

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 | 23/01/2020 13:20 |
| Date Of Accident | 21/01/2020 08:40 |
| Exact Location Of Accident | PIE TWDS CITY B4 BEDOK NORTH AVE 3 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMJ1993X |
| Insured/Policyholder | |
| Name Of Registered Owner | PANG AI LING JUDY |
| NRIC No | SXXXX813F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93481414 |
| Alternative Phone No | OTHERS-93481414 |

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/P2253351 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOO DIP CHEE |
| NRIC No | SXXXX582F |
| Date Of Birth | 15/01/1969 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/03/1990 |
| Driving Experience | 29 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96775269 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | 155 SIMEI ROAD #09-208 SPORE 520155 |
| Postcode | |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|-----------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | ALC6297 (PRIVATE CAR) |
| Number of vehicles (including own vehicle) involved in the accident | 6 |
| 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) | 1 |

Details of Police Action

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

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 | GBG6027Z |
| Vehicle Make/Model/Colour | NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 |
| Details Of Properties | |
| Vehicle Category | GOODS VEHICLE |
| 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 | FBM267E |
| Vehicle Make/Model/Colour | KAWASAKI / Z1000 ABS MANUAL |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| 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 3

| | |
|-------------------------------------|----------------------------------|
| Vehicle Registration Number | SLG4257X |
| Vehicle Make/Model/Colour | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT |
| 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 4

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | ALC6297 |
| 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 5

| | |
|-----------------------------|---------------------------------------|
| Vehicle Registration Number | SKX7275X |
| Vehicle Make/Model/Colour | CITROEN / C4 PICASSO 1.6 BLUEHDI EAT6 |
| 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 | LOO DIP CHEE |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SMJ1993X |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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7. 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 Innovative 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.

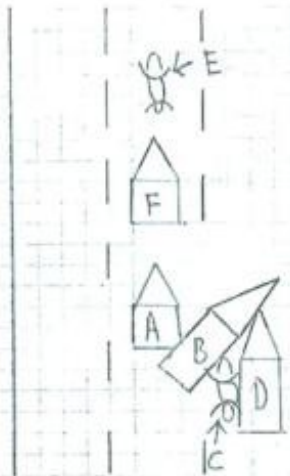
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



A: SMJ 1993X

8: 666 6077Z

C: FBM 267m

0: SLG 4257X

E: ALC 6297

F: 8LX 7275X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21-01-2020 at about 8:40 am . I was travelling along PIE Towards .
City Before Bedok North Ave 3 Exit . I was travelling straight . Suddenly
Vehicle F (SKX 7275X) emergency brake and I also able to brake in time .
But at No where vehicle B (GBG 6027Z) hit on the rear side RH My Vehicle .
My Vehicle SMJ 1993X Was not involved with any accident of the stated
Vehicle number in the report .

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. G. A. P.
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



Driving License


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S 6905582F**

Name
LOO DIP CHEE

Birth Date: **15 Jan 1969**
Issue Date: **28 Jan 2004**




 001100534A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | PASS DATE |
|---|--------------------|
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 27 Mar 1990 |

NP 42-A

Licence No: S6905582F



Insurance policy

AXA Tower, Singapore 06811
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

■ 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. : VPA/P2253351 Account No. : 08260
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : FANG AI LING JUDY
Vehicle Registration No. : SMJ1993X
Period of Insurance : From 26/02/2019 To 25/02/2020 (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
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, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes. (01)

Basic Own Damage Excess : NIL

An Additional Excess is applicable as follows:
S\$500.00 for Unnamed Authorized Driver
S\$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 provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

M.E :
Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOGOWT on 09/03/2019

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.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200121/2196

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4
Report No. T/20200121/2196

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 21/01/2020 21:41 | Vide Report No.: G/20200121/0062 | Station Diary No.: 85 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: LOO DIP CHEE | | | Address: APT BLK 155 SIMEI ROAD #09-208 SINGAPORE 520155 | |
| ID Type / ID No.: NRIC NO / S6905582F | | | Contact No.: Home/Office: Mobile: 96775269 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 51 | Date of Birth: 15/01/1969 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: Director | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|---------------------------------|-----------------------------|---|------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 21/01/2020 08:40 | Type of Location: Straight Road |
| Location: PAN ISLAND EXPRESSWAY PIE towards city before Bedok North ave 3 | | | | |
| Weather: Clear | Road Surface: Wet | Road Speed Limit: | | |
| Traffic Flow: Dual Carriage Way | Traffic Control: | 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 |
|-------------|------------|------|-------|-------|----------------------|-----------------|
| FBM267E | Motorcycle | | | | Seriously Damaged | 0 |
| GBG6027Z | Lorry | | | | Slightly Damaged | 2 |
| SLG4257X | Car | | | | | 0 |
| SMJ1993X | Car | | | | Slightly Damaged | 0 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200121/2196

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No: T/20200121/2196

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | HOSSAIN MD IQBAL | ID No. | G7178405W |
| Related Vehicle | GBG6027Z (Lorry) | Contact No. | 96236373 |
| 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 | PAMELA | ID No. | NIL |
| Related Vehicle | SLG4257X (Car) | Contact No. | 83224568 |
| 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 | LOO DIP CHEE | ID No. | S6905582F |
| Related Vehicle | SMJ1993X (Car) | Contact No. | 96775269 |
| Hospital/Clinic | KOVAN CLINIC | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 21/01/2020 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight |

Brief Details.

On 21/1/2020 at about 0840hrs, I was driving along PIE towards City before Bedok North ave 3 exit. At that time I was driving on the 2nd lane, I was keeping a distance of about 1.5 car length from the car in front of me. Suddenly, the car in front jammed his breaks and I then also jammed my breaks to avoid clashing into the car. When this happened, I felt an impact from my rear at the right side. I then saw that the lorry (GBG6027Z) that hit me swerved to the right and then crashed into another motorbike (FBM267E) and a car (SLG4257X).

Subsequently, I got out of my vehicle and saw that the rear right of my vehicle was dented and also some

Police Report



**SINGAPORE
POLICE FORCE**



T/20200121/2196

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
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Report No. T/20200121/2196

CONTINUATION OF REPORT

dents at the right side of my car. The vehicle that was in front of me then drove off. I saw that the rider of the motorcycle that was hit had some bleeding and scratches on his arm and then we called for ambulance. At that time, the rider was conscious.

Shortly after, Police and ambulance both came to the scene. The ambulance quickly conveyed the rider off. The police then informed us to make a police report. Later in the day I went to see the doctor at Kovan clinic and was given 2 days of MC (22/1/2020 to 23/1/2020).

Vide incident G/20200121/0062 under TP IO Bei - 62476413

Police Report



SINGAPORE
POLICE FORCE



T/20200121/2196

Police Station Of Origin:
Changi N.P.C
9 Simel Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20200121/2196

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 /

Sgt 2 GIDEON LIM KAI-EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/01/2020 21:41

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE