

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	01/06/2019 10:45
Date Of Accident	27/05/2019 20:00
Exact Location Of Accident	ALONG AYER RAJA EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFA66J
Insured/Policyholder	
Name Of Registered Owner	LIM LEE ANG
NRIC No	S0184398B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97620010
Alternative Phone No	OFFICE-97620010

Vehicle Particulars

Manufacturer	BMW
Model	535I-3.0 (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	GA026204
Cover Note Number	

Driver

Name of Driver	COBIN NG YONG TENG
NRIC No	S8040911G
Date Of Birth	25/12/1980
Occupation	INDOOR
Date Of Driving Pass	15/06/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96710210
Fax Number	
Contact Number	
Email Address	COBIN@LECO.COM.SG

Address	66 TAMPINES ROAD
Postcode	535091
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?	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
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 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

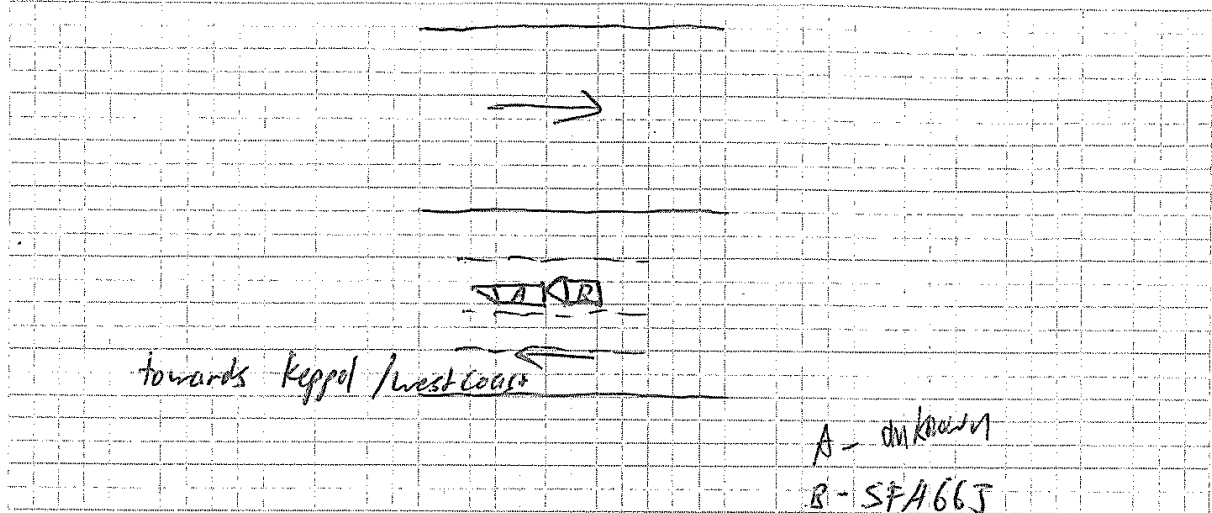
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL 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	COBIN NG YONG TING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFA66J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling on Ayer Raja Expressway towards Keppel / West Coast area, I suddenly sneeze and a lorry appeared in front of me. I immediately applied brakes but not able to stop in time. And collided into the rear of the lorry.

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: 01/06/19

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

SKETCH PLAN

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. 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.:



**SINGAPORE
POLICE FORCE**



T/20190528/7003

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

3 of 3

Report No. T/20190528/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN CHIN YONG
Contact No.: 65476178

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/05/2019 11:50

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20190528/7003

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

2 of 3

Report No. T/20190528/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	COBIN NG YONG TENG	ID No.	S8040911G
Related Vehicle	SFA66J (Car)	Contact No.	96710210
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: 05/07/2010
Date Treatment	27/05/2019	Date Discharge	28/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

As i was travelling on MCE towards Keppel/West coast area, opposite Genting building and Jit Poh building. i am having flu and suddenly sneezed. This lorry which i have no idea why he was travelling on the 2nd right most lane, appeared infront of me and braked on the expressway. I tried my best to apply brakes but my car skidded forwarded and collided into the rear of the lorry. The lorry had 2 person in it one chinese one indian. They didnt even bother to come to my car to check if anybody injured. i was alone, i manged to get out of the car and was sent to SGH by ambulance.

