

Accident Photo



## 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	23/12/2019 11:52
Date Of Accident	21/12/2019 11:45
Exact Location Of Accident	KPE TOWARDS CITY NEAR DEFU LANE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2024L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HAN SENG
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2258740
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN KAIJUN KELVIN
NRIC No	S8306921Z
Address	12 RIVERVALE LINK #05-23 SINGAPORE

### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	LIGHT DRIZZLE

### 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
Number of Passengers (Including Driver)	3

### Circumstances of Accident

SEE ATTACH SKETCH PLAN, STATEMENT & VIDEO.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX9071B
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Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SMM4109Y

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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

(f) 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

(g) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 21/11/17 3:15pm

Driver's Signature

(If driver is not the policyholder)

21/11/17 3:15pm

Reporting Centre Personnel's Signature

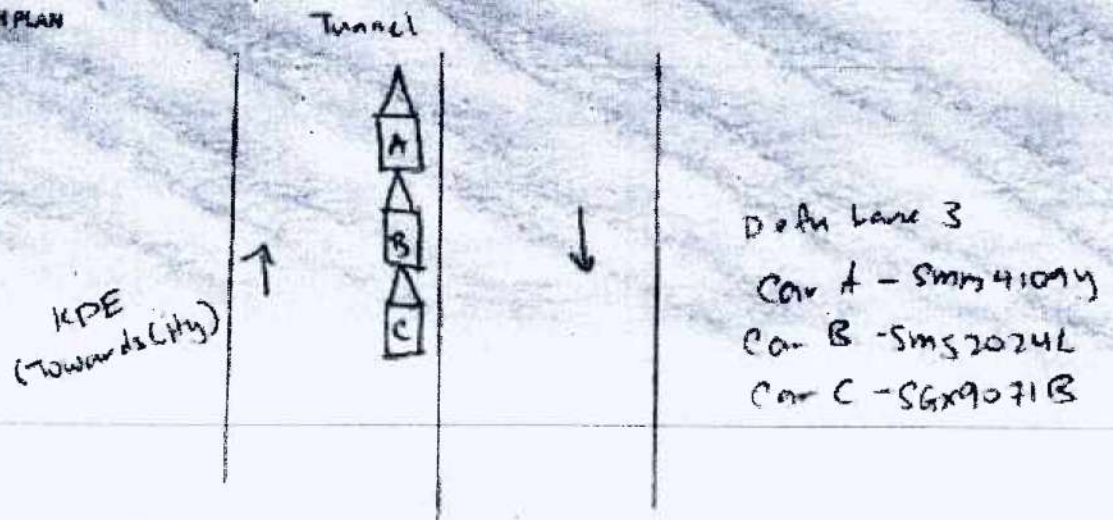
Name:

40-011111



# Sketch Plan #2

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along KPE towards City on lane 2 of expressway. At the stretch of KPE before Defu Lane 3, before the tunnel entrance the vehicle in front of mine came to a stop. I stopped my car behind the vehicle in front, felt a bang from the back of my car and subsequently hit the vehicle in front of mine.

## DECLARATION

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

Policeholder's Signature

Date & Time: 21/12/19  
3.15pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/12/19  
3.15pm

Reporting Centre Personnel's Signature

Name:

NRK/200 200





# Sketch Plan #3

PROVIDOR ACCIDENT REPORT FORM

ANNEX A

DETAILS OF OTHER VEHICLE/PERSON 1	
Vehicle Registration No: <b>Smm111273</b>	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver: <b>Sim Tiek Yung</b>	MISC/Passport Number: <b>S7534858D</b>
Contact Number:	
Address:	
Insurance Company Name:	(Post Code)
Nature of Damage:	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF OTHER VEHICLE/PERSON 2	
Vehicle Registration No:	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver:	MISC/Passport Number:
Contact Number:	
Address:	
Insurance Company Name:	(Post Code)
Nature of Damage:	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF INJURED PERSON 1	
Name:	
Address:	
Post Code:	
Approximate Age:	
Injured Sustained:	
Injured person in which vehicle:	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Were injured transported to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	
DETAILS OF INJURED PERSON 2	
Name:	
Address:	
Post Code:	
Approximate Age:	
Injured Sustained:	
Injured person in which vehicle:	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Were injured transported to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	

