

## 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	29/11/2019 14:37
Date Of Accident	25/11/2019 22:30
Exact Location Of Accident	BUKIT TIMAH EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM2002R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KANG SIEW TING (JIAN XIUZHEN)
NRIC No	S7114514Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96162002
Alternative Phone No	OTHERS-93416070

### Vehicle Particulars

Manufacturer	BMW
Model	528I-2.0 (A)
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?	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	P1737657
Cover Note Number	08/04/2019 - 07/04/2020

### Driver

Name of Driver	HWANG CHERN WEE
NRIC No	S7084242D
Date Of Birth	05/07/1970
Occupation	INDOOR
Date Of Driving Pass	29/11/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-93416070
Fax Number	
Contact Number	OTHERS-96162002
EEmail Address	RINAKST195@HOTMAIL.COM

Address	254 YISHUN RING ROAD #02-1085
Postcode	760254
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
Foreign Vehicle Registration Number	ST2002V (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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 THE SKETCH PLAN BY DRIVER

#### 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	ST2002V
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT5774G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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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.

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:

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

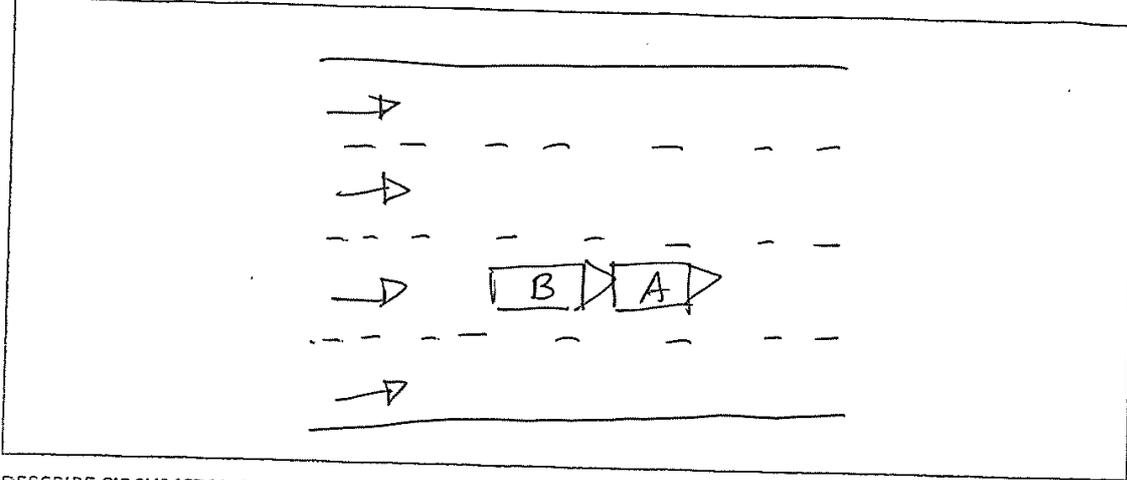


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 25.11.19 Time: 2230 Location: Bulat Limah Expressway  
My Vehicle A: SDM 2002 R Vehicle B: ST 2002 V Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report T/2019/126/2102

- Claim OD/TP at Ah Lim Motor     Claim OD/TP at other workshop     Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Seme @ Riverview Pte Ltd

& myself : Riverview @ smagnet.com.sg

conf

Note : Please take note that your insurer have 14 days timeframes for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I hereby declare the foregoing particulars are true in every respect.

conf  
Policyholder's Signature  
Date & Time:

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

  
Reporting Personnel's Signature  
Name:  
Date & Time:



**SINGAPORE  
POLICE FORCE**



T/20191126/2102

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

1 of 3

Report No. T/20191126/2102

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/11/2019 15:22	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: HWANG CHERN WEE		Address: APT BLK 254 YISHUN RING ROAD #02-1085 SINGAPORE 760254	
ID Type / ID No.: NRIC NO / S7084242D		Contact No.: Home/Office:                      Mobile: 93416070	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 49	Date of Birth: 05/07/1970	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Employment agent/Labour contractor		Driving Licence Information: Class: 3                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 25/11/2019 22:30	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY  TOWARDS WOODLANDS CHECKPOINT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDM2002R	Car	BMW	528I AT D/AB SR LED NAV	White	Slightly Damaged	0
ST2002V	Car				Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**



T/20191126/2102

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

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Report No. T/20191126/2102

## CONTINUATION OF REPORT

Driver			
Name	HWANG CHERN WEE		ID No. S7084242D
Related Vehicle	SDM2002R (Car)		Contact No. 93416070
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
Driver			
Name	LIAO ANEE		ID No. 810714145776
Related Vehicle	ST2002V (Car)		Contact No. 90576789
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 the above mentioned date, time and location, while I was travelling along BKE towards Woodlands checkpoint near to the bridge and the traffic volume was heavy. I travelling in lane 3 and my friend driving a foreign vehicle was behind me. I inch forward and made a stop, subsequently my friend could not stop in time and hit to my rear. Immediately I alighted from the vehicle to make a check on my friend if she is ok. The damages to my vehicle were misalignment of the boot and the rear bumper damaged and I also noticed some scratches. My friend's vehicle ascertained headlights damaged, front bumper and mostly the front portion of the vehicle were damaged. Subsequently, we made arrangement with the towing company to tow away the vehicle.



**SINGAPORE  
POLICE FORCE**



T/20191126/2102

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

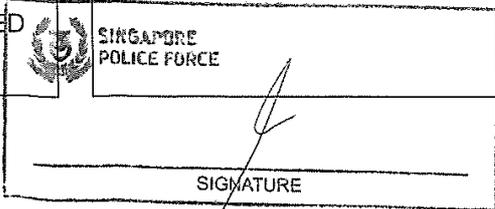
3 of 3  
Report No. T/20191126/2102

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: G / Staff Sgt MOHAMMAD FADIL BIN JAMIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/11/2019 15:22
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	

Sketch Plan Pg. 6

To Whom It May Concern,

Accident involving my vehicle no. JDM2002R on 25/11/19 (date) with  
JT2002W (other vehicle no) along Bukit Timah Expressway

I, KANG JIEW FAHNG Nric No. S7145142

Owner of vehicle no. JDM2002R am aware of the accident of my vehicle on  
25/11/19 (Date) while car was driven by HWANG GUEN WEE

Nric No. S7084212. I hereby, authorise him / her to make the report.

X

Kaf

Name

Date:

.....

..

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X

Kaf

Name

Date:



**POLICYHOLDER ACKNOWLEDGEMENT FORM**

Date: 2/1/14

To: Owner of Vehicle Number: SOM 2001

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, ZILAY EILEEN / MUI HONG.

Please tick the applicable box if you had been advised on any of the following:

- You had been advised by the workshop that in the case 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.
  - > if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
  - > if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- 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.
- There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- The estimated 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 or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
 

For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand 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 that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

Others claim own damage @ own workshop.

Signed and acknowledged by:

Raf

Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

[Signature]

Name and signature of workshop personnel including company stamp



## Accident Report

(For Reporting only)

**Section A - To Be Completed By Driver Who Is Involved In The Accident**

Date & Time of Accident: Date: 25.11.19 Time: 2230

Date & Time of Reporting: Date: 29.11.19 Time: \_\_\_\_\_

Place of Accident: Bukit Limah Expressway

Vehicle Reg. No.: SDM2002R Make / Model: BMW 528i

Purpose of Use at Time of Accident: Goods transportation / private usage / Others: 5.7.70

Name: Hwang Chern Wee NRIC / FIN No.: S7084242D

Address: Apt B1k 254 Yishun Ring Road # 02-1085

Postcode: 760254 Date Of Birth: 5.7.70

Home: \_\_\_\_\_ Handphone: 93416070

Email: rinakst195@hotmail.com Gender:  Male / Female

Occupation: Management / Sales / Retiree / Housewife / Technical / Education / Others: contractor

Type of Claims: Third Party / Own Damages / Reporting Only Licence Pass Date: \_\_\_\_\_

Driver Status: Owner / Non-owner Years of Driving Experience: 9 29.11.10

If you are not the owner, the owner's name & tel: Kang Siew Ting 96162002

Owner's Address: B1k A07A Fernvale Road # 22-15 Singapore 791407

Relationship with Owner: friend Owner's NRIC / Company Reg. No.: S71145142

Vehicle Towed In? Yes /  No My Insurance Company: AXA

Police Reported? Yes / No Police Report Reference No.: 1/20191126/2102

Company's Vehicle? Yes /  No Insurance Policy No.: VPA / P1737657

Do you have witness? Yes /  No Type of Policy: Comprehensive / Third Party Fire & Theft / Third Party Only

(If Yes, Witness Name & Contact No: \_\_\_\_\_)

