

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	20/08/2019 18:00
Date Of Accident	27/07/2019 07:50
Exact Location Of Accident	ALONG NEWTON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY888C
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Insured/Policyholder

Name Of Registered Owner	ABSOLUTE KINETICS CONSULTANCY PTE LTD
Co Reg No	200102574Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97380638

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S400L-3.0 R19 LED (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA244767
Cover Note Number	27/08/2018-26/08/2019

Driver

Name of Driver	FANG KOH LOOK
NRIC No	S6875446A
Date Of Birth	04/11/1968
Occupation	INDOOR
Date Of Driving Pass	18/05/1993
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97380638
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	26 KING ALBERT PARK
Postcode	598312
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	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?	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: : PHOBE KEE 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 TO THE 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBQ8942R
Vehicle Make/Model/Colour	B
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)

A: my car SFY888C

B: The SUV

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 27/7/2019 I was driving my SFY888C travelling along Newton Rd towards Moulmein Rd. When the traffic turns green, I head to Moulmein road.

Somewhere at the middle of the junction, suddenly there is a SUV vehicle impacted my right side of my vehicle door and mirror as well.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input checked="" type="checkbox"/>	- Claim OD/TP at other workshop

DECLARATION

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

[Signature]

[Signature]

[Signature]

Policyholder's signature

Date & Time



Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

SKETCH PLAN

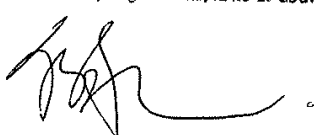
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S6875446A**
Name: **FANG KOH LOOK**

Birth Date: **04 Nov 1968**
Issue Date: **26 May 2015**



002431362K



Driving License

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

EFFECTIVE DATE

Class 2B	Motorcycles \leq 200 cc	18 May 1993
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	18 May 1993

NP 428A



Police Report



**SINGAPORE
POLICE FORCE**



T/20190727/2087

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4829999

1 of 3

Report No: T/20190727/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2019 14:32		Video Report No.:		Station Diary No: 67
Informant's Particulars				
Name of Informant: FANG KOH LOOK		Address: 26 KING ALBERT PARK SINGAPORE 598312		
ID Type / ID No: NRIC NO / S6875446A		Contact No: Home/Office: Mobile: 97380638		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 50	Date of Birth: 04/11/1968	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: BUSINESS MAN		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/07/2019 07:50	Type of Location: Straight Road
Location: Along Road 1 NEWTON ROAD Newton Thomason Road junction.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SFY888C	Car	MERCEDES BENZ	S400L (R19 LED)		Slightly Damaged	1

Details of Person Involved

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

Police Report



SINGAPORE
POLICE FORCE



T/20190727/2087

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/20190727/2087

CONTINUATION OF REPORT

Driver			
Name	FANG KOH LOOK	ID No.	S6875448A
Related Vehicle	SFY888C (Car)	Contact No	97380638
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 the 27/7/2019, I was driving my vehicle (SFY888C) travelling along newton-road heading to Moulmein road. When the traffic turns green, I head to Moulmein road from newton road.

Somewhere at the middle of the junction, suddenly there is a SUV vehicle impacted on my right side of my vehicle door and mirror as well. I thought is just a slight jerk and mirror was not shattered. I assume there is no damages to my vehicle during the impact.

However when I reached Ang Mo Kio, I alighted from my vehicle and made a check on my vehicle. There is a few scrap mark on my vehicle. I do not have camera in my car. I did not know the vehicle plate number but I know the car driver is a lady. I do not have her particulars.

Police Report



SINGAPORE
POLICE FORCE



Police Station Of Origin
Bukit Timah N.P.C.
1 Duke's Road SINGAPORE 208514
Tel No: 1800-4528888

2 of 2

Report No: 1001847100001

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 55474333 stating the report number as reference.

Signature Of Officer Recording The Report

S/

Sgt 2 TEO KENG LING

2

Signature Of Informant

[Handwritten signature]

Signature Of Interpreter

Not applicable

Date/Time

27/07/2019 14:53

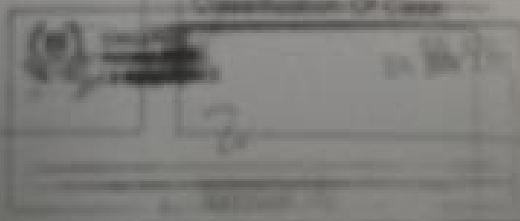
Officer In Charge Of Case

TP / Q&A

Staff Sgt MONG SENG LUI

Contact No: 65476181

Classification Of Case



Authentication Stamp

4110