

## 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	10/04/2019 16:29
Date Of Accident	09/04/2019 20:10
Exact Location Of Accident	ALONG ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9145J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH CHIA YEE FREDERICK
NRIC No	S8604498F
Email Address	FREDGOH86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90696977
Alternative Phone No	OTHERS-90696977

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF CABRIOLET-1.4 TSI (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1580292
Cover Note Number	30/01/2019 - 29/01/2020

### Driver

Name of Driver	GOH CHIA YEE FREDERICK
NRIC No	S8604498F
Date Of Birth	22/02/1986
Occupation	INDOOR
Date Of Driving Pass	31/03/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90696977
Fax Number	
Contact Number	OTHERS-90696977
Email Address	FREDGOH86@GMAIL.COM

Address	415B FERNVALE LINK #20-46
Postcode	792415
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
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	SLG7460E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NORAZLI BIN SUHAIMI
NRIC/Passport Number	S8827989A
Contact Number	91051982
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1

Name UNKNOWN  
Approximate Age  
Injuries Sustain BODY UNWELL  
Injured person in which vehicle? SLG7460E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN  
Approximate Age  
Injuries Sustain BODY UNWELL  
Injured person in which vehicle? SLG7460E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

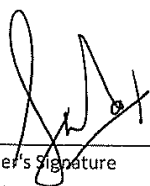
**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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:

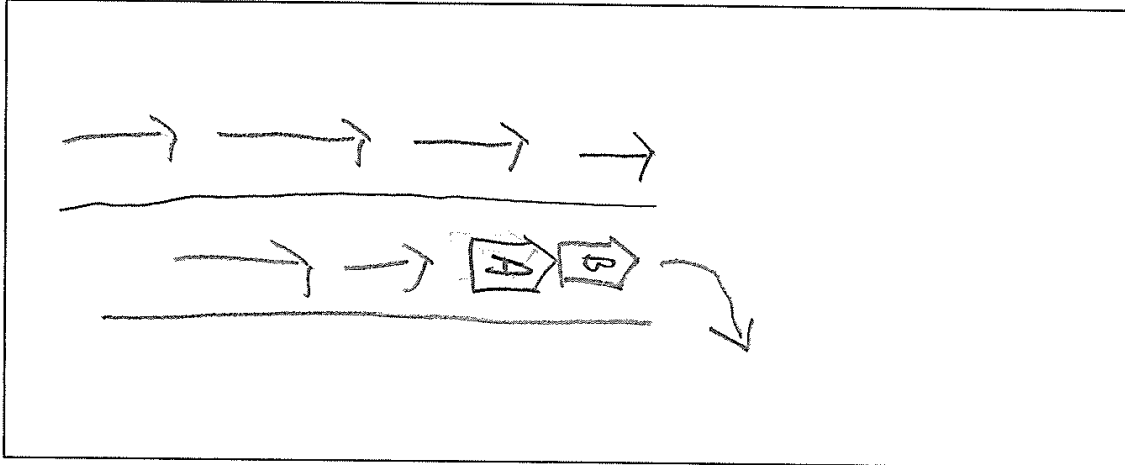


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan Pg. 2

Date of accident: 09/04/19 Time: 20:10 Location: Along Amy Mowat Ave 3  
My Vehicle A: SKA914SS Vehicle B: SLG746OE Vehicle C: —  
SKETCH PLAN

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

☐ 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 :

Email address :

& myself :

Email address : fredgoh86@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.

