

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	25/09/2019 09:10
Date Of Accident	24/09/2019 07:35
Exact Location Of Accident	ALONG KJE TOWARDS PIE LAMP POST NO.63
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3718T
Insured/Policyholder	
Name Of Registered Owner	KOO YONG KIM (QIU RONGJIN)
NRIC No	S7609292C
Email Address	KYKVINCE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97964657
Alternative Phone No	OTHERS-97964657

Vehicle Particulars

Manufacturer	SUBARU
Model	LEGACY-2.5 GT AWD ABS (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	GA471029
Cover Note Number	

Driver

Name of Driver	KOO YONG KIM (QIU RONGJIN)
NRIC No	S7609292C
Date Of Birth	01/04/1976
Occupation	INDOOR
Date Of Driving Pass	17/01/2004
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-97964657
Fax Number	
Contact Number	OTHERS-97964657
E Mail Address	KYKVINCE@GMAIL.COM

Address	BLK 469B ADMIRATY DRIVE #10-71 SINGAPORE
Postcode	752469
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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH SKETCH PLAN

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	FBN8465S
Vehicle Make/Model/Colour	KTM / DUKE / WHITE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	DINIE FITRI BIN SUKRI
NRIC/Passport Number	S9131732Z
Contact Number	94510504
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBK3624Z
-----------------------------	----------

Vehicle Make/Model/Colour	BAJAJ CHETAK / PULSAR 200 NS FI / RED
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	AYYASAMY VIJAYAKUMAR
NRIC/Passport Number	
Contact Number	91613682
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	DINIE FITRI BIN SUKRI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBN8465S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	AYYASAMY VIJAYAKUMAR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBK3624Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

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 to 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.

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.

[Handwritten Signature]

Policyholder's Signature
Date & Time

25 Sep 19
P. Ham

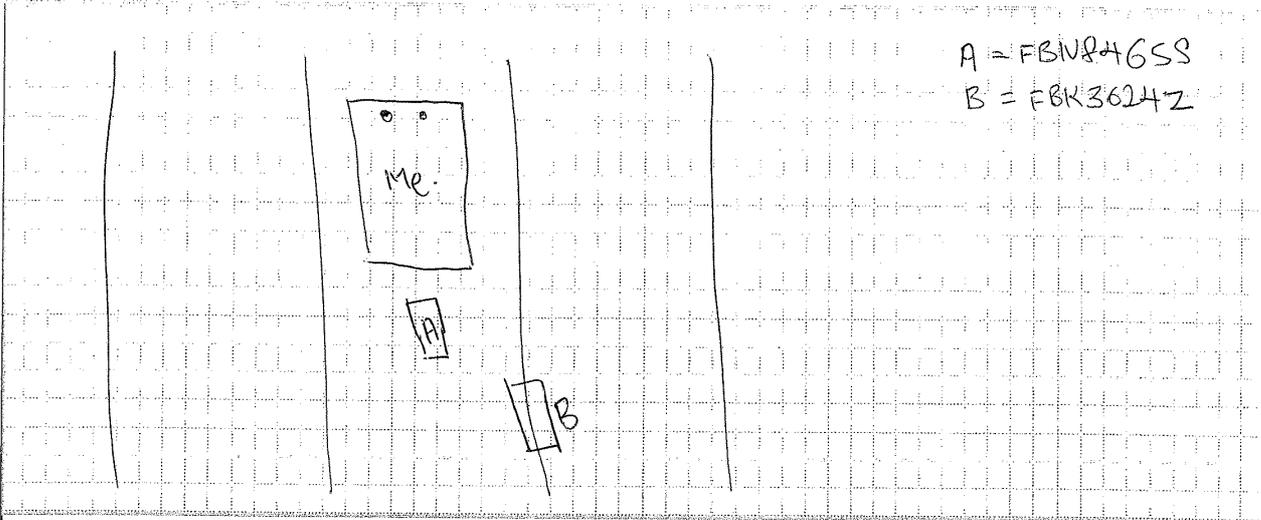
Driver's Signature
(if driver is not the policyholder)
Date & Time

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV. SINDAN BRANCH
NAME & SIGNATURE: *[Signature]*
DESIGNATION: _____ DATE: 25/09/19

Reporting Centre Personnel's Signature
Name: WONG CHEE WEI
NRIC / Fin No.: 672180994

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report T/20190924/2166

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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


 Policyholder's Signature
 Date & Time

25 Sep 19
 8.45 am

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

COMPTONIA GROUP HOLDINGS PTE LTD
 EXTERNAL BRANCHING DIVISION BRANCH

NAME & SIGNATURE: 
 DESIGNATION: DATE: 25/09/19

Reporting Centre Personnel's Signature
 Name: WONG CHEE WEI
 NRIC / Fin No.: 977180990



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

KOO YONG KIM (QIU RONGJIN)
 BLK 469B ADMIRALTY DRIVE
 #10-71
 SINGAPORE 752469

New business

date
 24/05/2019

your servicing distributor
ASSURE INSURANCE AGENCY PTE LTD / 11517

your servicing distributor contact
 6848 9119

Policy Schedule

Your SmartDrive Comprehensive Peace

Your policy snapshot

Policyholder name	KOO YONG KIM (QIU RONGJIN)	Policy number	VA1 / GA471029
Cover	Comprehensive	FIN / NRIC	S7609292C
Period of Insurance	from 25/05/2019 to 24/08/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,270.28
Total Discounts	- SGD 67.72
7% GST	SGD 84.18
Final Premium	SGD 1,286.74

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Peace Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Loss of Personal Effects in Singapore up to \$3,000
- Delivery of repaired car to your preferred location
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Add-on Benefits

- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	SUBARU LEGACY 2.5 GT	Year of manufacture	2010
Vehicle registration number	SJY3718T	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	2457
Seating capacity (excl driver)	4	Engine number	EJ25D993209
Off-Peak car	No	Chassis number	JF1BR9KV3AG007417

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 400.00
Windscreen Excess	SGD 100.00

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01



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
 11517

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)

Policy details

Policyholder name	KOO YONG KIM (QIU RONGJIN)	Certificate number	GA471029 / 1
Cover	Comprehensive	Chassis number	JF1BR9KV3AG007417
Plan name	Peace	Engine number	EJ25D993209
NCD applicable	50%		
Vehicle registration number	SJY3718T		
Period of insurance	from 25/05/2019 to 24/08/2020 (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 in 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 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.

EXCESS	Basic Own Damage Excess	SGD 400.00
	Windscreen Excess	SGD 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised 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. 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, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

Sketch Plan Pg. 5

Date: 25/09/19

To: Owner of Vehicle Number: SJY37187

The following has been advised to you via your workshop, Cam Port Delgre Eng. Pte through their staff, WONG CHEE WEI.

Please tick the applicable box if you had been advice on the content as seen below:

- You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- You had been advised by the workshop on the liability and merits of the case accordingly.
- You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- The Estimation waiting time for the spare parts to arrive is _____.
The estimated arrival time does not include the repair period.
- You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- For vehicles below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
- Others _____

Signed and acknowledge by:



Name and signature of policyholder/ authorised driver

COMPONENTS & SERVICES DIVISION
EXTERNAL BUSINESS UNIT, HANGAN BRANCH
NAME & SIGNATURE: WONG CHEE WEI
DESIGNATION: _____ DATE: _____

Name and signature of workshop personnel including company stamp

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190924/2166

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 4

Report No. T/20190924/2166

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY3718T	Car	SUBARU	LEGACY WAGON 2.5GT AWD 5AT ABS AIRBAGS	Purple	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY3718T	AXA INSURANCE SINGAPORE PTE LTD	GA471029	25/05/2019	24/08/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AYYASAMY VIJAYAKUMAR		ID No.	NIL
Related Vehicle	FBK3624Z (Motorcycle)		Contact No.	91613682
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	07		Degree of Injury	Serious
Rider				
Name	DINIE FITRI BIN SUKRI		ID No.	S9131732Z
Related Vehicle	FBN8465S (Motorcycle)		Contact No.	94510504
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINICS		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	06		Degree of Injury	Slight



SINGAPORE
POLICE FORCE



T/20190924/2166

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

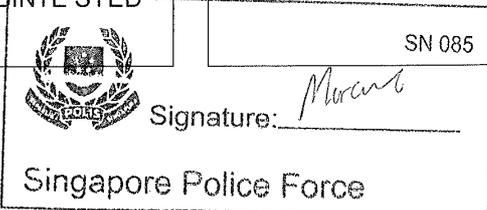
4 of 4
Report No. T/20190924/2166

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: L / Sgt 2 TAN YU KAI, MARCUS <i>Marcus</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2019 20:22
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case: SN 085
Authentication Stamp NP168	 <p>Signature: <i>Marcus</i> Singapore Police Force</p>



**SINGAPORE
POLICE FORCE**



T/20190924/2166

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 4

Report No. T/20190924/2166

CONTINUATION OF REPORT

Driver			
Name	KOO YONG KIM		ID No. S7609292C
Related Vehicle	SJY3718T (Car)		Contact No. 97964657
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 24/09/2019, at about 0735hrs, I was driving along KJE towards PIE, on the second lane of three lanes. There was a motorcycle, FBN8465S, riding behind me at that point in time. There was another motorcycle, FBK3624Z, behind the motorcycle.

Subsequently, when I was in front of West Spring Secondary School, near to lamp post 63, the motorcycle behind me, FBN8465S, decided to make a change of lane to the first lane. While doing so, he collided into the motorcycle behind him, FBK3624Z. As a result, the motorcyclist of the first motorcycle, fell and knocked into the rear right bumper area of my vehicle, SJY3718T. The second motorcyclist also fell down a few meters ahead of me.

Ambulance came to the scene, but no one was conveyed. A LTA traffic marshal was also there at the scene. My vehicle suffered minor damages such as some scratches at the rear right bumper and the bumper is also out of alignment. I am not injured.

I am lodging this report as I was informed by both motorcyclist that they have more than 3 days MC.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo





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: S665S0020G / 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 : MCD719126743 Vehicle Registration No: SJY3718T
Name(as shown in NRIC) : KOO Yong Kim NRIC/FIN/Passport No : S7609292C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 469B Admiralty Drive #10-71 Singapore(752489)
Contact (Tel) : Mobile No.: 97964657
Email Address : kykvince@gmail.com
Date of Accident : 24 Sep 2019 Time of Accident : 07:35
Place of Accident : Along KJE towards PIE Lamp Post No.63.
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:

As stated in the police report T/20190924/2166.
1) No one was conveyed by ambulance.

Policyholder / Driver's Signature
Date: 26 Sep 2019

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