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 witholding 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	25/04/2019 09:45
Date Of Accident	24/04/2019 09:30
Exact Location Of Accident	ALONG ECP (MCE) 13KM MCE ENTRANCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBP767M
Insured/Policyholder	
Name Of Registered Owner	KHOO SU-XIAN, JOLYNN
NRIC No	S9208478G
Email Address	JOLYNNKHOOSX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91763305
Alternative Phone No	OFFICE-91763305
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	VESPA PRIMAVERA-150CC
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	VMZ/P2246798
Cover Note Number	
Driver	
Name of Driver	KHOO SU-XIAN, JOLYNN
NRIC No	S9208478G
Date Of Birth	11/03/1992
Occupation	INDOOR
Date Of Driving Pass	30/05/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91763305
Fax Number	
Contact Number	OFFICE-91763305
EMail Address	JOLYNNKHOOSX@GMAIL.COM

Address	BLK 10E BEDOK SOUTH AVENUE 2 #08-552
Postcode	464010
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	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 POLICE REPORT NO: T/20190424/2094. STATEMENT RECORDED BY LEONG KEAT - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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	SLS9684A
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

DETAILS OF INJURED PERSON 1

Name	KHOO SU-XIAN, JOLYNN
Approximate Age	
Injuries Sustain	SLIGHT INJURIES
Injured person in which vehicle?	FBP767M
Were seat belts worn?	
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:

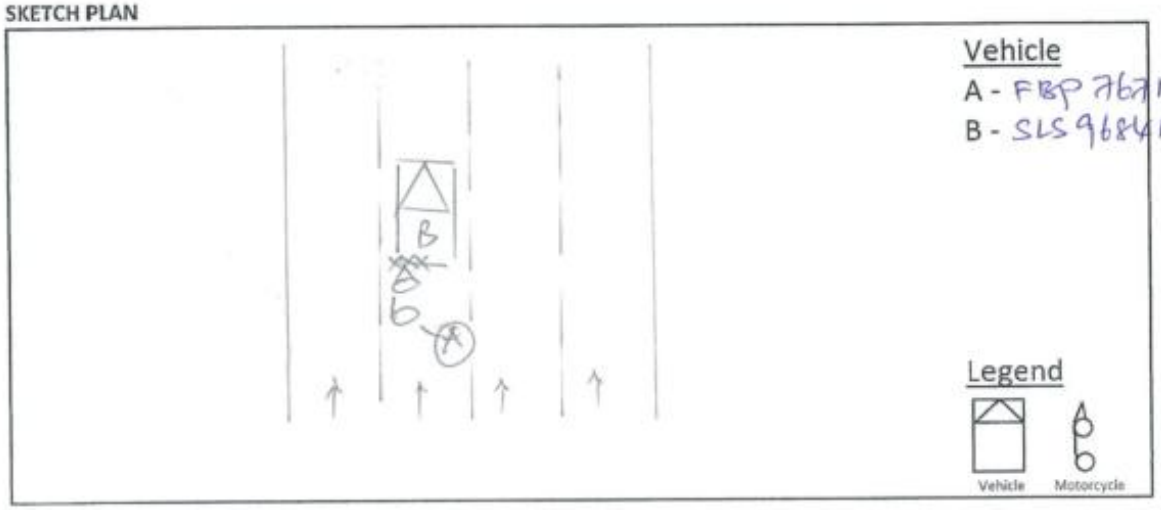
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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 #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/20190424E/2096.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

SINGAPORE POLICE FORCE

T/20190424/2094

Report No. T/20190424/2094

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
24/04/2019 16:00	G/20190424/0060	

Informant's Particulars

Name of Informant: KHOO SU-XIAN, JOLYNN			Address: APT BLK 10E BEDOK SOUTH AVENUE 2 #08-552 SINGAPORE 464010	
ID Type / ID No.: NRIC NO / S9208478G			Contact No.: Home/Office: Mobile: 91763305	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 27	Date of Birth: 11/03/1992	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 2B,3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/04/2019 09:30	Type of Location: Straight Road

Location:
Along Road 1
EAST COAST EXPRESSWAY

ECP(MCE) 13KM

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
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
FBP767M	Motorcycle	PIAGGIO	VESPA PRIMAVERA 150	White		0
SLS9684A	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT

SINGAPORE POLICE FORCE

T/20190424/2094

Report No. T/20190424/2094

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP767M	AXA INSURANCE SINGAPORE PTE LTD	P2246798	29/01/2019	28/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KHOO SU-XIAN, JOLYNN	ID No.	S9208478G
Related Vehicle	FBP767M (Motorcycle)	Contact No.	91763305
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	24/04/2019	Date Discharge	24/04/2019
No. of Days granted Medical Leave	14	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED THE DATE, TIME AND LOCATION.
THE TRAFFIC FLOW WAS HEAVY AND THE ROAD SURFACE WAS DRY, I WAS TRAVELLING ALONG ECP TOWARDS MCE ON THE 2 LANE FROM THE EXTREME LEFT LANE. AS I WAS TRAVELLING BEHIND VEHICLE NO. (SLS9684A) AND I WAS FILTERING TO THE LEFT LANE. SUDDENLY THE VEHICLE IN FRONT JAM HIS BRAKE AND I HIT ONTO HIS REAR LEFT BUMPER. AS I FALL TO THE GROUND, I WAS STILL HOLDING ONTO THE BIKE AND AS I WAS BEING DRAG. I WAS ABLE TO STAND UP AND GET MYSELF TO THE ROAD SHOULDER AND THE DRIVER HELPED ME TO SHIFT MY BIKE TO THE ROAD SHOULDER. THERE AN OTHER FEMALE MOTORCYCLE CAME OVER TO HELP AND SHE CALLED FOR THE AMBULANCE. WHEN THE AMBULANCE ARRIVED TO THE SCENE AND LATER ON, I WAS CONVEYED TO THE HOSPITAL. THAT'S ALL

SINGAPORE POLICE FORCE

T/20190424/2094

Report No. T/20190424/2094

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

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: TP / KEE CHUAN JIA MARCUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/04/2019 16:00
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE Signature:

ATA801

PTE LTD
..ay, #24-01
..wer, Singapore 068811
..stomer 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.	: **VMZ/P2246798**	Account No. : **03375**
Coverage	: **Third Party Fire & Theft Only**	
Sum Insured	: **Market Value At The Time Of Loss**	
Name of Policy Holder	: **KHOO SU-XIAN JOLYNN**	
Vehicle Registration No.	: **FBP767M**	
Period of Insurance	: From **29/01/2019** To **28/01/2020** (Both Dates Inclusive)	

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

(a) The Policyholder
(b) 1. KHOO SU-XIAN JOLYNN
2. KHOO JUNHAO JEREMY

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 in connection with the Policyholder's business or profession
The Policy does not cover:
a) Use for hire and reward
b) Use for racing, pace-making, reliability trial or speed-testing
c) Use for the carriage of goods (other than samples) in connection with any trade or business
d) Use for any purpose in connection with the Motor Trade

(11)

Fire&Theft - Insured&Named Dr. : **SGD 300.00**
THEFT OUTSIDE SINGAPORE : **SGD 600.00**

* 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 - **SGRAN04** on **22/02/2019**

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.

WARRANTED ALL ACCIDENT REPAIRS MUST BE CARRIED OUT ONLY AT OUR AUTHORISED WORKSHOPS

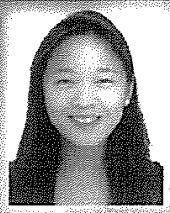
Page 1

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9208478G

Name
KHOO SU-XIAN, JOLYNN
邱 淑 娴
Race
CHINESE
Date of birth
11-03-1992
Sex
F
Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9208478G
Name
KHOO SU-XIAN, JOLYNN
Birth Date 11 Mar 1992
Issue Date 07 Jan 2014
002263036C

5276914

NRIC No. S9208478G

Date of issue
17-02-2014
APT BLK 10E BEDOK SOUTH AVENUE 2 #08-552
SINGAPORE 464010
NRIC No: S9208478G Date: 13/07/2015

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 CC	30 May 2018
Class 3A	Motor cars without clutch pedals =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals =< 2500 kg	16 Sep 2011

S / No.9000307449

S9208478G

Licence No. S9208478G

NP 428A

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 24/4/19 Time: 0930

2 Exact location of accident: Along ECP (MCE) 13km MCE Entrance

3 Injuries even if slight: No ☐ Yes ☑ *

4 Material damage: To vehicles other than vehicles A and B: No ☑ Yes ☐ * | To objects other than vehicles: No ☑ Yes ☐ *

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Vehicle Video Camera Available: No ☑ Yes ☐

Registration No. (VEHICLE A): FBP 7677M

6 Insured /policyholder (see insurance cert.)

Name: Khoo Su-Xian,

(capital letters): Jolynn

Address:

NRIC / Passport no.: S9208478G

Tel no. (from 9am till 5pm):

HP: 91763305

7 Vehicle

Make, type:

8 Insurance company: AXA ☐C ☑TPFT ☐TPO

Does the policy cover damage to vehicle A? No ☐ Yes ☐

Policy No.: VM3/P2246798

9 Driver ☑ Same as Owner

Name:

(capital letters):

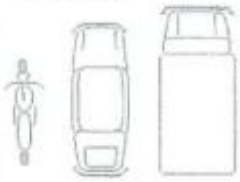
NRIC / Passport no.:

Class of licence: 3

HP:

Gender: Male ☐ Female ☑

10 Indicate the point of initial impact with an arrow (↔)



11 Visible damage to vehicle A

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A		B
☐1	Chain Collision	☐1
☐2	Collided into Bicyclist	☐2
☐3	Collided into Motorcyclist	☐3
☐4	Collided into Parked Vehicle	☐4
☐5	Collided into Pedestrian	☐5
☐6	Collided into Property	☐6
☐7	Collision – Change/Cross Lane	☐7
☐8	Collision – Cross Junction	☐8
☐9	Collision – Head on Collision	☐9
☐10	Collision – Head to Rear	☐10
☐11	Collision – Major/Minor Rd	☐11
☐12	Collision – Opening Door of Vehicle	☐12
☐13	Collision – Roundabout	☐13
☐14	Collision – U-Turn	☐14
☐15	Drink Driving / Drug influence	☐15
☐16	Fire, Explosion or Lightning	☐16
☐17	Flood	☐17
☐18	Hit and Run / Vandalism / Damaged whilst Parked	☐18
☐19	Hit by Falling Tree / Other Objects	☐19
☐20	No Collision	☐20
☐21	Side Swipe	☐21
☐22	Theft	☐22

State TOTAL number of boxes marked with a cross

13 Sketch of accident when impact occurred 13

Please indicate: 1. layout of the road - 2.the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please mark this box if the sketch is on page 2 ☐

14 My remarks

15 Signatures of drivers

A

B

Registration No. (VEHICLE B): SLS 9684A

6 Insured /policyholder (see insurance cert.)

Name:

(capital letters):

Address:

NRIC / Passport no.:

Tel no. (from 9am till 5pm):

HP:

7 Vehicle

Make, type:

8 Insurance company: ☐C ☐TPFT ☐TPO

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available):

9 Driver (See driving licence) (if different from insured B above)

Name:

(capital letters):

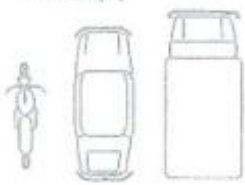
NRIC / Passport no.:

Class of licence:

HP:

Gender: Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (↔)



11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (If any):

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured

1 Occupation (if more than one, state all) _____ Email: SOLYNNKHOOSX@GMAIL.C

2 Vehicle registration no. | C.C. | If commercial vehicle, state permissible carrying capacity

3 Is driver the owner? Yes ✓ | No | If no, State Relationship of Driver with owner | state the vehicle number and name of insurer of driver's own vehicle (where applicable)

Of which vehicle are you the owner?

☑ A

☐ B

4 Exact purpose for which vehicle was being used at time of accident: ☑ Private use ☐ Commercial use ☐ Hire & reward ☐ Private Hire

☐ Others - please specify _____

5 Is the vehicle still in use? Yes | No ✓ If no, state where it is at present _____ Tel no. _____

6 Are you claiming under your own insurance policy for repair to your vehicle? Yes | No

If no, state action to be taken ☐ Third Party ☑ Reporting Only ☐ Third Party (Own Workshop)

Driver or person in charge of vehicle at the time of accident (including insured)

7 Date of birth	Occupation		Date of license pass	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?	
	Indoor ✓	Outdoor		Yes	No	Yes	No

8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____

9 Full details of all driving convictions including pending prosecutions in the last 36 months

Date	Offence	Penalty

Injured persons

10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?		Was injured conveyed to hospital by ambulance?	
Driver	Slight injury	FSP 7627M	Yes	No	Yes ✓	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

Damage to property & vehicles (other than vehicles A and B)

11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)

Police action

12 Was the accident reported to the Police? Yes ✓ | No

If yes, please state which Police station UBI HQ.

13 Was notice of intended prosecution given? Yes | No ✓

If yes, against whom? _____

Accident details

14 Weather conditions: Clear ✓ | Raining | Others

15 Road surface: Wet | Dry ✓ | Others

16 Speed of vehicles: A _____ km/hr | B _____ km/hr

17 What warnings were given by driver or other party? _____

18 Were street lights illuminated? Yes | No

19 What lights were displayed on your vehicle/the other vehicle(s)? _____

20 If your vehicle is commercial, state weight of load carried at time of accident _____

21 State how accident happened, width of roads, speed limits, etc (Refer to attached)

22 State number of Passengers (Including Driver)

Declaration

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

Policyholder's signature _____ **Date** _____

Driver's signature (if driver is not the policyholder) _____ **Date** _____

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo