

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	21/10/2019 09:06
Date Of Accident	18/10/2019 12:10
Exact Location Of Accident	JUNCTION OF RD 1 &2 BOON LAY WAY JRNG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5521E
Insured/Policyholder	
Name Of Registered Owner	A'ZONE CORPORATION PTE LTD
Co Reg No	198902797R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97713593

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (A)
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	VCA/P2029189
Cover Note Number	

Driver

Name of Driver	LIM HUI YAO
NRIC No	S1717535A
Date Of Birth	03/03/1965
Occupation	OUTDOOR
Date Of Driving Pass	22/02/1990
Driving Experience	29 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97713593
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 364 #6-131 TAMPINES ST 34
Postcode	520364
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

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?	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	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	YES
If Yes, against whom?	WHAMPOA NPP

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV7143B
Vehicle Make/Model/Colour	HONDA GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEO CHEONG WEE LAWRENCE
NRIC/Passport Number	S7720250A
Contact Number	97300960
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

SEE POLICE REPORT

Declaration

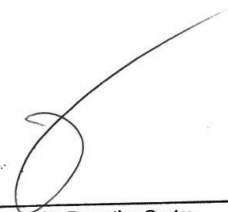
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 18/10/19

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20191018/2135

1 of 3

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20191018/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2019 16:17		Vide Report No.: D/20191018/0059		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: LIM HUI YAU			Address: APT BLK 364 TAMPINES STREET 34 #06-131 SINGAPORE 520364		
ID Type / ID No.: NRIC NO / S1717535A			Contact No.: Home/Office: Mobile: 97713593		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 03/03/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/10/2019 12:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BOON LAY WAY JURONG TOWN HALL ROAD				
Weather: UNSURE		Road Surface: UNSURE		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5521E	Lorry	TOYOTA	TOYOTA DYN 150 MANUAL	Silver	Slightly Damaged	0
SGV7143B	Car	HONDA	CIVIC 1.6L VTI AUTO	Grey	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20191018/2135

2 of 3

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29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20191018/2135

CONTINUATION OF REPORT

Driver			
Name	LIM HUI YAU		ID No. S1717535A
Related Vehicle	GBE5521E (Lorry)		Contact No. 97713593
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	NIL	Degree of Injury	NIL
Driver			
Name	LEO CHEONG WEE, LAWRENCE		ID No. S7720250A
Related Vehicle	SGV7143B (Car)		Contact No. NIL
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	NIL	Degree of Injury	NIL

Brief Details.

On 18/10/2019 at about 1210hours, I was travelling along boon lay way, cross-junction of jurong town hall road. I was going to turn right; there was a vehicle in front of me (SGV7143B). The right turn light was green and the vehicle in front had started moving off as such I also moved off however the vehicle then suddenly braked, I was not able to brake in time and collided onto the rear of the vehicle. We then both got down from our vehicles and exchanged particulars. The other driver informed that his neck was in pain, he was then subsequently conveyed by ambulance. My vehicle's front area was dented. The other party's vehicle's boot area was dented.



**SINGAPORE
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T/20191018/2135

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Tel No: 1800-2507999

3 of 3

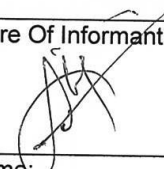

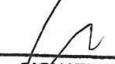
Report No. T/20191018/2135

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: E / Sgt 3 LEONG KAH WAI, CLEMENT	Signature Of Informant:  18/10/19
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2019 16:17
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168	SN 167
  SIGNATURE	



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No:

D/20191018/0089

I, _____

SGT2 Khairi Sufrie T130232

(Recipient's Name, NRIC or Passport No. / Rank and No.)

of _____

TPHQ

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1

1 x 16GB SanDisk Ultra Micro SD card only

2

3

4

5

6

7

8

9

10

from _____

Lim Huic Jan

(Name, NRIC or Passport No. / Rank and No.)

of _____

81717535/A

(Address / Police Station / NPC / NPP)

on _____

18/10/19

(Date)

at _____

1318Hrs

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

18/10/19

(Signature)

81717535/A

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

SGT(2)T130232 KHAIK.

(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: _____

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@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.	: VCA/P2029189	Account No. : 14888
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: A'ZONE CORPORATION PTE LTD	
Vehicle Registration No.	: GBE5521E	
Period of Insurance	: From 07/01/2019 To 06/01/2020 (Both Dates Inclusive)	

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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.

LIMITATIONS AS TO USE*

- (a) Use in connection with the Policyholder's business
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- (c) Use for social, domestic and pleasure purposes

This Policy does not cover

- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

EXCESS :

Own Damage Excess : SGD 900.00

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.

* 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 - **SGOMOHA** on **06/12/2018**

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. 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, covernote and endorsement etc.