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.:



AN LIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



T/20190410/2142

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 4

Report No. T/20190410/2142

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/04/2019 15:55		Vide Report No.: F/20190409/0140		Station Diary No.: 87	
<b>Informant's Particulars</b>					
Name of Informant: GOH CHIA YEE, FREDERICK			Address: APT BLK 415B FERNVALE LINK #20-46 SINGAPORE 792415		
ID Type / ID No.: NRIC NO / S8604498F			Contact No.: Home/Office: Mobile: 90696977		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 22/02/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FINANCIAL CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2019 20:10	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKH9145J	Car	VOLKSWAGO N	GOLF CABRIOLET 1.4 TSI AT 5172Q5	White	Slightly Damaged	0
SLG7460E	Car	TOYOTA	Wish	Grey	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20190410/2142

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20190410/2142

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKH9145J	AXA INSURANCE SINGAPORE PTE LTD	CN032201	30/01/2019	29/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GOH CHIA YEE, FREDERICK		ID No.	S8604498F
Related Vehicle	SKH9145J (Car)		Contact No.	90696977
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
Driver				
Name	NORAZLI BIN SUHAIMI		ID No.	S8827989A
Related Vehicle	SLG7460E (Car)		Contact No.	91051982
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.**

On 9/4/19 at 2009hrs, I was driving a white Volkswagen Golf Cabriolet bearing registration number: SKH9145J along Ang Mo Kio Avenue 3 when I got involved in a traffic accident with a grey Toyota Wish bearing registration number: SLG7460E.

We were on a straight road on a right turning lane and the vehicle was in front of me. When the traffic light turned green, I moved my vehicle but the other driver did not move his vehicle. As such, the front of my vehicle hit onto the rear of the vehicle. Ambulance and traffic police were at scene as one of the passengers in the other vehicle was injured. The passenger was subsequently conveyed to hospital. No one else was injured. The traffic police officer had taken one micro sd card from my in-vehicle camera. That is all.



**SINGAPORE  
POLICE FORCE**



T/20190410/2142

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20190410/2142

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20190410/2142

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

4 of 4

Report No. T/20190410/2142

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: F / Sr Staff Sgt SITI NORAINI BINTE RAMLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2019 15:55
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168	

# Sketch Plan Pg. 7

## AXA INSURANCE PTE LTD

8 Shenton Way, #24-01

AXA Tower, Singapore 068811

Customer Centre #01-21

Tel:1800 8804888 Fax:-

Website:www.axa.com.sg

GST Registration Number: 199903512M

customer.care@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.	: VPA/P1580292	Account No. : 13820
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: GOH CHIA YEE FREDERICK	
Vehicle Registration No.	: SKH9145J	
Period of Insurance	: From 30/01/2019 To 29/01/2020 (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 other person who is driving on the Policyholder's order or with his 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 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)

Basic Own Damage Excess	: SGD 1,200.00
Windscreen Excess	: SGD 100.00

An Additional Excess is applicable as follows:

S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.

S\$5,000.00 for Undeclared Young and Inexperienced Driver.

(Please refer to your policy on the terms & conditions)

\* 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 - SGIJTSK2 on 29/01/2019

### 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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man with glasses.

Licence Number: **S8604498F**

Name: **GOH CHIA YEE, FREDERICK**

Birth Date: **22 Feb 1986**

Issue Date: **31 Mar 2008**

Barcode: 001586609A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8604498F**

Portrait photo of a man with glasses.

Name: **GOH CHIA YEE, FREDERICK**

吴家奕

Race: **CHINESE**

Date of birth: **22-02-1986**

Sex: **M**

Country/Place of birth: **SINGAPORE**

5577898

Wing - passage  
Camera - 7R.  
1px.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE: **31 Mar 2008**

Licence No: **S8604498F**

NP 428A

5577898

Barcode

NRIC No. **S8604498F**

Fingerprint

Date of issue: **22-03-2016**

Address: **APT BLK 415B FERNVALE LINK  
#20-46  
SINGAPORE 792415**

Sketch Plan Pg. 9



redefining / insurance

Date: \_\_\_\_\_

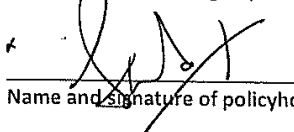
To: Owner of Vehicle Number: \_\_\_\_\_

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 Reporting Only.

Signed and acknowledge by:



Name and signature of policyholder/authorised driver

\_\_\_\_\_  
Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

