

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	17/01/2020 08:22
Date Of Accident	15/01/2020 04:50
Exact Location Of Accident	ALONG SENGKANG WEST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW118T
Insured/Policyholder	
Name Of Registered Owner	LOH SHUI HSIEN VENESSA
NRIC No	SXXXX777D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91780118
Alternative Phone No	OTHERS-91780118

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC250 AMG LINE 4MATIC COUPE AUTO
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	GA440545/1
Cover Note Number	

Driver

Name of Driver	TAN CHEE KIONG, TERRY
NRIC No	SXXXX882F
Date Of Birth	05/09/1971
Occupation	INDOOR
Date Of Driving Pass	17/08/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91780118
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	436B FERNVALE ROAD #11-174 SPORE 792436
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : HUANG XIAO YAO 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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN/POLICE REPORT

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	SJD8769Z
Vehicle Make/Model/Colour	TOYOTA / VIOS E AUTO
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 INJURED PERSON 1	
Name	TAN CHEE KIONG, TERRY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKW118T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

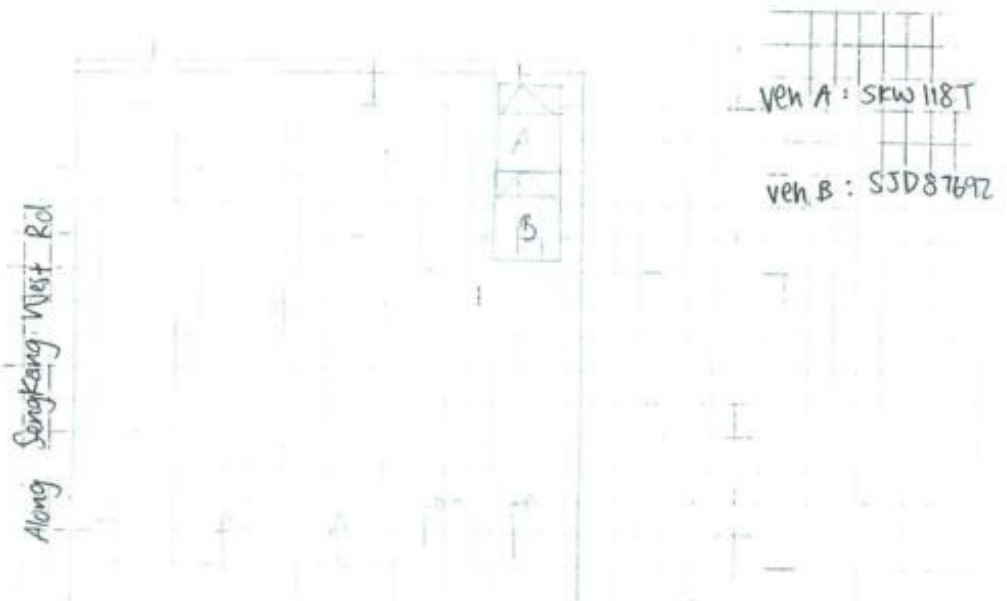
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

*****for company vehicle only*****
I _____ is the _____ of
company _____ and im using the vehicle
_____ for work /private purpose .

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

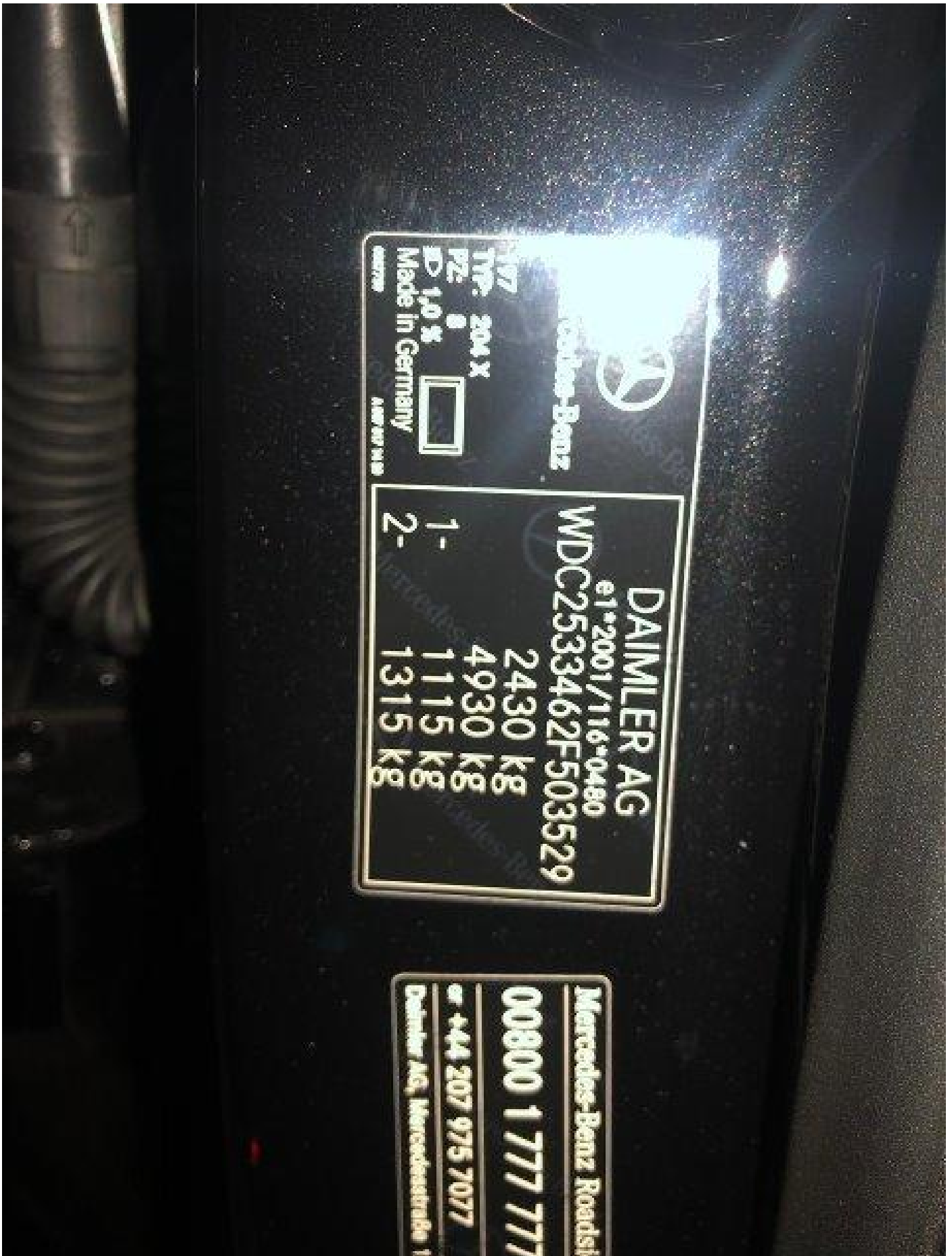


Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



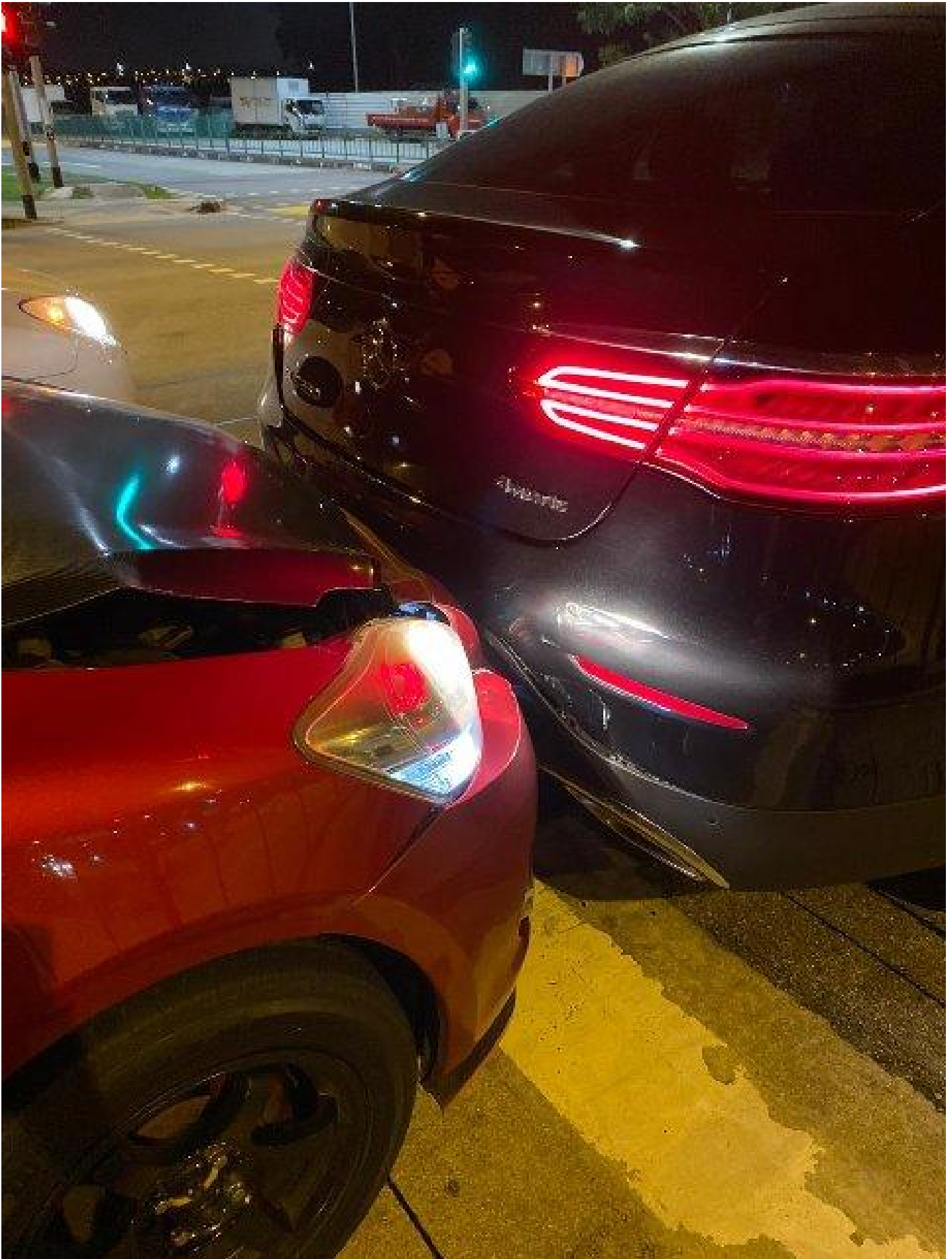
Accident Photo



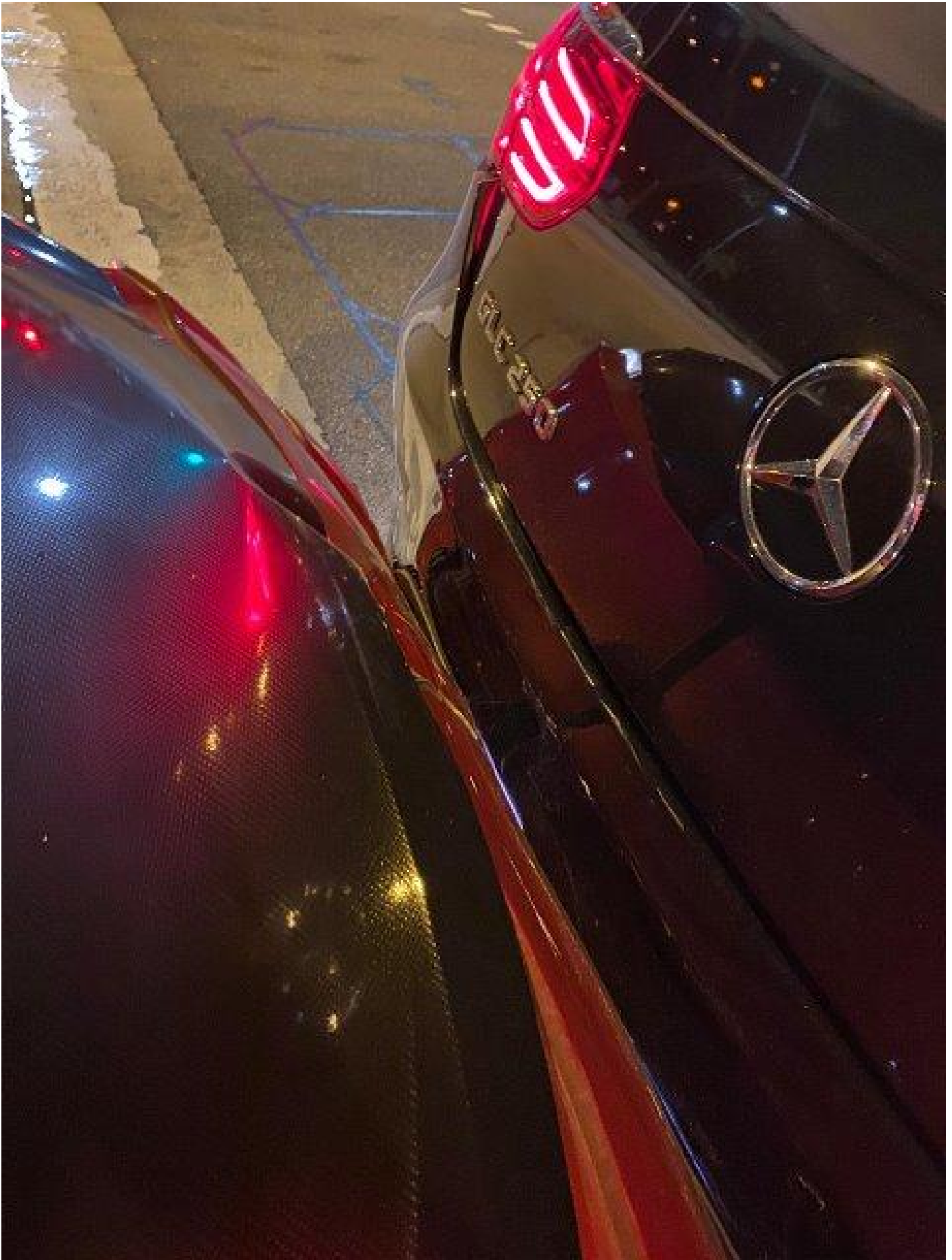
Accident Photo



Accident Photo



Accident Photo



Driving License



Insurance policy



redefining / insurance

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(US) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

Account number
03288

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	LOH SHUI HSIEH VERESSA (LINO SHUOQIAN VERESSA)	Certificate number	GA440545 / 1
Cover	Comprehensive	Chassis number	WDC2533462F503529
Plan name	Peace	Engine number	27492031599778
NCD applicable	0%		
Vehicle registration number	Kindly submit your Vehicle Registration number as soon as you have it from 01/02/2019 to 31/01/2020 (both dates inclusive)		
Period of Insurance			
Finance loan company	MAYBANK SINGAPORE LTD		

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 imperative 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), and not to be included under these headings.

EXCESS	Basic Own Damage Excess	S\$0 000.00
	Windscreen Excess	S\$0 100.00

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)
B Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

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Police Report



**SINGAPORE
POLICE FORCE**



T/20200116/7027

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

1 of 3

Report No. T/20200116/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2020 17:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN CHEE KIONG, TERRY			Address: APT BLK 436B FERNVALE ROAD #11-174 SINGAPORE 792436		
ID Type / ID No.: NRIC NO / S7131882F			Contact No.: Home/Office:		Mobile: 91780118
Nationality: SINGAPORE CITIZEN			Email: 118terrytan@gmail.com		
Sex: Male	Age: 48	Date of Birth: 05/09/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: General Manager			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2020 04:50	Type of Location: Straight Road
Location: SENGKANG WEST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD8769Z	Car	TOYOTA	Vios			0
SKW118T	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200116/7027

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

2 of 3

Report No. T/20200116/7027

CONTINUATION OF REPORT

Driver			
Name	TAN CHEE KIONG, TERRY	ID No.	S7131882F
Related Vehicle	SKW118T (Car)	Contact No.	91780118
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated date and time , my vehicle (SKW118T) was stationary along SengKang West Rd waiting for the traffic light. The traffic light was still red, out of a sudden, I felt an impact from the rear portion of my vehicle. When I came down, I saw that a vehicle bearing with the number plate (SJD8769Z) has collided onto my car. I felt some discomfort from the accident and went to Tan Tock Seng Hospital to consult the doctor and have received 5 days of medical leave.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200116/7027

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

3 of 3

Report No. T/20200116/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 16/01/2020 17:16
Classification Of Case:

Authentication Stamp

NP168