

## 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	11/10/2019 10:22
Date Of Accident	10/10/2019 18:30
Exact Location Of Accident	20 LEEDON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB9833X
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#### Insured/Policyholder

Name Of Registered Owner	TAN SOR LAY
NRIC No	S1361536E
Email Address	XIUHUIC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96731394
Alternative Phone No	OTHERS-96731394

#### Vehicle Particulars

Manufacturer	BMW
Model	X4 SDRIVE 20I
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	P1950966
Cover Note Number	

#### Driver

Name of Driver	TAN SOR LAY
NRIC No	S1361536E
Date Of Birth	06/07/1959
Occupation	INDOOR
Date Of Driving Pass	03/10/1984
Driving Experience	35 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96731394
Fax Number	
Contact Number	OTHERS-96731394
Email Address	XIUHUIC@HOTMAIL.COM

Address	53 JERVOIS ROAD #02-05 DORMER PARK
Postcode	249046
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	COLLIDED INTO MOTORCYCLIST
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	4
Passenger 1	NAME: : CHOW PHUI KHEONG GENDER: : MALE
Passenger 2	NAME: : KHONG FOK HING GENDER: : FEMALE
Passenger 3	NAME: : CHOW XIU HUI GENDER: : FEMALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC8525K
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	30
Injuries Sustain	
Injured person in which vehicle?	FBC8525K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan Pg. 1

### 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.

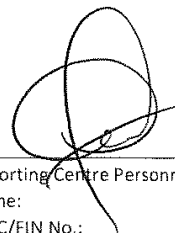


Policyholder's Signature

Date & Time: 11/10/2019  
10.00am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**SKETCH PLAN**

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As per police report.

**DECLARATION**

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

Policyholder's Signature

Date & Time: 11/10/2019

0947 Hours

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/10/2019  
Q 9464



**SINGAPORE  
POLICE FORCE**



T/20191010/2186

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

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Report No. T/20191010/2186

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/10/2019 22:49			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: TAN SOR LAY			Address: APT BLK 53 JERVOIS ROAD #02-05 DORMER PARK SINGAPORE 249046		
ID Type / ID No.: NRIC NO / S1361536E			Contact No.:		Mobile: 96731394
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 60	Date of Birth: 06/07/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/10/2019 18:30	Type of Location:
Location: Along Road 1 LEEDON ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision:				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8525K	Motorcycle				Slightly Damaged	0
SDB9833X	Car	BMW	X4 XDRIVE20I 4WD HID SR NAV	Silver	Seriously Damaged	3

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20191010/2186

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

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Report No. T/20191010/2186

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDB9833X	AXA INSURANCE SINGAPORE PTE LTD	P1950966	22/06/2019	21/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN SOR LAY		ID No.	S1361536E
Related Vehicle	SDB9833X (Car)		Contact No.	96731394
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.**

AT THE ABOVEMENTIONED DATE AND TIME.

WE WERE GOING OUT OR DINNER. I DRIVE OUT TO THE GATE. I STOPPED THERE. MY NEIGHBOUR STOPPED HER BLACK CAR AT THE GATE. THE MAID CAME OUT OF THE CAR TO GET SOMETHING. MY NEIGHBOURS CAR WAS ON MY RIGHT. SHE DROVE HER CAR INSIDE TO GO TO HER HOUSE. I SAW THAT IT WAS CLEAR ON MY RIGHT. SUDDENLY THIS MOTORBIKE CAME FROM MY RIGHT AND HE BANGED ONTO MY FRONT RIGHT PORTION OF MY CAR. THE MOTORCYCLIST FELL DOWN BESIDE THE CAR.

THAT IS ALL.



**SINGAPORE  
POLICE FORCE**



T/20191010/2186

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

3 of 3

Report No. T/20191010/2186

## 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.

Signature Of Officer Recording The Report:  
TP /  
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
10/10/2019 22:49

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



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