

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	27/08/2019 17:17
Date Of Accident	27/08/2019 12:10
Exact Location Of Accident	ALONG BIDEFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2121A
Insured/Policyholder	
Name Of Registered Owner	LEE ZI ZI GRACE
NRIC No	S9227526D
Email Address	LEEZIZI18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92975536
Alternative Phone No	OTHERS-92975536

Vehicle Particulars

Manufacturer	BMW
Model	325CI-2.5 (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	GA393886/1
Cover Note Number	

Driver

Name of Driver	LEE ZI ZI GRACE
NRIC No	S9227526D
Date Of Birth	01/08/1992
Occupation	INDOOR
Date Of Driving Pass	18/05/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92975536
Fax Number	
Contact Number	OTHERS-92975536
Email Address	LEEZIZI18@GMAIL.COM

Address	23 PAVILION GROVE
Postcode	658615
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE UBI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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

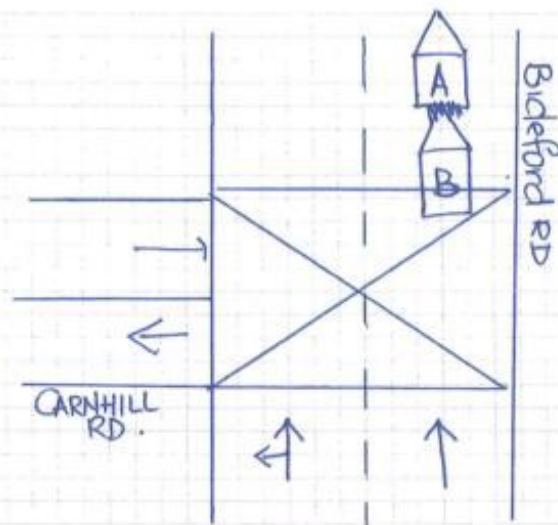
Vehicle Registration Number	SHA4352H
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HAIRUINARASHID BIN ABDU RAHMAN
NRIC/Passport Number	S7413878J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : NA
GENDER: : MALE

Accident Sketch Plan

SKETCH PLAN



Along Bideford RD
Veh A : SMH2121A
Veh B : SHA4352H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to police report T120190827 / 7020

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:

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

Common Statement

SKETCH PLAN

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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.:

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9227526D

NAME: GRACE LEE ZI ZI

Expiry Date: 01 Aug 1992

Valid Date: 18 May 2013

002182176A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9227526D



Name

GRACE LEE ZI ZI

李姿芝

Race

CHINESE

Date of birth

01-08-1992

Sex

F

S9227526D

Country of birth

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE SAT

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ 18 May 20

NP 428A



NPIC No. S9227526D



Date of issue

07-08-2007

23 PAVILION GROVE
SINGAPORE 658615

NPIC No: S9227526D

Date: 18/12/2017

CERTIFICATE OF 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
17006

Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 188)-Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia)
-Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Malaysia)

Policy details

Policyholder name	LEE GRACE ZIZI	Certificate number	GA393886 / 1
Cover	Comprehensive	Chassis number	WBADW32050F486858
Plan name	Flexi	Engine number	13737827N52P25AF
RCD applicable	0%		
Vehicle registration number	SLW4667L		
Period of Insurance	from 30/08/2018 to 29/08/2019 (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 to 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 covered in point 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 188) and Section 26 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	S\$0 1,700.00
	Windscreen Excess	S\$0 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed Authorised Driver
2. S\$500 for declared Young and Inexperienced Driver
3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 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 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorized signature

Important note

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. 188).

The Premium Warranty Clause restricts the premium to be paid in full within a specific period following when there would be no liability under the policy (renewal certificate, endorsement etc).

AXA Insurance Pte Ltd (189903512M)
8 Shenlion Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190827/7020

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

1 of 3

Report No. T/20190827/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2019 16:28	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GRACE LEE ZI ZI			Address: 23 PAVILION GROVE SINGAPORE 658615		
ID Type / ID No.: NRIC NO / S9227526D			Contact No.: Home/Office: Mobile: 92975536		
Nationality: SINGAPORE CITIZEN			Email: leezizi18@gmail.com		
Sex: Female	Age: 27	Date of Birth: 01/08/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2019 12:10	Type of Location: along Bideford road
Location: BIDEFORD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4352H	Car	HYUNDAI			Slightly Damaged	1
SMH2121A	Car	BMW	325I 2.5L AT ABS D/AB 2WD 2DR HID NAV	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190827/7020

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

2 of 3

Report No. T/20190827/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH2121A	AXA INSURANCE SINGAPORE PTE LTD	GA393886	30/08/2018	29/08/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GRACE LEE ZI ZI		ID No. S9227526D
Related Vehicle	SMH2121A (Car)		Contact No. 92975536
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	27/08/2019		Date Discharge 27/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

While I was driving vehicle SMh2121A straight along bideford Rd heading to Hullet Rd, Suddenly I felt a huge impact on my rear portion. I alighted and saw taxi vehicle SHA4352H had collided on my car rear portion and I experienced shock, head pain and pain on my spinal back. I also felt dizzy as there was a hit on my forehead and back head as the bang pushed me forward and backward. We exchanged our particulars for insurance claims purpose. Thereafter, when I reach hullet carpark I experienced very bad headache, dizziness and also nausea so i phone call my colleague to accompany me to the nearest hospital at Mt Elizabeth and was given three days MC. I will be consulting another doctor this evening regarding my back pain as the pain is still there.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190827/7020

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

3 of 3

Report No. T/20190827/7020

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 / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

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:
27/08/2019 16:28

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S6650020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD219118246 Vehicle Registration No: SMH2121A
Name (as shown in NRIC) : LEE ZI ZI GRACE NRIC/FIN/Passport No : S9227526D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 23 PAULION GROVE Singapore (656015)
Contact (Tel) : _____ Mobile No. : 9297 5536
Email Address : LEEZIZI18@gmail.com
Date of Accident : 27-08-2019 Time of Accident : 12:10
Place of Accident : ALMA BIDEFORD ROAD
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

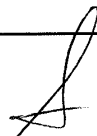
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE - ACCIDENT - DATE

- TIME

- LOCATION

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: JASON CHOW
NRIC/FIN No.: _____
Date: _____