

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 13:35
Date Of Accident	28/03/2019 17:30
Exact Location Of Accident	CTE BEFORE BRADDELL RD EXIT TO AMK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK2828C
Insured/Policyholder	
Name Of Registered Owner	HO HOK SEN
NRIC No	S7214210A
Email Address	ORALSURGEON72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87782828
Alternative Phone No	OTHERS-87782828

Vehicle Particulars

Manufacturer	FERRARI
Model	458 ITALIA-4.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVTE 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	P1651568
Cover Note Number	08/07/2018 - 07/07/2019

Driver

Name of Driver	HO HOK SEN
NRIC No	S7214210A
Date Of Birth	24/04/1972
Occupation	INDOOR
Date Of Driving Pass	17/11/1990
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87782828
Fax Number	
Contact Number	OTHERS-87782828
EEmail Address	ORALSURGEON72@GMAIL.COM

Address	57 VICTORIA PARK GROVE
Postcode	266140
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	DRIZZLING
Road Surface	WET

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
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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JRN537Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WANG LONG
NRIC/Passport Number	920707016869
Contact Number	0107608598
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJT8445Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MORGAN CHUA HUG TECK

NRIC/Passport Number S9244383C

Contact Number 90126132

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMK6Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEVIN LEE

NRIC/Passport Number

Contact Number 92332222

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


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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:

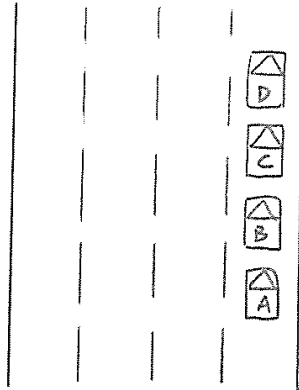

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Date of Accident: 28/3/2019 Time: 19:30 Location: CTE before Braddell Road
 My Vehicle A : SKK2828C Vehicle B : JRN5372 Vehicle C Others : SJT8445Z

(D) SMK 64



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20190329/2000

() 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 : Optima Werkz Pte Ltd

email address : lily.lai@ow.sg

& myself :

email address :

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

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



Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190329/2000

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 4
Report No. T/20190329/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2019 00:15	Vide Report No.: E/20190328/0111	Station Diary No.: 1
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Informant's Particulars

Name of Informant: HO KOK SEN			Address: 57 VICTORIA PARK GROVE SINGAPORE 266140		
ID Type / ID No.: NRIC NO / S7214210A			Contact No.: Home/Office: Mobile: 87782828		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 24/04/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Dentist (general)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/03/2019 17:30	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY before Braddell Rd exit heading towards Ang Mo Kio on the extreme right lane.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
(2) JRN5372	Car	HONDA	CITY	Maroon	Seriously Damaged	1
(1) SJT8445Z	Car	TOYOTA	ALTIS	Silver	Seriously Damaged	0
(1) SKK2828C	Car	FERRARI	458 ITALIA 4.5L SMT ABS D/AB 2WD 2DR HID	Red	Seriously Damaged	0
(1) SMK6Y	Car	PORSCHE	BOXSTER	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190329/2000

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20190329/2000

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK2828C	AXA INSURANCE SINGAPORE PTE LTD	P1651568	08/07/2018	07/07/2019

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	LEE WANG LONG	ID No.	920707016869
Related Vehicle	JRN5372 (Car)	Contact No.	0107608598
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	MORGAN CHUA HUG TECK	ID No.	S9244383C
Related Vehicle	SJT8445Z (Car)	Contact No.	90126132
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	HO KOK SEN	ID No.	S7214210A
Related Vehicle	SKK2828C (Car)	Contact No.	87782828
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	NIL



SINGAPORE
POLICE FORCE



T/20190329/2000

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20190329/2000

CONTINUATION OF REPORT

Driver			
Name	LEVIN LEE	ID No.	NIL
Related Vehicle	SMK6Y (Car)	Contact No.	92332222
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.

I was driving along CTE towards Ang Mo Kio and the road was wet due to the drizzle. As I approached the exit to Braddell Rd, I noticed that a black Porsche (SMK6 Y) overtook me and sped ahead of me. All of a sudden, the vehicle (JRN 5372) in front of me jammed brake. As a result, I was unable to stop in time and rear-ended his vehicle instead.

I then got out of my car and realised that the black Porsche was the first car in the chain collision. The driver appeared to be in a hurry. He then exchanged particulars with the rest of the drivers and left the accident scene.

The rest of the cars could not be driven and we waited for our respective tow-trucks to arrive. As there was a Malaysian registered car involved, I then called the Traffic Police. They then arrived later to record the accident scene. I also handed over my SD card in my in-car camera to the Traffic Police officer. His name is SSgt T5267 Rizal.



SINGAPORE
POLICE FORCE



T/20190329/2000

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20190329/2000

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 / Staff Sgt NORMAN BIN JALAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2019 00:15
Officer In Charge Of Case: TP / GIT / Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168	

Sketch Plan Pg. 7

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



CERTIFICATE OF INSURANCE

■ 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)

CERTIFICATE NO. : VPX/P1651568 Account No. : 01946
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : HO KOK SEN
Vehicle Registration No. : SKK2828C
Period of Insurance : From 08/07/2018 To 07/07/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
- (b) Any Named Driver as stated in the Policy
- (c) 1. HO KOK SEN
2. CYNTHIA KEW CHIA YNG (QIU JIAYING)

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 permitted 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.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any 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, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

(01)

EXCESS :

Sect I - Used In S'pore Only : SGD 10,000.00
Sect I - Used Outside S'pore : SGD 20,000.00
Fire&Theft - Outside Singapore : SGD 20,000.00
Windscreen Excess : SGD 500.00

* Limitations 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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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

Authorized Signature

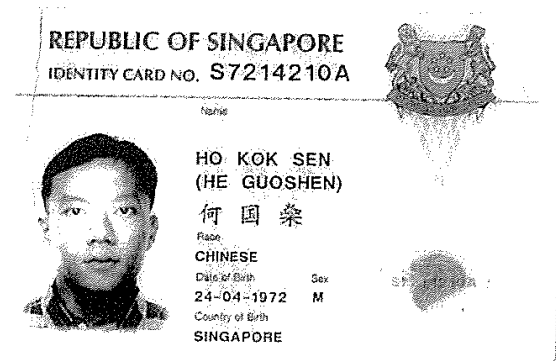
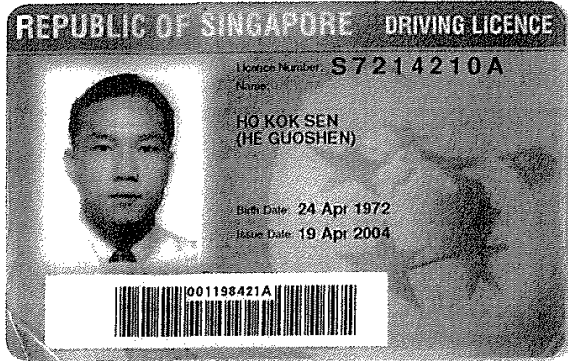
Issued by - SGOGOWT on 11/07/2018

IMPORTANT :

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)).

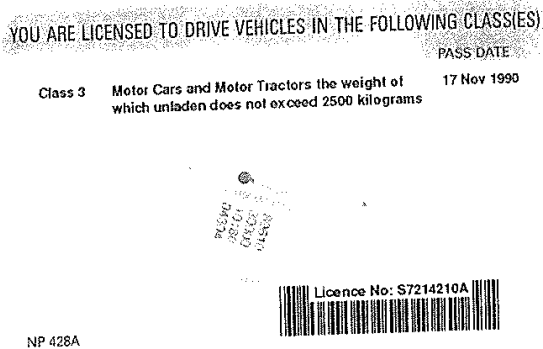
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Sketch Plan Pg. 8



Email: oralsurgeon72@gmail.com

His name.
I am
Camera - 7P.



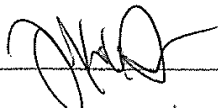
To Whom It May Concern,

Accident involving my vehicle no. SKK2828C on 28/3/2019 (date) with
JRN5372 (other vehicle no) along CTE
SJT84457 & SMK64

I, Ho Kok Sen Nric No. S7214210A

Owner of vehicle no. SKK2828C am aware of the accident of my vehicle on
28/3/2019 (Date) while car was driven by Ho Kok Sen

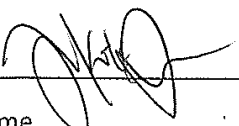
Nric No. S7214210A. I hereby, authorise him / her to make the report.


Name Ho Kok Sen

Date: 29/3/2019

.....
..
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.


Name

Date:



redefining / insurance

Date: 29/03/13

To: Owner of Vehicle Number: JKK 2828 C

The following has been advised to you via your workshop, AM LIM MOTOR COMPANY through their staff, ZILA.

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 Claim Own Damage @ own workshop

Signed and acknowledge by:

[Signature]
Name and signature of policyholder/authorised driver

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