Weather Condition:  Clear / Cloudy / Light Rains / Heavy Rains

Road Condition:  Dry / Wet Was anyone injured in the accident? Yes /  No

Other vehicle or property damage?  Yes / No Was Notice of Intended Prosecution given? Yes /  No

Describe How Accident Happened: Please use SKETCH PLAN for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model: ST2002V Vehicle Reg. No.: Toyota

Name of Driver: Liao Anee NRIC No.: A36843464

Insurance Company: \_\_\_\_\_ Handphone: \_\_\_\_\_

Driver's Declaration: I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue. No video. lpx

Signature:  Date: 29.11.19

AXA INSURANCE PTE LTD  
 8 Shenton 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



Private Cars COMP  
 POLICY SCHEDULE  
 RENEWAL  
 Original

<b>POLICY INFORMATION</b>		Policy No. : VPA/P1737657	
Source	:	(01) 11615 SD CONTEGO BMW 1 YR	
Insured	:	KANG SIEW TING (JIAN XIUZHEN)	
Address	:	BLK 407A FERVALE ROAD #22-15 SINGAPORE 791407	
Business/Profession	:	OFFICE ADMIN Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	:	From 08/04/2019 To 07/04/2020 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>PREMIUM</b>			
Premium After 50.00% NCD	:	SGD 1,499.16	
Safe Driver Disc 8.00%	:	SGD 119.93	
GST 7.00%	:	SGD 96.55	
Annual Premium	:	SGD 1,475.78	
Total Payable	:	SGD 1,475.78	
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	:	Comprehensive	
Regn No.	:	SDM2002R	
Type Of Use	:	Private Car	
Make/Model	:	BMW 528I AT D/AB SR LED NAV	
Year of Manufacture	:	2013	Seating Capacity (excl. Driver) : 04
Body Type	:	SALOON	Engine C.C. : 1997
Engine No.	:	B5040708N20B20A	
Chassis No.	:	WBA5A52050D285152	
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance			
<u>Extra Coverage(Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
Basic Own Damage Excess		:	SGD 700.00
<u>Named Drivers</u>			
1 KANG SIEW TING (JIAN XIUZHEN)			
2 PEH CHIANG YEE			
3 PEH QIHENG KEVIN			

Identification Card Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7114514Z



Name



KANG SIEW TING  
(JIAN XIUZHEN)

簡秀珍

Race

CHINESE

Date of Birth

Sex

03-05-1971 F

Country of Birth

SINGAPORE

S7114514Z

*Owner*

*Friend* →

*Driver*

STRICTLY  
FOR WORKSHOP USAGE  
FOR ACCIDENT  
INSURING ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7084242D

Name: HWANG CHERN WEE

Birth Date: 05 Jul 1970  
Issue Date: 29 Nov 2010

001915132G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7084242D

Name

HWANG CHERN WEE

黃 慎 偉

Race  
CHINESE

Date of Birth  
05-07-1970

Sex  
M

Country of Birth  
MALAYSIA

Identification Card Pg. 2

0086713



NRIC No: S7114514Z



Blood Group Date of issue  
B+ 09-09-1991

Address  
APT BLK 407A FERVALE ROAD #22-15  
SINGAPORE 791407

NRIC No: S7114514Z Date: 05/10/2011 (R) No: 6938196

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars < 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg

EFFECTIVE DATE: 29 Nov 2010

NP 428A

Licence No: S7084242D

STRICTLY FOR WORKSHOP USAGE  
FOR ACCIDENT REPORTING ONLY

8411



NRIC No: S7084242D



Nationality  
MALAYSIAN

Blood Group Date of issue  
O+ 08-08-2001

APT BLK 254 YISHUN RING ROAD #02-1085  
SINGAPORE 760254

NRIC No: S7084242D Date: 05/09/2009 No: 6243006

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



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: 566550020G / 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 : MALM 1915 7630 Vehicle Registration No: 8DM2002R
Name (as shown in NRIC) : KANG SIEW TING (Tan Xuzhen) NRIC/FIN/Passport No : 871145147
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : Singapore ( )
Contact (Tel) : 96162002 Mobile No. :
Email Address :
Date of Accident : 25/11/19 Time of Accident : 22:30
Place of Accident : Bukit Timah Expressway.
Insurance Company: AXA Insurance.

(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:

To include another vehicle involve in the accident. - SK75774G

\* Policyholder / Driver's Signature
Date:

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