#### 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

aforesaid.	nu fieleby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/11/2019 12:15
Date Of Accident	20/11/2019 06:10
Exact Location Of Accident	JCT OF BANGKIT RD AND BUKIT PANJANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH2454P
Insured/Policyholder	
Name Of Registered Owner	KENNY MATTHEW CHOO PING HWA
NRIC No	S1556091F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82826087
Alternative Phone No	OTHERS-82826087
Vohiolo Particulare	

**Vehicle Particulars** 

Manufacturer HYUNDAI

Model AD AVANTE 1.6 GLS (A) S

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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 VPA/P2246282

Cover Note Number

Driver

Name of Driver KENNY MATTHEW CHOO PING HWA

NRIC No S1556091F
Date Of Birth 27/04/1962
Occupation INDOOR
Date Of Driving Pass 20/01/1988

Driving Experience 31 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82826087

Fax Number

Contact Number OTHERS-82826087

EMail Address NOEMAIL

Address 540 JELAPANG ROAD #18-34 SPORE 670540

Postcode

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 - CROSS JUNCTION** 

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE** 

Police Station Address ROAD: 42 FAJAR ROAD . POSTCODE: 679005 . COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

NO

**Circumstances of Accident** 

REFER TO 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 SHA2243C

Vehicle Make/Model/Colour HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

**Details Of Properties** 

Vehicle Category **TAXI** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 26

#### **DETAILS OF INJURED PERSON 1**

Name KENNY MATTHEW CHOO PING HWA

Approximate Age Injuries Sustain

Injured person in which vehicle? SMH2454P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
  - 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:
  - 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:

est 1 mathematica\_1

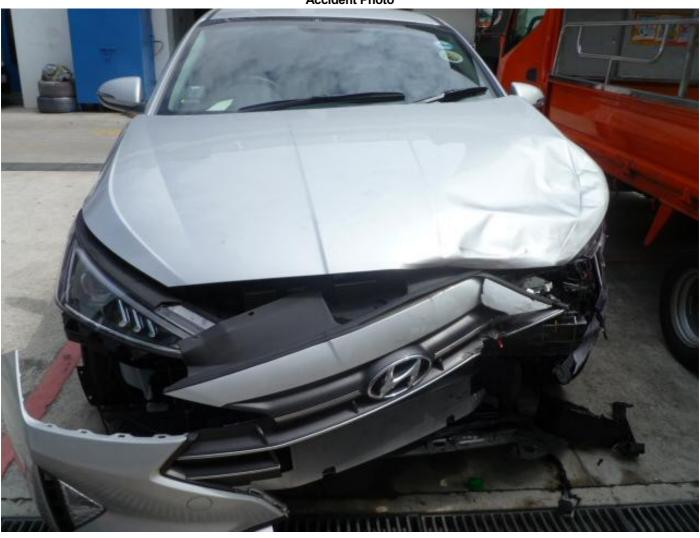
Driver's Signature (If driver is not the policyholder) Date & Time:

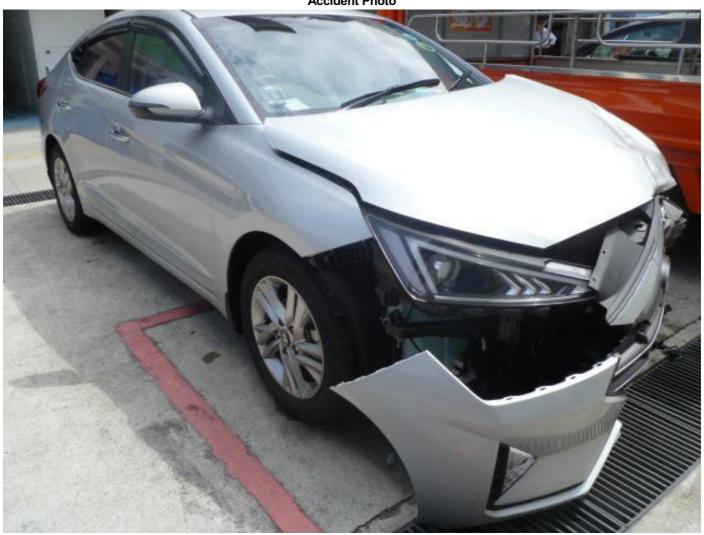
Reporting Centre Personnel's Signature Name: ( 400)

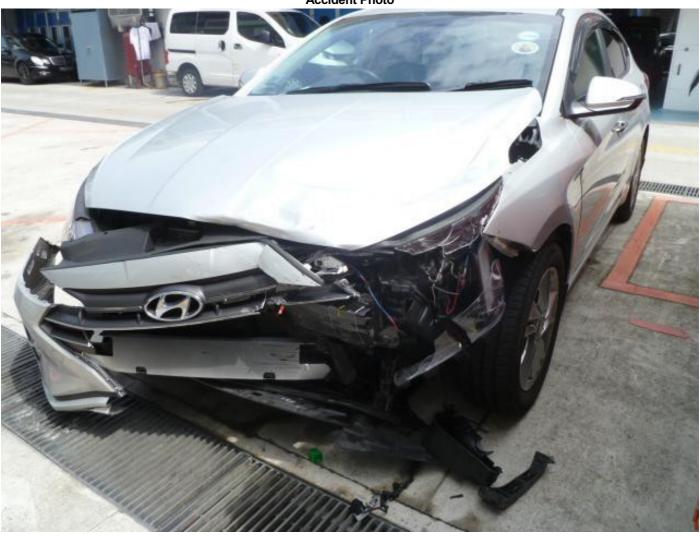
NRIC/FIN No.:

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SKETCH PLAN		451.SHA224
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	6	
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DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	* 2
-	^	
	Attack Police 10,00	+ no. T/20191120/2133
	· ·	
DECLARATION		
	ciculars are true in every respect.	
1	- Topped	Col
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: 5-44/41 NRIC/FIN No.:

NRIC/FIN No.:







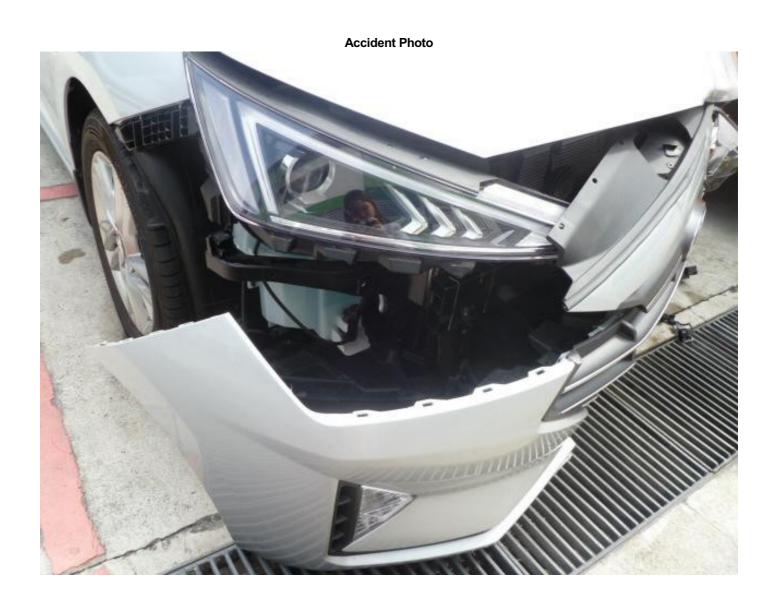


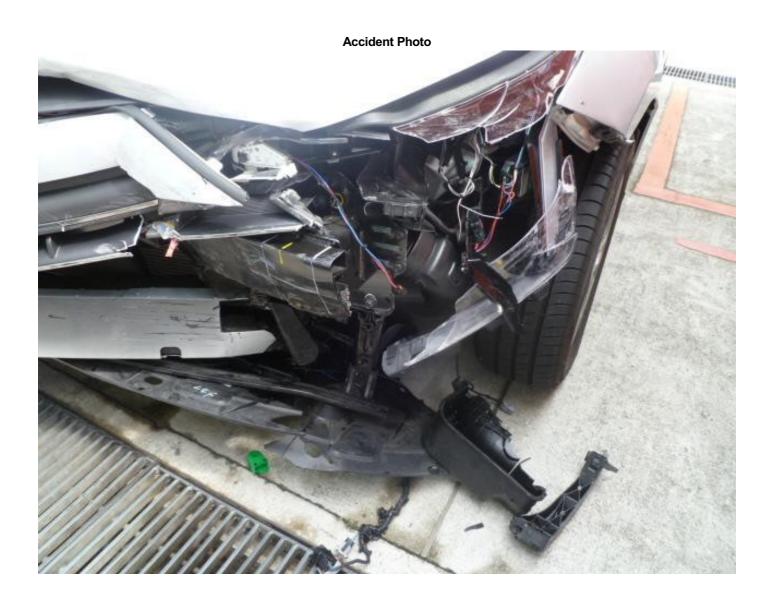






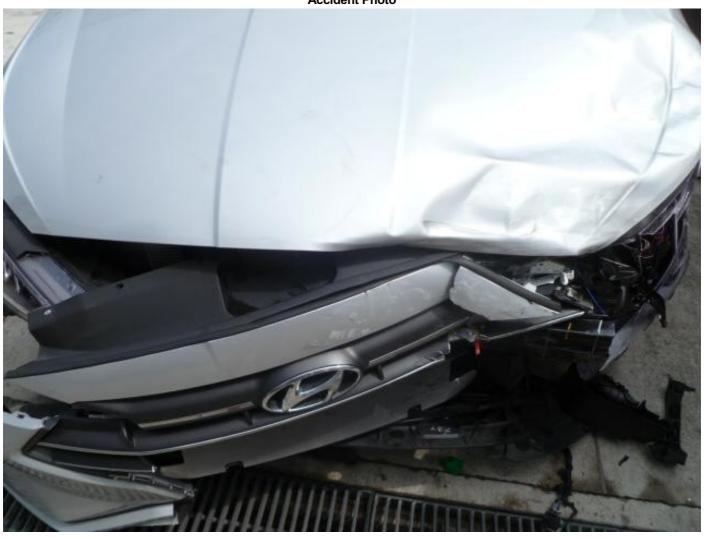










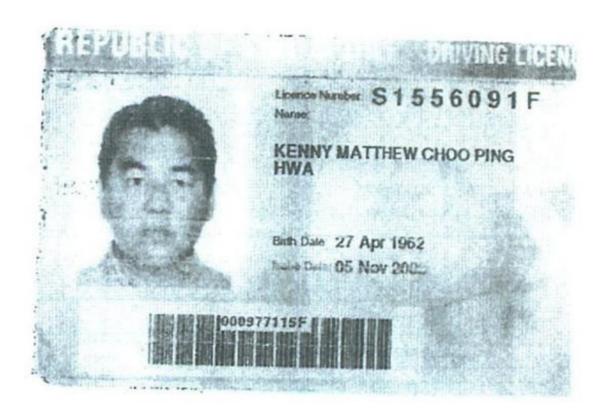


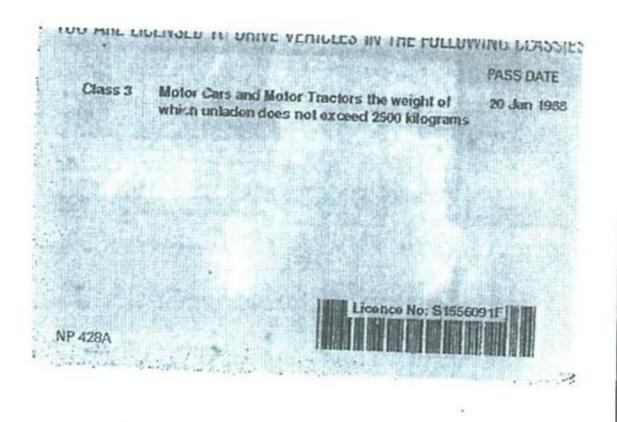






#### **Driving License**





#### Insurance policy

**AXA INSURANCE PTE LTD** 8 Shlenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel:1800 8804888 Fax:-Website:www.axa.com.sg GST Registration Number: 199903512M customer.care@axa.com.sg



## CERTIFICATE OF INSURANCE

m Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) = Motor Vehicles (Third-Party Risks and Compensation) Rules. 1950 = Road Transport Act. 1987 (Malaysia) = Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

: VPA/P2246282

Coverage

: Comprehensive

Account No. : 08260

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: CHOO PING HWA KENNY MATTHEW

Vehicle Registration No. : SMH2454P

Period of Insurance

: From 17/01/2019 To 16/01/2020 (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 Use only for social, domestic and pleasure purposes and for the Policyholder's busine 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, used for racing, pace-making or such similar purposes.

Basic Own Damage Excess

(01)

An Additional Excess is applicable as follows: An Additional Excess is applicable as follows: \$\$500.00 for Unnamed Authorized Driver \$\$2,500.00 for Undeclared Young and Inexperienced Driver. (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 Type nereby 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).

N.B :

Your authorised workshop is Komoco Motors Pte

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIHUKH2 on 20/02/2019

IMPORTANT

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)

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.

#### Police Report





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

1 of 3 Report No. T/20191120/2133

Date/Time Report Made: 20/11/2019 17:39		Made:	Vide Report No.:	Station Diary No.		
Informant's Particulars			SUMPLEMENT OF THE PROPERTY OF	97		
Name of KENNY HWA	f Informant MATTHEV	CHOO PING	Address: APT BLK 540 JELAPANG	ROAD #18-34 SINGAPORE 6705		
ID Type / ID No.: NRIC NO / S1556091F Nationality: SINGAPORE CITIZEN		91F	Contact No.: Home/Office:	Mobile: 82826087		
		EN	Email:			
Sex: Male	Age: 57	Date of Birth: 27/04/1962	Type of Informant:			
Race: Chinese Occupation: SITE SUPERVISOR			Language:	Institution / School Name:		
		ì	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road	
Location: Along Road 1 BANGKIT RO Towards PIE	AD		20/11/2019 06:10		
Weather: Road Clear Dry		Road Surface:		Road Speed Limit:	
the same of the sa					
Traffic Flow: One Way Type of Collisi		Traffic Control: Not Controlled		Traffic Volume: Moderate	

Vehicle No.	Type	Make	Madel			THE REAL PROPERTY.
CILLAGORE	Car	Mario San	Model	Color	Condition	No of Passenger
						0
SMH2454P Car	HYUNDAI	AD AVANTE	Cilver	_		
	1	HYUNDAI AD AVANTE 1.6 GLS (A)	Silver		0	

Details of Vehicle Insurance		
Vehicle No. Insurance Company	Insurance No	Effective Explry Date

#### **Police Report**





Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

2 of 3 Report No. T/20191120/2133

CONTINUATION OF REPORT

	ehicle Insurance	Aleksan da a	William Control	
	Insurance Company	Insurance No	Effective	Expiry Date
OWII 12404P	AXA INSURANCE SINGAPORE PTE	P2246282	17/01/2019	16/01/2020

Any Pedestrian	III VOI VOU, IND					124 105 102 102
No. of Pedestria	ns Injured: NIL		Use of F	Pedestria	n Cross	eina: NA
Driver	THE PERSON NAMED IN	ERIO CHE	IN I HOLD CALLEY TO	STATE OF THE PARTY.	UGUSTA TO	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU
Name	KENNY MATTHEW CHOO PING HWA			ID N	o.	S1556091F
Related Vehicle	SMH2454P (Car)			Cont	act No.	82826087
Hospital/Clinic	SUNBEAM MEDICAL CLINIC  20/11/2019 Date Dies			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment				Expir	_	10010
No. of Days granted Medical Leave 03			Date Discharge   20/11/2019   Degree of Injury   Serious			
Driver	THE RESERVE	MANAGE AND ADDRESS OF THE PARTY	Degree	or injury	Serio	US
Name	Boh Ah Tah			ID No	. ]	S0899622I
Related Vehicle	NIL			Conta	ct No.	96419389
Hospital/Clinic	NIL			Class Driving Licence	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Data Di-	Expiry		
	ed Medical Leave	NIL	Date Disc	charge	NIL	
1116			Degree of Injury NIL			

#### Brief Details.

On 20/11/2019 at 0611hrs, I was travelling along Bangkit Road towards PIE with my vehicle. While arriving at the T-junction at green light, a vehicle SHA2243C came in front of me at the opposite lane as he was going to turn to his right which was across me. Due to that, the vehicle hit onto my vehicle. After which I sustained injuries such as chest pain, left shoulder pain and right arm strained. During the collision, my vehicle airbags were deployed. After which we exchanged particulars and went off. My vehicle was also needed to be towed. There is in build camera in my vehicle and I had retrieved my video footage of the accident. No police and no ambulance attended to us.

I was issued 03 days medical certificate by Sunbeam Medical Clinic from 20/11/2019 - 22/11/2019.

#### **Police Report**





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 3 Report No. T/20191120/2133

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:	Signature Of Informant:
Sgt 2 CHERYL YEO	1
Signature Of Interpreter: Not applicable	Date/Time:
Tot applicable	20/11/2019 17:39
Officer In Charge Of Case:	Cloself
TP / AEIT / Sgt 2-SHARIFAH NOR-FARIZAN BINTE SYED MOH (25 AID) Contained (26 APR)	Classification Of Case:
uthentication Stamp	
SIGNATURE	
OIGHAI ORE!	