

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	08/02/2020 11:47
Date Of Accident	07/02/2020 16:40
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK33T
Insured/Policyholder	
Name Of Registered Owner	YIP KAI SUM
NRIC No	SXXXX267D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96379913
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	LEXUS
Model	ES250-2.5 (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?	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	NIL
Cover Note Number	CN016821

Driver

Name of Driver	YIP KAI SUM
NRIC No	SXXXX267D
Date Of Birth	13/07/1968
Occupation	INDOOR
Date Of Driving Pass	09/12/1993
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96379913
Fax Number	
Contact Number	OFFICE-60000000
Email Address	NOEMAIL

Address	96 LOR M TELOK KURAU
Postcode	425401
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	CHAIN COLLISION
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	7
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 [OTHER]	T/20200207/2162
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Report please 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	SMD7478J
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	SLV5778Z
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 3

Vehicle Registration Number	SKC3789S
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 4

Vehicle Registration Number	SJQ9225B
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	SLT4863C
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 6

Vehicle Registration Number	SMN5273T
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 INJURED PERSON 1

Name	YIP KAI SUM
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SMK33T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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 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: Rennae
NRIC/FIN No.: 57131809C

Sketch Plan #2

SKETCH PLAN

PIE > Changi b4 Exit 16A

F
A
C
A
B
D
E

A : SMK 33T. E : SJQ 9225B
B : SMD 74785 (Azedi) F : SLT 4863C (Tokachi)
C : SLV 5778Z (Hibanda) TOKYO G : SMN 5273T (Beno)
D : SKC 3789S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls. refer to attached Police Report #: T/20200207/2162

DECLARATION

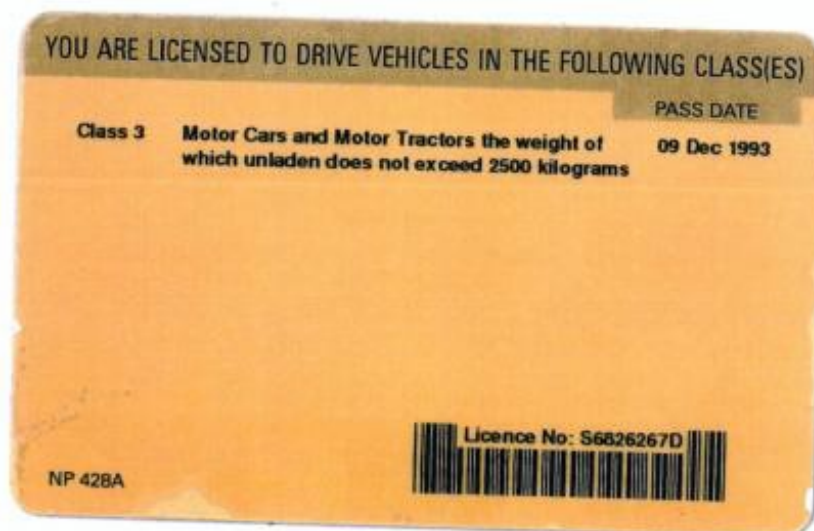
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Ronnie
NRIC/FIN No.: 57131309C

Driving License



Insurance cert

AXA INSURANCE PTE LTD

8 Sheraton 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



Original

Agent Code: 14886

 Policy No.(if any): B\$LL029 JOE CHONG
 New Business

SmartDrive Quote Ref: \$3343.41

MOTOR COVER NOTE

No. CN016821

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
 - The Road Transport Act 1987 of Malaysia; or
 - The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
 - The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
 - And any subsequent revisions to the above Acts and Agreements
- The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	YIP KAI SUM
MAKE AND DESCRIPTION OF VEHICLE	LEXUS ES250 2487CC
VEHICLE REGISTRATION NO.	
YEAR OF MANUFACTURE	2018
ENGINE NO.	A25A0215995
CHASSIS NO.	JTHB11B1X02001385
ENGINE CAPACITY/TONNAGE	2487
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	UNITED OVERSEAS BANK LIMITED
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 16/10/2018 TO: 15/10/2020
EXCESS (\$)	700
AXA PREMIUM WORKSHOP?	NO (BORNEO MOTORS (S) PTE LTD)

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by INCHCAPE AUTOMATIVE SERVICES PTE. LTD. on 09/10/2018
 10:58 am

Authorised Signature

- Note:** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.
- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
 - An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:
 Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
 For Non-Individual Customers:
 Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

NTRCNOTE/001/03

Police Report



**SINGAPORE
POLICE FORCE**



T/20200207/2162

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkonig Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

1 of 4

Report No. T/20200207/2162

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2020 22:20		Vide Report No.: E/20200207/0103		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: YIP KAI SUM			Address: 96 LORONG M TELOK KURAU SINGAPORE 425401		
ID Type / ID No.: NRIC NO / S6826267D			Contact No.: Home/Office: Mobile: 96379913		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 13/07/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2020 16:40	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE (Towards Airport) 16km mark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
③ SLV5778Z	Car	HONDA	HRV 1.5 LX CVT	Black	Seriously Damaged	3
⑤ SMD7478J	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	Blue	Slightly Damaged	0
④ SMK33T	Car	TOYOTA	LEXUS ES250 4DR SEDAN (AUTO) EXECUTIVE	Blue	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200207/2162

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

2 of 4

Report No. T/20200207/2162

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK33T	AXA INSURANCE SINGAPORE PTE LTD	P2204247	01/03/2019	15/10/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE BOON TIONG		ID No.	S7939380J
Related Vehicle	SLV5778Z (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
Driver				
Name	HU HAO		ID No.	S7676507C
Related Vehicle	SMD7478J (Car)		Contact No.	98260454
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	YIP KAI SUM		ID No.	S6826267D
Related Vehicle	SMK33T (Car)		Contact No.	96379913
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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200207/2162

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

3 of 4

Report No. T/20200207/2162

CONTINUATION OF REPORT

Brief Details.

On 07/02/2020 at about 1640hrs, I was traveling PIE towards Airport on lane 1. The traffic flow was heavy and moving at about 60 to 70kph. All of a sudden, the front car (SLV5778Z) jammed brake and I proceed to jam brake as well. I manage to brake on time however the rear car (SMD7478J) did not manage to brake on time and collided onto the rear of my car. The impact causes my car to jerk forward and collide onto the front car. Subsequently I felt another two to three more impacts before everything comes to a stop. It was a chain collision. All of us alighted and check on the damages and the parties involved in the accident. Subsequently EMAS and Traffic Police arrived to scene before Ambulance arrived to scene. Some of the involved parties were conveyed to the hospital.

The damages of my car are front and rear part of my car dented, the bonnet and boot are unable to close and some internal damages. I wish to state that I have in-car camera installed in my car.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200207/2162

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112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

4 of 4

Report No. T/20200207/2162

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 3 SAM YEO WEN MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/02/2020 22:20

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S66550020G / 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 : MALP20017610 Vehicle Registration No: SMK 33T
Name(as shown in NRIC) : YIP KAI SUM NRIC/FIN/Passport No : S6826267D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 96 TELOK KURAU LORONG M Singapore(425401)
Contact (Tel) : _____ Mobile No. : 9637 9913
Email Address : _____
Date of Accident : 07.02.2020 Time of Accident : 16:40hrs
Place of Accident : PIE TOWARDS CHANGI AIRPORT
Insurance Company: AXA INSURANCE PTE LTD

(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:

AMEND - DATE OF TIME (16:40hrs)

YIP KAI SUM

Policyholder / Driver's Signature
Date: 21.02.2020

1
Reporting Centre Personnel's Signature
Name: Ranric
NRIC/FIN No.: 57131809E
Date: