SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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	06/05/2019 17:11
Date Of Accident	04/05/2019 23:15
Exact Location Of Accident	THOMPSON ROAD TOWARDS UPPER THOMPSON RD / LORNIE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA838R
Insured/Policyholder	
Name Of Registered Owner	TAY HIN NGAN
NRIC No	S7238383D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97999593
Alternative Phone No	OFFICE-97999593
Vehicle Particulars	
Manufacturer	LAMBORGHINI
Model	HURACAN-5.2 LP610-4 (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	VPX/P2115122
Cover Note Number	-
Driver	
Name of Driver	TAY HIN NGAN
NRIC No	S7238383D
Date Of Birth	19/10/1972
Occupation	INDOOR
Date Of Driving Pass	20/08/1992
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97999593
Fax Number	

OFFICE-97999593

NOEMAIL

Address 23 MARIGOLD DRIVE

Postcode 576425

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 COLLIDED INTO PROPERTY

Weather Conditions CLEAR

Road Surface PATCHY WET / WATER OR OIL

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

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

soliciting/offering accident claims assistance.

NO

YES

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

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?

If Yes, against whom?

NO

Circumstances of Accident

Please refer to police report

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

TP TOOK MEM CARD

Was there any audio recorded?

NO

Sketch Plan

KETCH PLAN	MacRife	hir k	Cesenti		A.) SN	A 838 R
		Surbe	Quard	cail.		
		1				appe
Lornie 100	1	- 00-				There
		thes	red out			Breidel
	<u></u>		1			
DESCRIBE CIRCUMST	ANCES OF THE ACCIDENT	and ear	-61-1	**********		
Refer	solice repo	1.				
	- Almana					
			1			
				- Marie		
	·					
					15.6	
						1
						
						-
			-			
DECLARATION I/We declare the force	oing partikulars are true in eur	ny respect.		1		
Policynoide s Signature Date & Time:	Driver's Sign. Sign (If driver is no State & Time	at the policyhold	ter)	Reporting Centre Name: Ruc44 NRIC/FIN No.:	Femalmels Symi 1200 LARgod 10546577	ine Tre
anatowor, was =						
			1			Tr.

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as truthful and accurate as possible. Any wiful misrapresentation or withholding of marteral facts may allow insurance companies to repudiate policy liability.
- 4. The loage 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.
- 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 wal for a fee by made available upon application by interested parties.
- By the longment of this report to the insurars, you hereby consent to the archiving of this apport at the centre and to copies of the report being made available aforesaid.
- 3. Consent under the Personal Data Protection Act (PDPA)

t 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/sonspiral information set out in this (form) and any other personal infairnation 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 abcident (sit insurer(s) who have insured we safe(s) involved in this additions shall be collectively referred to as the "insurers"), the insurers' buryers/ow fains, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (5) processing, handling and/or dealing with my claims including the settlement of the dalms and any necessary investigations relating to the plains;
 - (8) investigating the accident and/or my daims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by mo;
 - (iii) administering my states (including the making of correspondence, statements, invoices, reports or notices tolyne, which could involve disclosure of certain personal data about me to bring about derivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (a) complying with applicable law in administering, processing, handling and/or dealing with any claims (collectively the "Purposes")
- (b) all inscrenss who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law ficros, may/are obtained. to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal information may/can be discussed by any of the insurers and/or GIA to their third party service providers on agenta(including their iswyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information with 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 way be shared / disclosed:
 - (i) to all insurers and/or any other third parties that asset in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agender as reasonably required for the purposes stated, of

(b) for compaying with requirements under any regulations, laws of court orders.

Pelicyhalda

Date & Time:

Driver's Signature (If draws is not the policyholder)

Date & Time:

sporting Centre Personnel's Signature RICHARD HARD NRIC/FIN No.

insurance cert

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.so 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)

: VPX/P2115122 CERTIFICATE NO. Account No.: 01948

Coverage : Comprehensive

: Market Value At The Time Of Loss Sum Insured

: TAY HIN NGAN (EHENG XINYAN) Name of Policy Holder

Vehicle Registration No. : SMA838R

: From 27/04/2019 To 26/04/2020 (Both Dates Inclusive) Period of Insurance

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. TAY HIN NGAN (ZHENG XINYAN)
2. LOW BEE LAN AUDREY

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 18,000.00 : SGD 36,000.00 Sect I - Used Outside S'pore Fire&Theft - Outside Singapore : SGD 36,000.00 Windscreen Excess : SGD 1.000.00

* 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

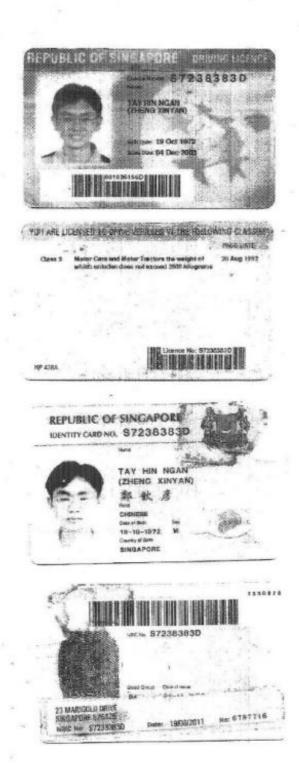
Issued by - SGOGOWT on 18/04/2019

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.

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.

Driving License



police report





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

Report No. T/20190505/7005

CONTINUATION OF REPORT

Details of Perso Any Pedestrian I		E451		Civilia.	575		WINE
No. of Pedestrian		Institution of the	Use of Pe	destriar	Cross	ing: NA	1
Driver	THE PARTY OF THE P	284	STREET, TOTAL CONTRACTOR OF THE PERSON NAMED IN	102000	-	MILITER WATER	
Name	TAY HIN NGAN		***************************************	ID No		\$7238383D	945 u
Related Vehicle	SMA838R (Car)			Conta	ct No.	97377584	+-
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry:	NIL	
Date Treatment	05/05/2019		Date Disc	harge	05/05	/2019	-
No. of Days gran	ted Medical Leave	05	Degree of		market of the Contract	Market Control of the	

I was turning right from Thomson Road in the direction of Braddell Road after stopping at the red light. The accident happened just beyond the dual bus stop under the Lornle flyover and pedestrian overhead bridge after the light turned green and I was accelerating off. The rear of my car suddenly swerved outwards mid turn and I corrected the direction and the car swerved the other way and hit the guardrail after the bus stop underneath the pillar of the over head pedestrian

There was a wet patch on the road just under the flyover, which I saw after I exited the car, which was different from the trickle of liquid from my car but the rest of the road was dry. I did not touch the road, so not sure if it was water or oil.

not sure if it was water or oil.

There was a dent on the railing but no other damage to public structures.

No other vehicle was hit and no other persons were involved.

The ambulance was activated by a member of the public who thought I was unconscious but I was just looking for my glasses which had fallen off after which I exited the car.

I sustained minor contusions to my left hand and abrasions from my watch hitting my wrist and one foot hitting the other. This was checked in Mount Alvernia Hospital, which I walked to after the police officer cleared me to leave.

The paramedic had thought that my ECG was abnormal and required me to sign the refusal of conveyance to hospital, but it was probably due to high adrenaline level and heart rate after the accident and this was confirmed later in MAH A&E where my ECG and blood pressure had returned to normal.

police report



Ti20190505/7005

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

1 of 3 Report No. T/20190505/7005

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 05/05/2019 15:05		Vide Report No.: E/20190504/0214	Station Diary No.:			
Informa	nt's Partic	ulans	The second second				
			Address: 23 MARIGOLD DRIVE SINGAPORE 576425				
ID Type NRIC NO	/ ID No.: 0 / S72383	83D	Contact No.: Home/Office:	Mobile: 97377884			
National SINGAP	ality: APORE CITIZEN		Email: tay.hin.ngan@gmail.com				
Sex: Male	Age: 46	Date of Birth: 19/10/1972	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name.			
Occupation: Otorhinolaryngologist/Ear, nose, throat (ENT) surgeon			Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2019 23:15	Type of Bend	Location
Location: THOMSON R	OAD	Road Surface:		D	
To be discussed a dead of		Wet.		Road Speed L 60 Km/h	arnit.
Clear					
Clear Traffic Flow. Two Way		Traffic Control: Not Controlled		Traffic Volume Light	

Details of V	ehicle Involv	ed		CHARL SEPARATE	Barrier Control	San Marie Land
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMA838R	Car	LAMBORGHINI	HURACAN+ LP580-2	Silver	Seriously Damaged	0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	affective	Empiry Date			
SMA838R	AXA INSURANCE SINGAPORE PTE	P2115122	27/04/2019	26/04/2020			



