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 <u>truthful and accurate</u> 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/03/2019 16:59
Date Of Accident	11/03/2019 11:15
Exact Location Of Accident	ALONG CLEMENTI AVE 6 TOWARDS AYE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE3645U
Insured/Policyholder	
Name Of Registered Owner	TEO SIEW GIM
NRIC No	S0617721B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91809121
Alternative Phone No	OTHERS-91809121
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	GOODS VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P2029193
Cover Note Number	

Driver

Name of Driver

NG ENG HIOK

NRIC No

S1830178D

Date Of Birth

05/06/1967

Occupation

OUTDOOR

Date Of Driving Pass

15/03/1988

Driving Experience 30 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91809121

Fax Number

Contact Number

EMail Address NOEMAIL

Address 715 CLEMENTI WEST STREET 2 #08-65 SPORE 120715

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CLEMENTI NEIGHBOURHOOD POLICE CENTRE

TEL NO: 1800-8729999 - FAX NO: 67748639

Police Station Address

ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Contact

Circumstances of Accident

REFER TO SKETCH PLAN/POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

INO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP4100M

Vehicle Make/Model/Colour MITSUBISHI FUSO FM65FM2RDEB

Details Of Properties

Vehicle Category GOODS VEHICLE

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 NG ENG HIOK

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBE3645U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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)
 - 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: Su Gu Al

NRIC/FIN No.: 5804037712

SKETCH PLAN

Refer to attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
Refer	to the police	report T/20190312/201
		1211 150(10.312/301
Andrew		
ARATION declare the foregoing part	iculars are true in every respect.	
	X	11
older's Signature		
Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:) (4, 11

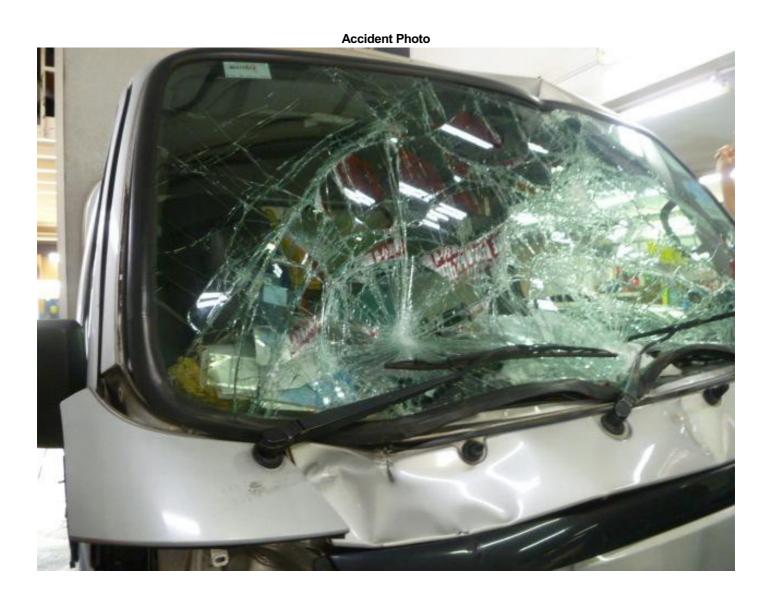
denent Avelo YP4100 nowes from B. position to B. position suddenly (charge lane dangerandy) Movement from Bo to B. B., B. = 174100M A= GBE36450 exit and and mark) but I can not stygged of the place is the accident Tuas





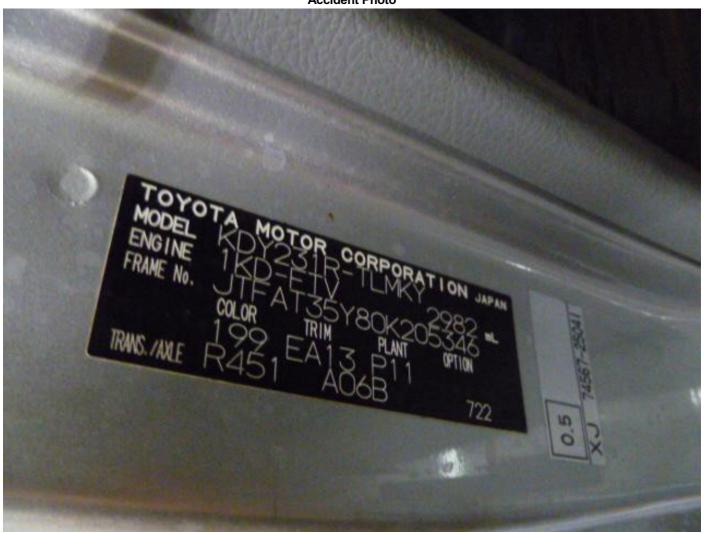






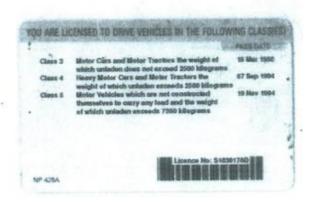






Driving License





Insurance policy

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel: 1800 8804888 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.

