

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	08/04/2019 08:37
Date Of Accident	06/04/2019 23:15
Exact Location Of Accident	ALONG RD 1 ORCHARD RD OUTSIDE CONCORDE HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6055A
Insured/Policyholder	
Name Of Registered Owner	MARGARET CHOO LEE LIANG
NRIC No	S1329879C
Email Address	ELIOT.LEONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96661711
Alternative Phone No	OFFICE-91126393

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)
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?	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	VPA/P2040024
Cover Note Number	

Driver

Name of Driver	LEONG REN YUAN, ELIOT
NRIC No	S9148443I
Date Of Birth	29/12/1991
Occupation	INDOOR
Date Of Driving Pass	05/06/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91126393
Fax Number	
Contact Number	
Email Address	ELIOT.LEONG@GMAIL.COM

Address	BLK 412 COMMONWEALTH AVENUE WEST #11-3039
Postcode	120412
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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: : LYNETTE GENDER: : FEMALE

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 ATTACHED

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	SBH66U
Vehicle Make/Model/Colour	MERCEDES BENZ E200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG SHOU JIAN BRIAN
NRIC/Passport Number	S9517862F
Contact Number	92336645
Address	
Postcode	

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

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/4/2019 at approximately 2315 hours, I was driving outside Concorde Hotel, Orchard Road, when I hit a vehicle (SB1466U) at the rear. Having failed to break in time, I hit the car in front, in the rear. No one was injured and no police was called. Particulars were exchanged and a police report was made for insurance purposes.

DECLARATION

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


08/04/2019


08/04/2019


ASSURANCE


Accident Sketch Plan

SKETCH PLAN


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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.


Policyholder's Signature
Date & Time: 08/04/2019
8:40AM


Driver's Signature 08/04/2019
(If driver is not the policyholder) 8:40AM


Reporting Centre Personnel's Signature
Name: ASYJRAF

Accident Sketch Plan

AXA INSURANCE PTE LTD
 1 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



Private Cars COMP
 POLICY SCHEDULE
 RENEWAL
 Original

POLICY INFORMATION		Policy No. : VPA/P2040024	
Source	: (01) 08260 KOMOCO TRADING PTE LTD (HY)		
Insured	: CHOO LEE LIANG MARGARET		
Address	: 412 COMMONWEALTH AVENUE WEST #11-3039 SINGAPORE 120412		
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance : From 08/12/2018 To 07/12/2019 (Both Dates Inclusive)			
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 50.00% : SGD 877.76			
NCD			
Safe Driver	Disc	: SGD 70.22	
8.00%			
NCD Protector	: SGD 64.60		
GST 7.00%	: SGD 61.05		
Annual Premium	: SGD 933.19		
Total Payable	: SGD 933.19		
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	: Comprehensive		
Regn No.	: SLU6055A		
Type Of Use	: Private Car		
Make/Model	: HYUNDAI ELANTRA AD 1.6 GLS AT		
Year of Manufacture	: 2017	Seating Capacity (excl. Driver)	: 04
Body Type	: SALOON	Engine C.C.	: 1591
Engine No.	: G4FGHU830728		
Chassis No.	: KMHD841CMJU593003		
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
Hire Purchase	: TOKYO CENTURY LEASING (SINGAPORE) PTE. LTD.		
<u>Extra Coverage(Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			64.60
<u>Excess Applicable</u>			
Basic Own Damage Excess		: SGD	
<u>Named Drivers</u>			
1 CHOO LEE LIANG MARGARET			

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190407/2071

1 of 3

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

Report No: T/20190407/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2019 15:08	Vide Report No.:	Station Diary No. 58
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Informant's Particulars

Name of Informant: LEONG REN YUAN, ELIOT			Address: APT BLK 412 COMMONWEALTH AVENUE WEST #11-3039 SINGAPORE 120412		
ID Type / ID No.: NRIC NO / S9148443I			Contact No.: Home/Office: Mobile: 91126393		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 29/12/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: RESEARCH ASSISTANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2019 23:15	Type of Location: Straight Road
Location: Along Road 1 ORCHARD ROAD				
Outside Concorde Hotel				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SBH66U	Car				Slightly Damaged	1
SLU6055A	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190407/2071

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

2 of 3

Report No T/20190407/2071

CONTINUATION OF REPORT

Driver			
Name	LEONG REN YUAN, ELIOT	ID No.	S9148443I
Related Vehicle	NIL	Contact No.	91126393
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	WONG SHOU JIAN, BRIAN	ID No.	S9517862F
Related Vehicle	NIL	Contact No.	92336645
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

Brief Details.

On 06/04/2019, at 2315hrs, I was driving outside Concorde Hotel when I hit a vehicle (SBH66U) at the rear. No one was injured and no police was called. Both vehicles suffered slight damages. We both exchanged particulars and individually made police report. I am lodging this report for insurance purposes.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20190407/2071

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

3 of 3

Report No: T/20190407/2071

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 CHAN JUN MIN, STANLEY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/04/2019 15:08

Officer In Charge Of Case:

TP / GIA /

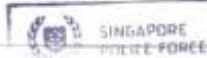
Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NPT168



Accident Sketch Plan



Accident Sketch Plan

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
 PASS DATE 13 Jan 1978

NP 423A



6145308
 S1329879C

12-03-2019

APT BLK 412 COMMONWEALTH AVENUE WEST
 #11-3039
 SINGAPORE 120412

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars < 3000kg with < 4 passengers, exclusive of the driver, and other motor vehicles < 2500kg
 EFFECTIVE DATE 05 Jun 2012

NP 428A



2863710
 S9148443I

29-12-2006

APT BLK 412 COMMONWEALTH AVENUE WEST #11-3039
 SINGAPORE 120412

PRIC No. S9148443I

Date: 21/09/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo

