

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	05/08/2019 14:13
Date Of Accident	05/08/2019 07:35
Exact Location Of Accident	ANG MO KIO INDUSTRIAL PARK 2A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5001L
Insured/Policyholder	
Name Of Registered Owner	TAN GEK WHATT
NRIC No	S0029778Z
Email Address	STEVEN@MODU-SYZLEM.COM.SG
Mobile Phone No	(LOCAL) +65-97606928
Alternative Phone No	OFFICE-97606928

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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/P2036196
Cover Note Number	

Driver

Name of Driver	TAN GEK WHATT
NRIC No	S0029778Z
Date Of Birth	27/08/1953
Occupation	INDOOR
Date Of Driving Pass	15/11/1971
Driving Experience	47 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97606928
Fax Number	
Contact Number	OFFICE-97606928
Email Address	STEVEN@MODU-SYZLEM.COM.SG

Address	BLK 535 SERANGOON NORTH AVE 4 #08-169
Postcode	550535
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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	SMG9489Z
Vehicle Make/Model/Colour	TOYOTA SIENTA
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)	

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)

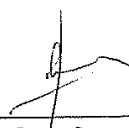
I understand, acknowledge, agree and consent that:

- (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:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Read Only - You can't save changes to t...



Name of Applicant: TAN GEK WHATT

Driving Licence Number S0029778Z

PART C - General Medical Examination (To be completed by Medical Practitioner only)

Please tick "✓" in the appropriate box for "Yes" or "No" and provide remarks where necessary

	Yes	No	Medical Practitioner's Remarks
1. Any deformities and/or physical disabilities observed		✓	
2. Any evidence of wounds, injuries or operations		✓	
3. Any abnormality of movement of the joints (Appropriate test (e.g. Straight Leg Raise) should be conducted where clinically indicated)		✓	
4. Any evidence of abnormality of the nervous system		✓	
5. Any evidence of psychiatric disorder		✓	
6. Heart: Any evidence of abnormality of the cardio-vascular system		✓	
7. Any defect of hearing		✓	
8. Does the applicant show any evidence of being addicted to the excessive use of alcohol or drugs?		✓	
9. Blood Pressure: Systolic: 120 Diastolic: 70 Are the blood pressure readings normal, having regard to the applicant's age?	✓		
10. Is there any defect of vision, including colour vision?		✓	
Do you consider applicant should wear glasses when driving?		✓	
Visual Acuity for distance: Without With * glasses RE: 6/9 LE: 6/6			
Near Vision: Without With * glasses RE: NS LE: NS			
The following question applies only to a holder of Class 4, Class 4A and/or Class 5 Driving Licence(s) or holder of a private driving instructor's licence, who will attain the age of 70, 71, 72, 73 or 74 years on his/her birth date at the time of application:			
11. Does the applicant show any evidence of cognitive impairment? (Appropriate test (e.g. Abbreviated Mental Test (AMT-A)) should be conducted where clinically indicated)			

12. Additional Remarks by the Medical Practitioner

PART D - Overall Result of Medical Examination (To be completed by Medical Practitioner only)

13. I certify that I have this day examined and identified the applicant named on page 1 and above. He/she has shown me his/her identity card which bears the same name and identification number on this form. The answers to the questions above are correct to the best of my knowledge and belief. From my observations and medical examination, I find the applicant physically and mentally

FIT / UNFIT

to drive a motor vehicle.

Signature:		Date:	11/7/18
Name of Medical Practitioner:	DR NEOH CHI LIM MBBS (SYDNEY) DWO DRS KOO & NEOH MEDICAL GROUP		
Medical Qualification:	DRS KOO & NEOH MEDICAL GROUP		
Official Stamp of hospital / clinic:	29, WOODLANDS INDUSTRIAL PARK E1 #01-03 NORTHTECH (ADMIRALTY ROAD WEST) Contact Number SINGAPORE 737716		
Address of hospital / clinic:	TEL: 6364 3233 FAX: 6214 2143		

(*Delete where applicable)

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number:199903512M
 customer.service@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.	: VPA/P2036196	Account No. : 14885
Coverage	: Comprehensive (SmartDrive Toyota Prestige)	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: TAN GEK WHATT	
Vehicle Registration No.	: SLU5001L	
Period of Insurance	: From 05/12/2017 To 04/12/2019 (Both Dates Inclusive)	

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 other person who is driving on the Policyholder's order or with his 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.

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)

Basic Own Damage Excess : SGD 500.00

An Additional Excess is applicable as follows:


S\$2,500.00 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.

(Please refer to your policy on the terms & conditions)* 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 - SGOAGPH on 12/07/2017

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.

Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S0029778Z**

Name: **TAN GEK WHATT**

Birth Date: **27 Aug 1953**

Issue Date: **01 Nov 2003**

000370209H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0029778Z**

Name: **TAN GEK WHATT**



陈 玉 发

Race: **CHINESE**

Date of birth: **27-08-1953**

Sex: **M**

Country of birth: **SINGAPORE**



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **15 Nov 1971**

Licence No: **S0029778Z**

NT 428A

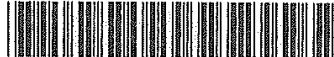

4743997

S0029778Z

HRIC No. **S0029778Z**

Date of issue: **09-07-2011**

Address: **APT BLK 535 SERANGOON NORTH AVENUE 4
#09-109
SINGAPORE 550535**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



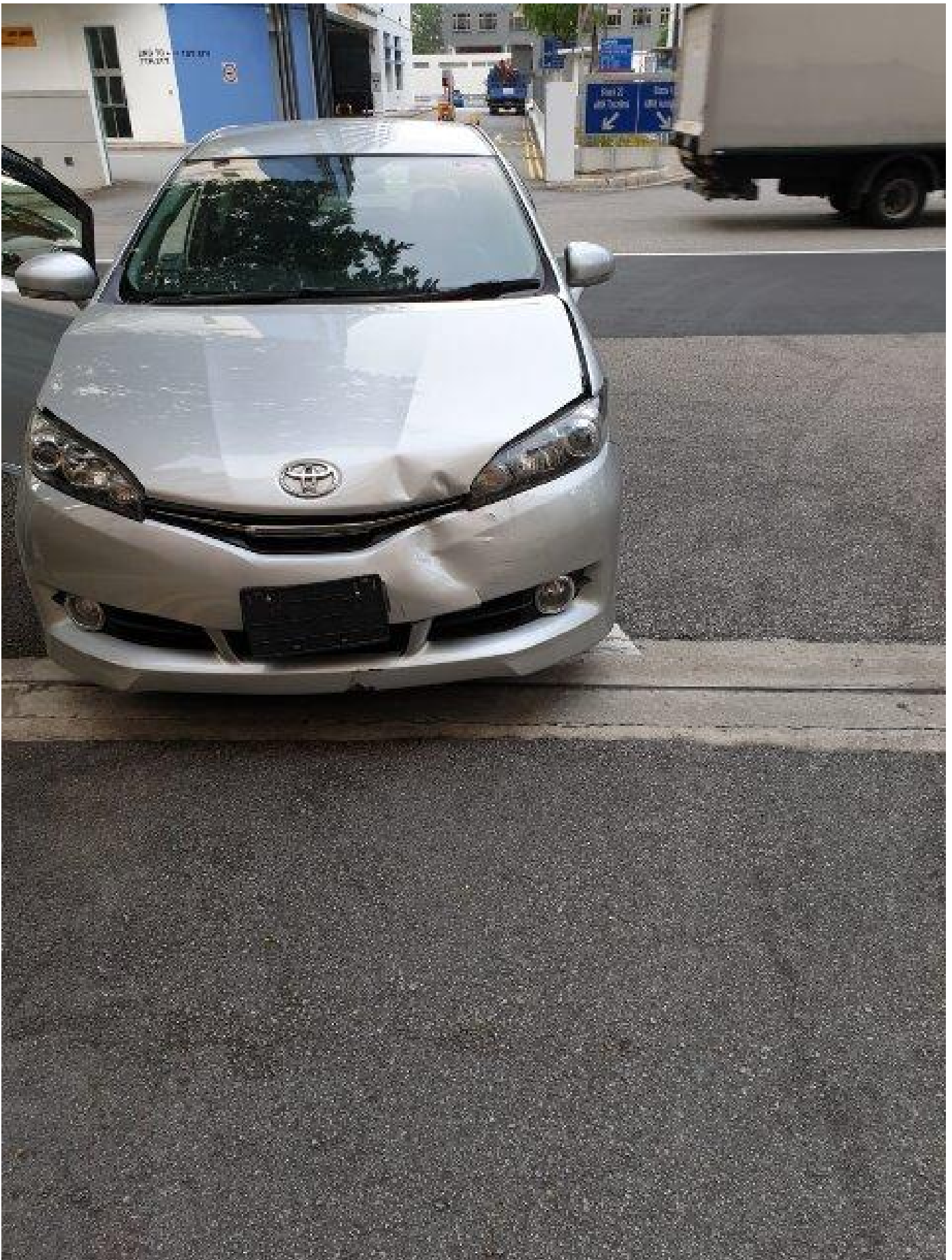
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Accident Photo



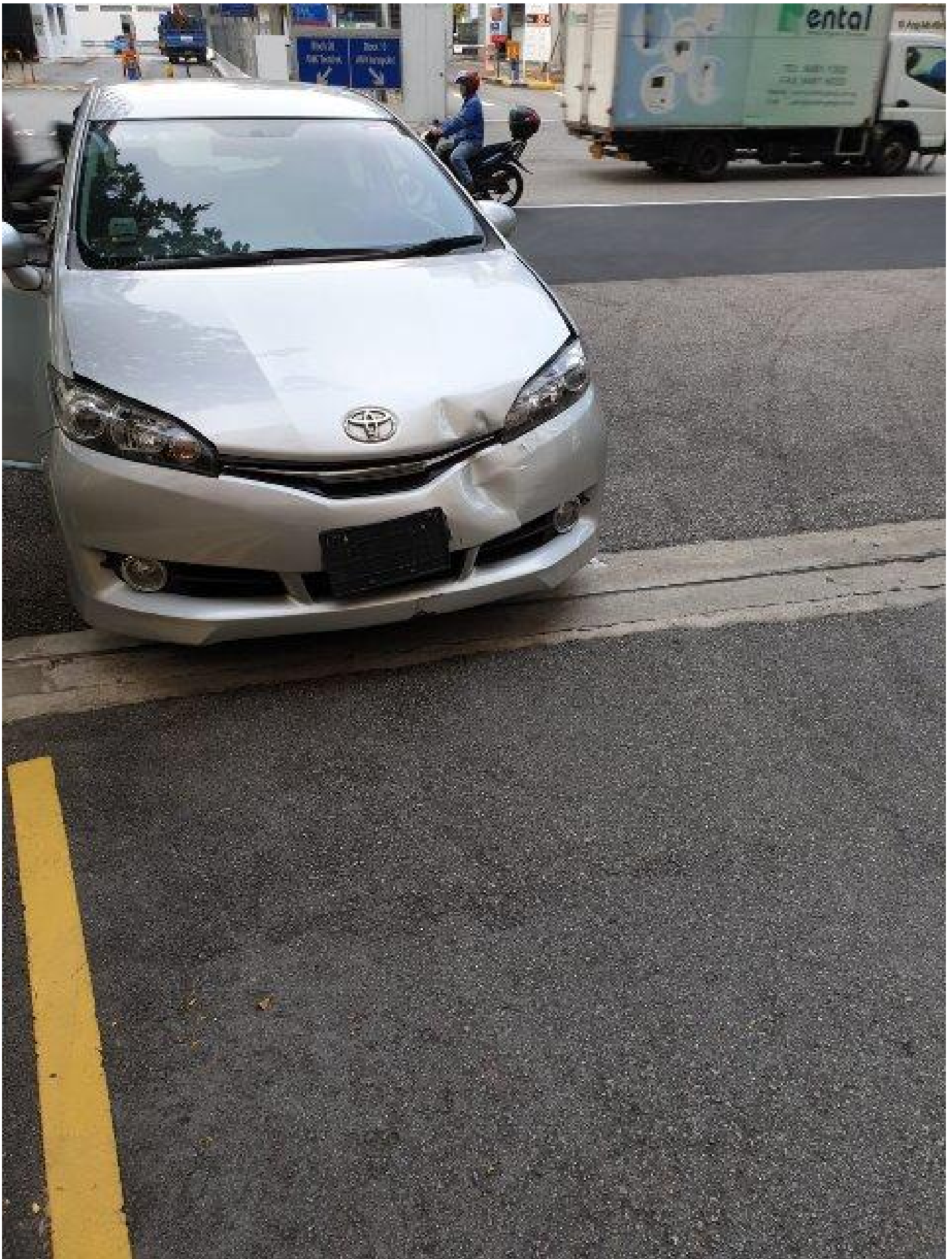
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