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 <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

foresaid.	isent to the archiving or this report at the centre and to copies or the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/10/2019 16:12
Date Of Accident	09/10/2019 18:00
Exact Location Of Accident	ECP (MCE) 4.2KM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR4675B
Insured/Policyholder	
Name Of Registered Owner	GWEE GOH TEE
NRIC No	S1214977H
Email Address	GWEEGT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96306199
Alternative Phone No	OTHERS-96306199
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used a time of accident	t 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/P2037317
Cover Note Number	

Driver

Name of Driver

WEI MINGXIAN

NRIC No

S9031156E

Date Of Birth

26/08/1990

Occupation

OUTDOOR

Date Of Driving Pass

18/04/2015

Driving Experience 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91515337

Fax Number

Contact Number

EMail Address WEIMINGXIAN90@GMAIL.COM

Address 37 CHOA CHU KANG LOOP #09-03 THE WARREN

Postcode 689675

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 CHAIN COLLISION

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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : KENNETH CHIA YONG CHIN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 116 TECK WHYE LANE, POSTCODE: 680116, COUNTRY:

e Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-7629999 - **FAX NO**: 67636615

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN & POLICE REPORT NO. T/20191010/2004 FOR THE CIRCUMSTANCE OF ACCIDENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC3612T

Vehicle Make/Model/Colour CHEVROLET / WHITE

Details Of Properties REAR

Vehicle Category PRIVATE CAR

Name of Driver RAJ

NRIC/Passport Number

Contact Number 92381443

Address Postcode

Insurance Company Name

Nature Of Damage COLLISION

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGH6153C

Vehicle Make/Model/Colour TOYOTA / WISH / GREY

Details Of Properties FRONT

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 85006907 (DRIVER'S HUSBAND)

Address Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? SGH6153C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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.
- 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 the purpose of the collective of the purpose of the collective of the purpose of
 - 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' Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN		
	SCP - MCB	
	6H 6153C SKR4675B	
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
	20 Police	report
	Lev	
CLARATION		
le declare the foregoing par	Driver's Signature	Reporting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder)

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

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POLICE REPORT NO. T/20191010/2004 Pg. 1





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

1 of 3 Report No. T/20191010/2004

Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 10/10/2019		ade:	Vide Report No.: G/20191009/0148	Station Diary No.: 15		
Informant	's Particu	lars				
Name of Informant: WEI MINGXIAN			Address: 37 CHOA CHU KANG LOOF #09-03 SINGAPORE 689675			
ID Type / ID No.: NRIC NO / S9031156E			Contact No.: Home/Office: Mobile: 91515337			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 29	Date of Birth: 26/08/1990	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Name:			
Occupation: DRONE OPERATOR			Driving Licence Information: Class: 2B,3 Date of Expiry:			

General Informati	on of the Accident				
Type of Accident:	Injury Conveyed By Ambuland	Drink Date/Time of Accident: No 09/10/2019 18:0		Type of Location: Straight Road	
Location: Along Road 1 EAST COAST EX	(PRESSWAY		1 90.1 51.20 10 10.00		
Towards City					
Weather:		oad Surface:		Road Speed Limit:	
Clear	Di	ry		•	
Traffic Flow:		Traffic Volume:			
One Way Not Controlled Moderate					
Type of Collision: Between Moving \	Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGH6153C	Car			(** 1865 1.5 ** ** ** ** ** ** **	Slightly	0
SKC3612T	Car				Damaged Slightly	0
SKR4675B	Cor				Damaged	
ONT40/0B	Car				Seriously	1

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

POLICE REPORT NO. T/20191010/2004 Pg. 1





2 of 3

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

Report No. T/20191010/2004

CONTINUATION OF REPORT

Driver						
Name	WEI MINGXIAN			ID No		S9031156E
Related Vehicle	NIL			Conta	ıct No.	91515337
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discl	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 09/10/2019 at about 1800hrs, I was driving my car registration number SKR4675B at the extreme right lane along East Coast Park Expressway. The weather was clear. I kept a safe distance between the front car however out of a sudden, the vehicle in front of me(registration number : SKC3612T) put on an emergency brake. I immediately pressed the brake pedal however I could not stop on time causing a collision. At about 1 or 2 second later, I felt a loud sound coming from the back and I knew that the vehicle which was travelling behind me (Registration number :SGH6153C) too was unable to stop on time and hit the rear of my vehicle.

I immediately alight from my vehicle and made a check on all the vehicle. I wished to state due to impact of the collision the back mirror was cracked the fell off. The driver of the back vehicle was injured and was conveyed to the hospital.

The Police had attended to the incident vide G/20191009/0148. At this point of time, I did not seek any medical treatment.

POLICE REPORT NO. T/20191010/2004 Pg. 1





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 3 of 3 Report No. T/20191010/2004

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 65474885 stating the **report number** as reference.

J/	Signature Of Informant:
Sgt 3 MUHAMMAD NADZRI BIN RUDZLAN	
Signature Of Interpreter:	Date/Time:
Not applicable	10/10/2019 01:04
Officer In Charge Of Case:	Classification Of Case:
TR/GIT/	3.3336361. 37. 33.50.
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI	
Contact No.: 65476904 dignature :	
Authentication Stamp NP168	
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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/P2037317 Account No. : 14888

Coverage : Comprehensive (SmartDrive Toyota Prestige)

Sum Insured : Market Value At The Time Of Loss

Name of Policy Holder : GWEE GOH TEE Vehicle Registration No. : SKR4675B

Period of Insurance : From 11/02/2018 To 10/02/2020 (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 12/12/2017

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. Pailure 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.

Driving License & NRIC

















AUTHORIZATION LETTER

AUTHORIZATION LETTER

Date: | loliolia

ro: As	KA Ins	nrence					
Cc: Borne	o Motors	(S) Pte Ltd					
Attn: To Wh	om It Ma	y Concern					
Dear Sir / Mad	dam,						
RE: Autho	orizatio	n to Act on	Behalf for I	nsurance	Claims [ocumen	tation
/we, (full no	ame)	Gwee	Goh Tec		N	RIC No	HFF9 x 1512
nereby auth	norized	my/our {re	elationship)	50	n		(full_name)
We	zi Mir	y Xian		NRIC No	590	31126E	to drive my
vehicle at tim		_					
He / She is	also aut	horize to ex	cercise and e	execute to	sian all	anv nec	essary transaction
							113, as I am
							oversea travel.
							on the above.
				, oquio un	y rominor c	dincanon	orring doore.
Thank You							
Yours truly,							
Signature	:	7	M				
Name	:	Guce Un		-			
Contact No		963	06199				













