I do not have any video.
I was not under the influence of alcohol.

That is all.



**SINGAPORE
POLICE FORCE**



T/20190528/7003

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

1 of 3

Report No. T/20190528/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2019 11:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: COBIN NG YONG TENG			Address: 66 TAMPINES ROAD SINGAPORE 535091		
ID Type / ID No.: NRIC NO / S8040911G			Contact No.: Home/Office:		Mobile: 96710210
Nationality: SINGAPORE CITIZEN			Email: cobin@leco.com.sg		
Sex: Male	Age: 38	Date of Birth: 25/12/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES MANAGER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry: 05/07/2010

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2019 20:00	Type of Location: Bridge
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
SFA66J	Car	BMW	535i	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFA66J	AXA INSURANCE SINGAPORE PTE LTD	GA026204	11/10/2018	10/10/2019

Issued by 04061001 Weiping Luan on 04-10-2015 10:06:33 AM
2 of 2

redefining / insurance



redefining / insurance

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

account number
04051

Certificate of Insurance

Motor Vehicles Third Party Risks and Compensation Act, Chapter 189; Motor Vehicles Third Party Risks and Compensation Rules 1987; Road Transport Act 1987; Motor Vehicle Third Party Risks Rules 1987 (Malaysia)

Policy details

Policyholder name	LIM LEE ANG	Certificate number	GA026204 / 1
Cover	Comprehensive	Chassis number	WBAFR72010C358582
Plan name	Private APW	Engine number	09958136 N55830A
NCD applicable	50%		
Vehicle registration number	SFA66J		
Period of Insurance	from 11/10/2018 to 10/10/2019 (both dates inclusive)		
Finance/loan company	Nil		

Persons or classes of persons entitled to drive*

- a) The Policyholder
- b) Any person who is driving on the Policyholder's order or with their 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

Limitation 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, speed testing, 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.
* Limitations rendered operative 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

EXCESS	Basic Own Damage Excess	\$50,000
	Windscreen Excess	\$50,100.00

An Additional Excess is applicable as follows:

1. \$5500 for unnamed *Authorized Driver*
2. \$5500 for declared *Young and Inexperienced Driver*
3. \$55,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$52,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Important note

Policyholders are warned that, in the case 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 that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle Third Party Risks and Compensation Act, Chap. 189.
The Premium Warranty Clause requires the premium to be paid in full within a specified period failing which there would be no liability under the policy, hence the certificate endorsement.

AXA Insurance Pte Ltd (199903512M)
4 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 3

NA1 / GA026204

Claims procedure

At the Accident Site

Date:

SFA 66J.

The following has been advised to you via your workshop, COGE through their staff.

()

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.

12

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 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.

A)

The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.

(2)

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 or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.

For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using *any combination* of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand 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 _____

Signed and acknowledged by:





Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp

6/1/2019

Fw: SFA66J Auth Letter

 Reply all |   Delete Junk |  ...

Fw: SFA66J Auth Letter





Helena Lim <helenalim@yahoo.com>

Today 12:41 PM

CDGE Braddell Private Cars Crash Repair Counter ✓



 Reply all | 

Inbox

Sent from Yahoo Mail for iPhone

Begin forwarded message:

On Saturday, June 1, 2019, 12:33 PM, Cobin Ng <cobin@leco.com.sg> wrote:

To Whom It May Concern

I Lim Lee Ang S0184398B authorise Cobin Ng Yong Teng S8040911G to make reporting on the said vehicle SFA66J BMW 535i. And to sign any related forms.

Thanks

--

Regards,

Cobin Ng

Leco Auto Pte Ltd

Disclaimer: This email contains confidential and privileged information. If you are not the intended recipient, please be aware that any unauthorized disclosure, use or dissemination either in whole or in part is strictly prohibited. If you have received this email in error, please delete it immediately.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