: VCA/P2029193

Account No. : 14888

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: TEO SIEW GIM

Vehicle Registration No. : GBE3645U

Period of Insurance

: From 11/11/2018 To 10/11/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with their

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*

(a) Use in connection with the Policyholder's business

(a) Use in connection with the Policyholder's business
(b) Use for the carriage of passengers (other than for hire or reward)
in connection with the Policyholder's business
(c) Use for social, domestic and pleasure purposes
This Policy does not cover

(a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing

(b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

EXCESS :

Own Damage Excess

: SGD 900.00

An Additional Excess is applicable as follows:
\$32,500.00 for Young or Inexperienced Driver.
Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Rieks 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 - SGOSTPR

on 13/11/2018

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.

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.

Page 1





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

1 of 3 Report No. T/20190312/2017

Date/Time Report Made: 12/03/2019 05:10			Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars	ALASKA BANKA B	14
Name of Informant: NG ENG HIOK ID Type / ID No.: NRIC NO / S1830178D Nationality: SINGAPORE CITIZEN			Address: APT BLK 715 CLEMENTI W	EST STREET 2 #08-65
			SINGAPORE 120715 Contact No.: Home/Office:	
			Email: Mobile: 91809121	
Sex: Age: Date of Birth:			Type of Informant:	
Race: Chinese Occupation: DELIVERY DRIVER			Language: English	Institution / School Name:
			Driving Licence Information: Class:	Date of Expiry:

Type of Injury Others		Drink Drive:	Date/Time of Accident: 11/03/2019 11:20	Type of Location Straight Road	
Along Road 1 CLEMENTI A Near Exit to A Weather:					
Clear		Road Surface:	Roa	Road Speed Limit:	
MACRO CONTRACTOR CONTR		DIV		ad Speed Limit:	
Traffic Flow: One Way Type of Collisi		Dry Traffic Control: Not Controlled	Tra Hea	ffic Volume:	

Vehicle No.	Type	Make	Model	Total Supplemental Control		arvoine than the colored
GBE3645U		THE PROPERTY OF THE PARTY OF TH	MIDGE	Color	Condition	No of Passenge
	Lony				Seriously	0
YP4100M	Lorry		-		Damaged	-240
	Lony				Slightly	2
	,				Slightly Damaged	2

Details of Person Involved	ATTEM ON THE PARTY OF THE PARTY
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Padastrian Committee
	Use of Pedestrian Crossing: NA

Police Report



T/20190312/2017

Police Station Of Origin: Clementi N.P.C

2 of 3 Report No. T/20190312/2017

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

CONTINUATION OF REPORT

Name	NG ENG HIOK		Married Co. St. School	ID No.		
				ID NO	0,	S1830178D
Related Vehicle	GBE3645U (Lorry)			Conta	act No.	91809121
Hospital/Clinic NATIONAL UNIVERSITY HO		SITY HOS	SPITAL	Class	of.	~! · · · ·
	THE STATE OF THE S		Class of Driving Licence &		Class: NIL Date of Expiry: NIL	
Date Treatment	11/03/2019		Data Di	Expiry Date scharge 11/03		100 /
No. of Days gran	ted Medical Leave	03	Degree	of Injury	11/03	/2019
	一种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种	PROPERTY.	A STATE OF THE PARTY OF T	of Injury		E likh in the land of the land
Name	Name RAJENDRAN PAULRAJ		The State of the S	A COLUMN TWO IS NOT THE OWNER.	1257418	
				ID No.		G5218902R
Related Vehicle	Related Vehicle YP4100M (Lorry)			Contact No.		
and the second second						NIL
Hospital/Clinic	lospital/Clinic NIL					
						Class; NIL Date of Expiry: NIL
Date Treatment	NIL ed Medical Leave		Date Dis		NIL	

Brief Details.

On 11/03/2019, at about 1115hrs, I was travelling along Clementi Avenue 6, heading towards AYE Tuas. I was on the left lane when I approached the Exit leading to Ayer Rajah Expressway (AYE). I was heading towards Tuas side and hence I stayed on the left lane.

Suddenly, another lorry driver from the right lane, cut into my lane when I was reaching the Exit to AYE. I could not brake in time to stop my vehicle and instead crashed into the rear of the said vehicle. The accident took place very close to the Exit and I would like to state that the other driver make sudden quick lane change which I could not stop my vehicle on time.

I checked myself for injuries. My left leg was stuck and I could not get out of my vehicle. I also felt pain on my left leg. Soon after, the other lorry driver approached me and assisted in helping me out of my vehicle. I got out of the vehicle and checked my lorry. My lorry front windshield was damaged badly. The front portion of my vehicle was badly dented. Both of my front tires and back tires were damaged.

The other lorry driver and I exchanged particulars and shortly after, tow trucks arrived to tow my vehicle away. I, then, proceeded to leave the scene. The lorry driver seemed fine to me.

Police Report





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

3 of 3 Report No. T/20190312/2017

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 <u>report number</u> as reference.

Insp MENAKAH D/O THIAGARAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2019 05:10
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	SI TIRE