10 April 2018

Accident Photo

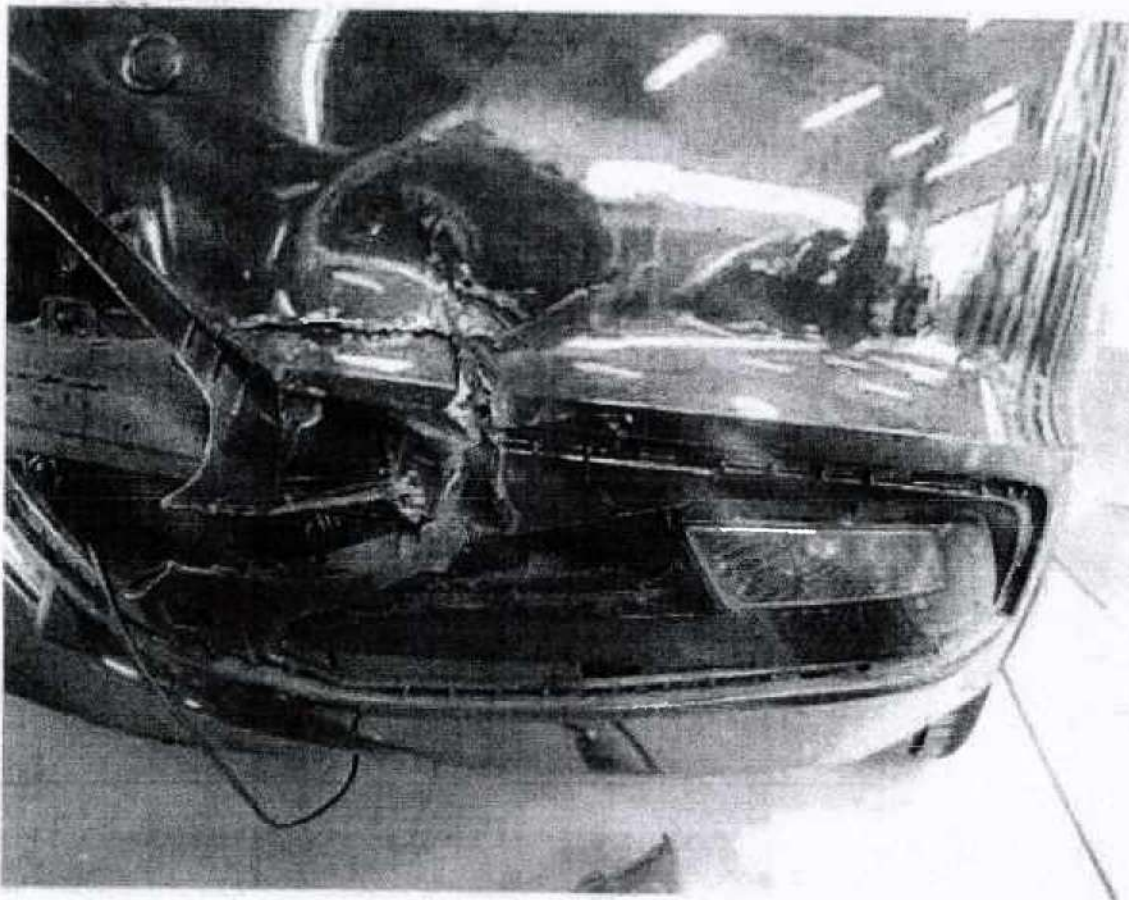




Accident Photo



**Accident Photo**





Accident Photo



Accident Photo

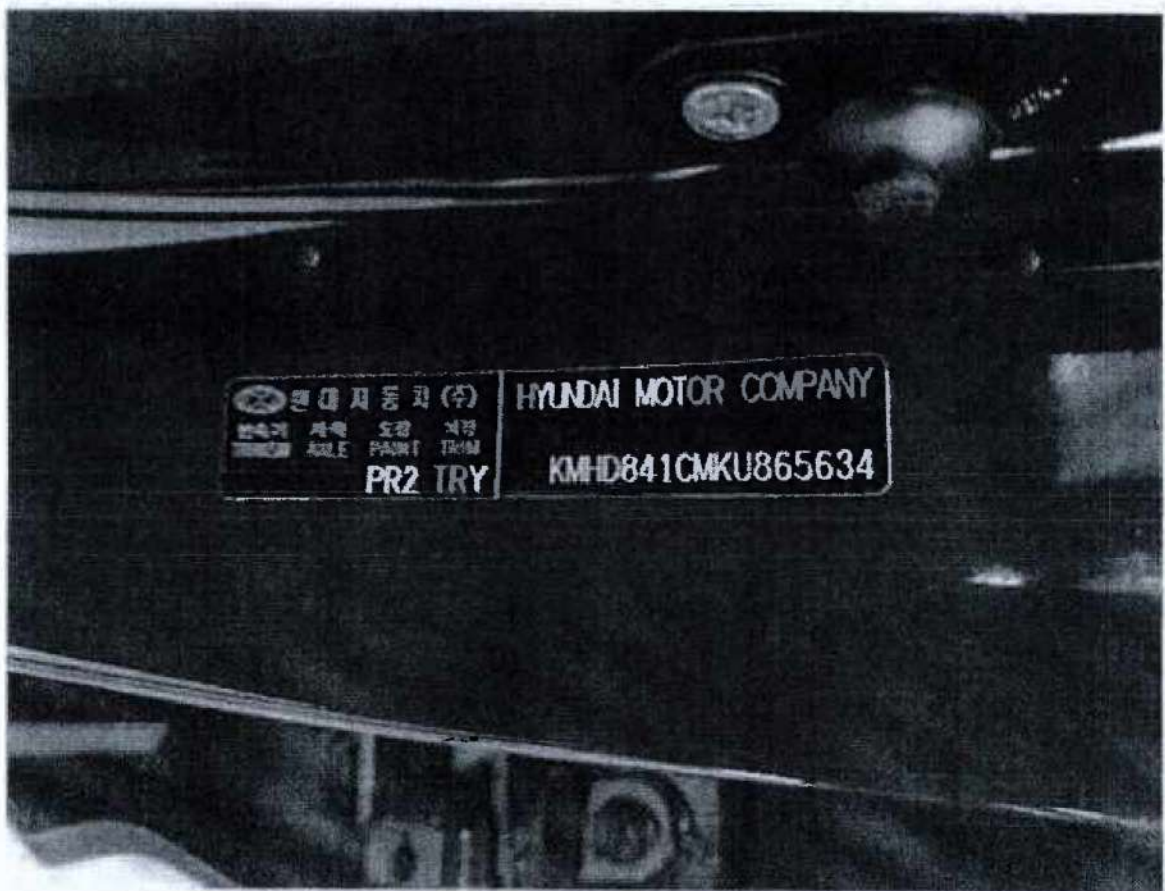




Accident Photo



Accident Photo







GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## SEARCH RESULTS

Our Ref No: GR-20-032968  
Date of Request: 25/02/2020

Your Ref No: AP/2020/002466

A P LAW PRACTICE  
151 Chin Swee Road  
#10-03/05 Manhattan House  
Singapore 169376

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 21/12/2019  
Place of Accident: KPE TO TOWN  
Client Vehicle No: SMM4109Y

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SMJ2024L	KPE TOWARDS CITY NEAR DEFU LANE 3	21/12/2019 11:45

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE  
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Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## TAX INVOICE

Our Ref No: GR-20-032968  
Date of Request: 25/02/2020

Your Ref No: AP/2020/002466

A P LAW PRACTICE  
151 Chin Swee Road  
#10-03/05 Manhattan House  
Singapore 169676

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 21/12/2019  
Place of Accident: KPE TO TOWN  
Client Vehicle No: SMM4109Y

DESCRIPTION	AMOUNT (\$\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use: .

Date:

☒ GIRO ☐ Cash ☐ Cheque





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE**  
**RECORDS MANAGEMENT CENTRE**  
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Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## TAX INVOICE

