

## 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	29/03/2019 16:00
Date Of Accident	28/03/2019 15:30
Exact Location Of Accident	ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7216Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN PEAK BOON FRANCIS
NRIC No	S8034666B
Email Address	RIPTIDE_1980@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97365324
Alternative Phone No	OFFICE-97365324

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	GA392632
Cover Note Number	

### Driver

Name of Driver	ZHENG KAILING GILLIAN
NRIC No	S8432146Z
Date Of Birth	22/10/1984
Occupation	INDOOR
Date Of Driving Pass	13/05/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82008709
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 785D WOODLANDS RISE #04-58
Postcode	734785
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 - 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: : FRANCIS
	GENDER: : MALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20190329/7006.

#### 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	SJT5353A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

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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 #2 Pg. 1

SKETCH PLAN

Refer to attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

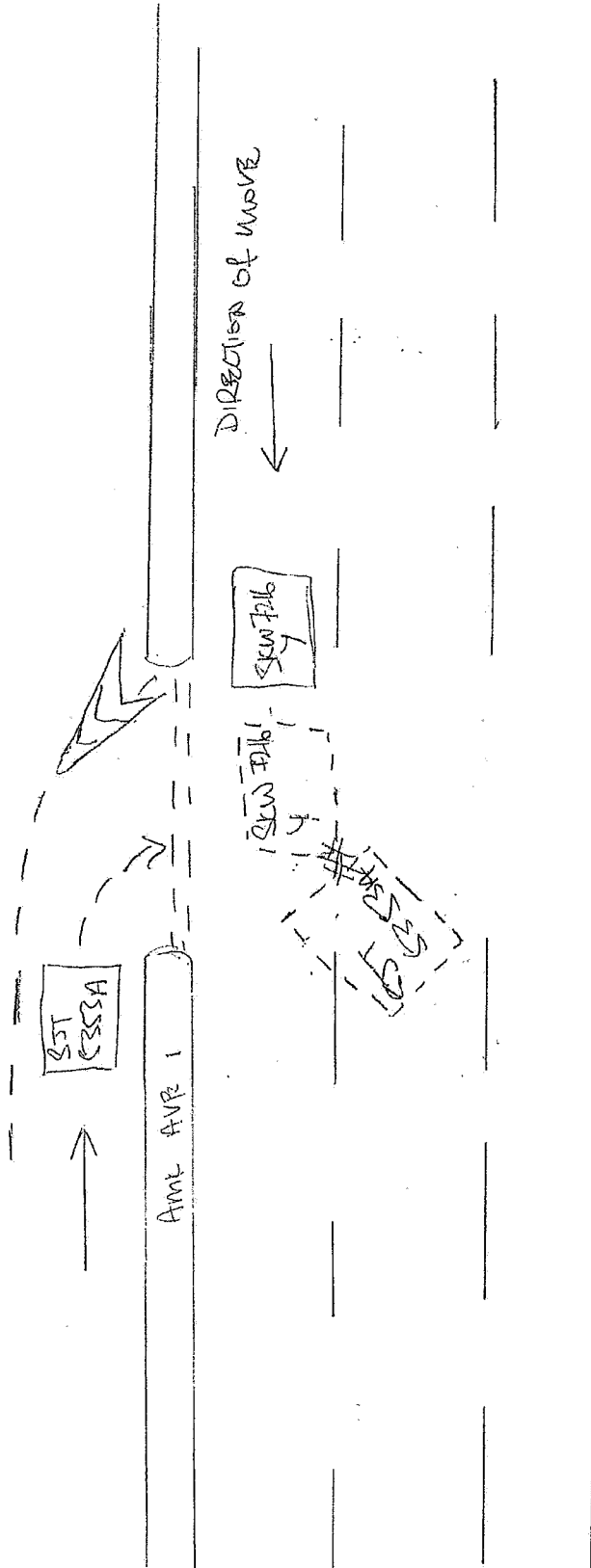
I/We declare the foregoing particulars are true in every respect.

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.:

TURN WITHOUT GIVING WAY



Sketch

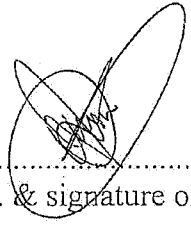
## LETTER OF UNDERTAKING

I/We, TAN PEAK BOON FRANCES, the owner of vehicle no. 8EW72164

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:

  
.....  
Nric no. & signature of policyholder

.....  
Company stamp

29/02/2019  
.....  
Date



# SINGAPORE POLICE FORCE



T/20190329/7006

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

1 of 3

Report No. T/20190329/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/03/2019 11:23		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN PEAK BOON, FRANCIS			Address: APT BLK 785D WOODLANDS RISE #04-58 SINGAPORE 734785		
ID Type / ID No.: NRIC NO / S8034666B			Contact No.: Home/Office: Mobile: 97365324		
Nationality: SINGAPORE CITIZEN			Email: riptide_1980@hotmail.com		
Sex: Male	Age: 38	Date of Birth: 25/10/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAF			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2019 15:30	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT5353A	Car	TOYOTA	CAMRY	Black		0
SKW7216Y	Car	MAZDA	3	Silver	Slightly Damaged	2

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW7216Y	AXA INSURANCE SINGAPORE PTE LTD	GA392632	28/03/2019	23/08/2019





# SINGAPORE POLICE FORCE



T/20190329/7006

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

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Report No. T/20190329/7006

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Gillian Zheng	ID No.	S8432146Z
Related Vehicle	SKW7216Y (Car)	Contact No.	82008709
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	Slight
Vehicle Owner			
Name	TAN PEAK BOON, FRANCIS	ID No.	S8034666B
Related Vehicle	NIL	Contact No.	97365324
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.**

My wife, Gillian Zheng was driving (SKW7216Y) along Ang mo Kio Ave 1 on 280319 at around 1530hrs. I was the passenger. The road was a straight and we were within the speed limit. However as we were approaching a U Turn for the opposite side of the road, a veh (SJT5353A) made a U Turn without giving way to my veh which has the right of way. This resulted in a Head to rear collision as we executed an emergency brake. From our in car camera, it was observed that SJT5353A did not execute the U Turn on the U turn lane but on the outer lane. Our veh hit SJT5353A as he exited the U Turn without stopping. Both vehs finally pulled to the side of the road at Ang mo Kio St22 to exchange particulars. Both my wife and myself suffered from whiplash injury. We have a clear footage from our in car camera that shows the entire incident. Please kindly approach us as we are unable to upload the video evidence.



**SINGAPORE  
POLICE FORCE**



T/20190329/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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3 of 3

Report No. T/20190329/7006

**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 / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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:  
29/03/2019 11:23

Classification Of Case: