#### Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 30/05/2016 16:30

## 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 witholding of material facts may allow insurance companies to repudiate policy ability
- 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 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.	isent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/05/2016 16:23
Date Of Accident	24/05/2016 09:20
Exact Location Of Accident	TOH TUCK ROAD
Country/State of Loss	Singapore
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	EX999H
Insured/Policyholder	
Name Of Registered Owner	LEE BOON KEAT
NRIC No	S1805433G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92715357
Alternative Phone No	Office-92715357
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX-2.0 GLS (A)
Exact Purpose for which vehicle was being used at time of accident	

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken Reporting Only Vehicle Category Private Car

**Insurance Company** 

Name of Insurance Company AXA Insurance Singapore Pte Ltd

Type Of Coverage Comprehensive

Fleet Policy No

Policy Number GA053527/1

Cover Note Number

Driver

Name of Driver **GOH YEW LENG** NRIC No S1064308B Date Of Birth 15/02/1951 Occupation Indoor Date Of Driving Pass 23/03/1972

**Driving Experience** 44 Years And 2 Months

Gender Male

Mobile Number (Local) +65-84353287

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address 21 LORONG 3 TOA PAYOH #19-01

Postcode 319581

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Other - -

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident Unknown - MOVING BACK OF VEHICLE

Weather Conditions Raining Road Surface Wet

**Other Information** 

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name Nanyang N.p.c

ROAD: 2 JURONG WEST AVE 5, POSTCODE: 649482, COUNTRY: Police Station Address

Singapore

Yes

No

TEL NO: 1800-7929999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT: J/20160524/2054.

Are accident photos available for attachment?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

SHC59567 Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties VEHICLE B** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Details of Witness**

Name

Phone Number

**Email Address** 

#### Sketch Plan Pg.1

## SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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.
- 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.
- 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' law yers/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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Policyholder's Signature / Date & Personnel & Time Time

Sketch Plan 0 reverse

## Sketch Plan #2 Pg.1

hefer to police	report J 2016	60524 2054		
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	<u> </u>			
aration				
declare the foregoing particular	s are true in every respect	<b>t</b>		
	$\cap$			
	$\mathcal{A}$	M.		
Mr.	(15.1-1-1	ver is not the policyholder)	/ Date Witnessed by	Reporting Centre
holder's Signature / Date &	Briver's Signature (if driver) & Time	Ver is not the policy relicery	Personnel	į
Insurance Co.	<u> </u>	*KA	11 nt	7006
Vehicle NO.	EX 999H	Date Of Accident	dt,05	
	orting Only		1	1





Report No. J/20160524/2054

# **POLICE REPORT (NP299)**

Police Station Of Origin Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

Date/Time Report Made	Vide Rep	Vide Report No.		Station Diary No.	
24/05/2016 10:40			74		
Name Of Informant	Address				
GOH YEW LENG	21 LORG	21 LORONG 3 TOA PAYOH #19-01 SINGAPORE			
	319581				
ID Type / ID No.	Contact	No.			
	Home/O	ffice	Mobile		
			84353287		
Nationality	Email Ad	ddress			
SINGAPORE CITIZEN					
Occupation	Sex	Age	Date of Birth	Race	
CAR DELIVERY MAN	Male	65	15/02/1951	Chinese	
Institution/School Name	Languag	Language			
Date/Time Of Incident		of Inciden			
24/05/2016 09:20	TOH TU	TOH TUCK ROAD SINGAPORE			
Brief details.					

On 24/05/2016 at about 0920hrs, I was driving my car (Mitsubishi, Black colour, bearing car registration number: EX999H) along Toh Tuck Road, it is a 2 lanes road. I was driving on the 2nd lane (left most lane). There was a traffic light, hence I stopped for it. It was drizzling a little. The taxi (Transcab, Red colour, bearing car registration: SHC5956Z) in front of me suddenly moved back and as a result caused a collision between both of our vehicles. At that point of time, there was a male passenger on the taxi. After the collision, the taxi driver came down and confronted me. He even scolded me in Hokkien saying that

"He want me to compensate him until I die". No one was	s injured, no government property was damaged,
Signature Of Officer Recording The Report:	Signature Of Informant:
J / BENJAMIN TOH	( My
Signature Of Interpreter: Not applicable	Date/Time: 24/05/2016 10:40
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Insp SHAWN TIEN WEI CHONG Contact No.: 67910000	Classification Of Case:
Authentication Stamp  Signature:  Singapore Police	Force Force





2 of 2

POLICE REPORT (NP299)

**CONTINUATION OF REPORT** 

Report No. J/20160524/2054

no visible damage to our cars too.

	/\	
Signature Of Officer Recording The Report:	Signature Of Informant:	
J / BENJAMIN TOH	NY	
Signature Of Interpreter: Not applicable	Date/Time: 24/05/2016 10:40	
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Insp SHAWN TIEN WEI CHONG Contact No.: 67910000	Classification Of Case:	

Authentication Stamp

## Sketch Plan #5 Pg.1

# MOTOR PTE LTD

Date:	30/05/2016
	vner of Vehicle Number: EX 999 H
	llowing has been advised to you via your workshop, through taff,
Please	tick the applicable box if you had been advice on the content as seen below:
( )	You had been advised by the workshop that in the event 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.
( )	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.
(,)	The Estimation 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, your Insurance company will use only genuine original parts to repair your vehicle.
	For vehicles above Three (3) years old, your insurance company will be carrying out repairs using <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.
	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repairs on workmanship related to the accident.
	For vehicles below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
( )	Others
Signed a	nd acknowledge by:
Name ar	nd signature of policyholder/ authorised driver
Name ar	nd signature of workshop personnel including company stamp

1 Kaki Bukit Ave 6, Blk D, #02-15, AutoBay@Kaki Bukit, Singapore 417883. Tel: 6747 6106 (6 Lines) Fax: 6744 2368

#### Sketch Plan #6 Pg.1



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1064308B





GOH YEW LENG



CHINESE 15-02-1951

Country of Birth SINGAPORE



#### REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1805433G





LEE BOON KEAT

文傑

CHINESE 10~02-1967

Country of Birth SINGAPORE



OWNER.

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

PASS DATE

Class 2B Class 2A Class 2

Motorcycles not exceeding 200 cc Motorcycles between 201 cc and 400 cc Motorcycles exceeding 400 c Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

23 Mar 1972 23 Mar 1972 23 Mar 1972

23 Mar 1972





29-08-1994

21 LORONG 3 TOA PAYOH #19-01 SINGAPORE 319581 NRIC No: S10643088

02/01/2013

No: 7220757

NP 428A



2428880

NRIC No. S1805433G



27-09-1994 Q+

NRIC No:

HAPT BUR TO HICKUR OF HIKANG NOTE & \$14-255 RIC No. 1888 Date: \$1-87-7885 No. 1897588

















