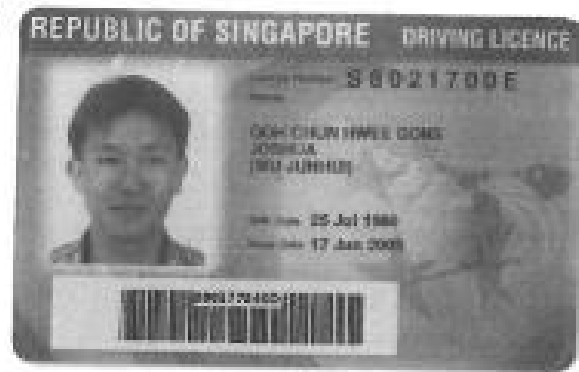
### Sketch Plan

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 1 CASSIDY TAN GIA LOK	Signature Of Informant: 
Signature Of Interpreter Not applicable	Date/Time: 15/03/2019 13:56
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65478404	Classification Of Case:
Authentication Stamp NP160	 C1 670
SIGNATURE	

## Identification Card





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





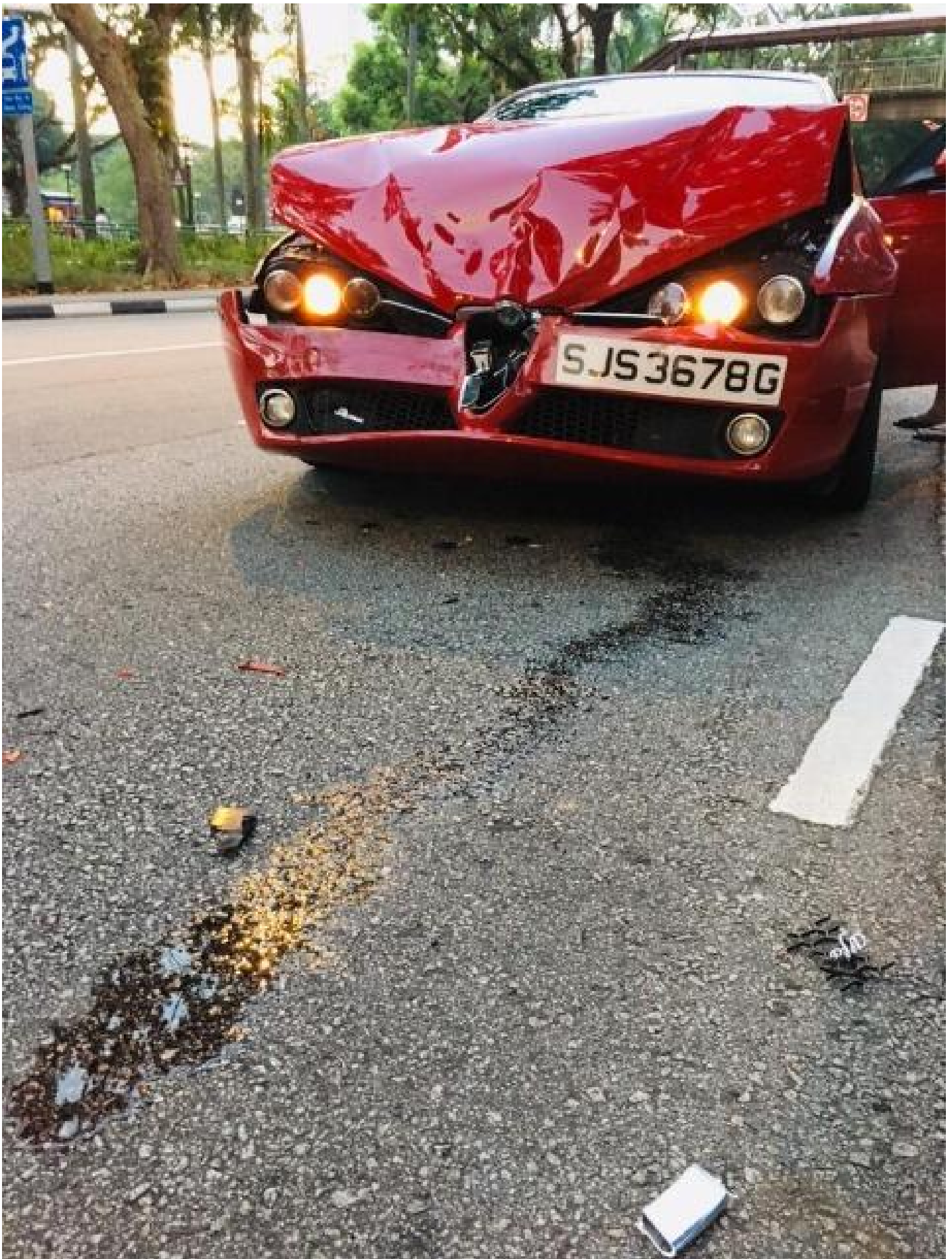
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Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

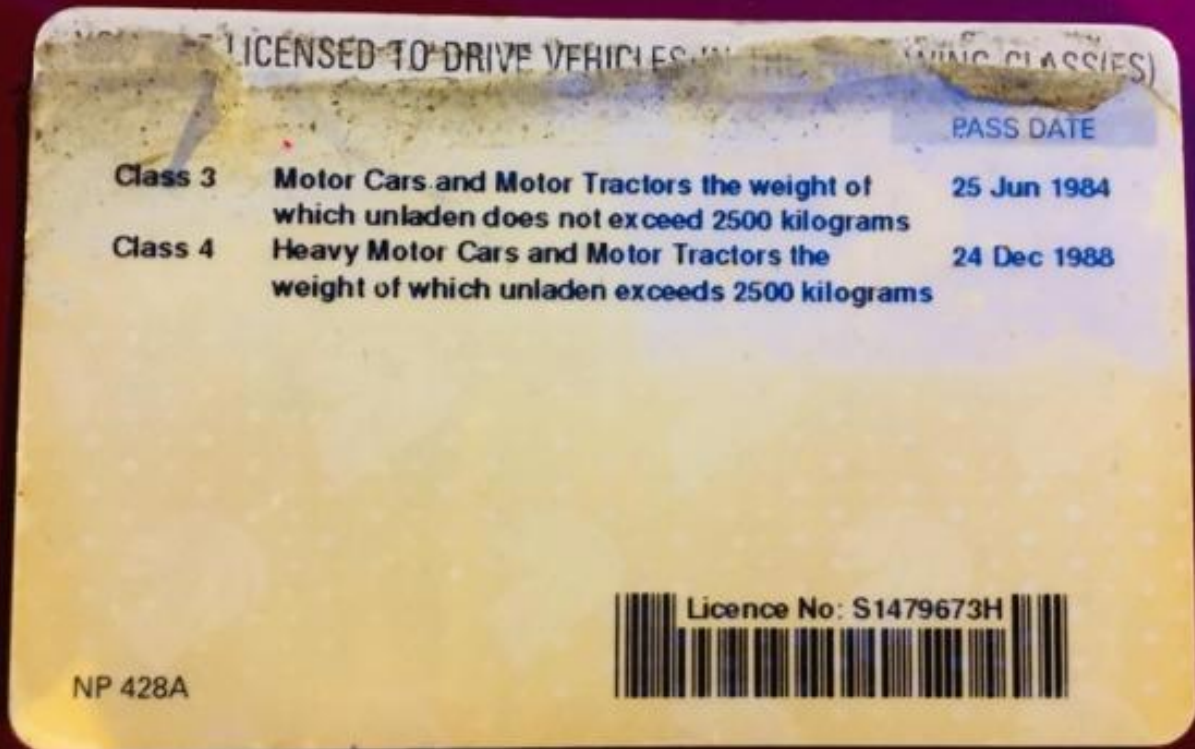




Accident Photo



Driving License



Driving License