Our Ref No: GR-20-032974  
Date of Request: 25/02/2020

Your Ref No: AP/2020/002466

A P LAW PRACTICE  
151 Chin Swee Road  
#10-03/05 Mar hattan House  
Singapore 169376

Dear Sir/Madam,

Date of Accident: 21/12/2019  
Vehicle No: SMJ2024L  
Place of Accident: KPE TOWARDS CITY NEAR DEFU LANE 3

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMJ2024L	KPE TOWARDS CITY NEAR DEFU LANE 3	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Date:

☒ GIRO ☐ Cash ☐ Cheque

**Enquire Vehicle & Owner Information ( Vehicle No. SMJ2024L As At 21 Dec 2019 / 11:50:00 )**

**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: AP/2020/002466

**Current Owner Details**

Owner ID Type: Singapore NRIC  
Owner ID: S0069149F  
Owner Name: LIM HAN SENG  
Registered Address Type: HDB / HUDC  
Registered Block/House No.: 473A  
Registered Street Name: FERNVALE STREET  
Registered Unit No.: # 20 - 19  
Registered Building Name: -  
Registered Postal Code: 791473

**Current Vehicle Details**

Vehicle No.: SMJ2024L  
Make Description/Model: HYUNDAI / AD AVANTE 1.6 GLS (A) S  
Insurance Company Name: AXA INSURANCE PTE LTD





**Thank you**

Hoon Ang Ping has successfully logged out.

Your last login date and time was 25 Feb 2020, 15:39:07.

To return to ONE.MOTORING, please [click here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

**Session Transaction History**

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)
1	Vehicle	SMJ2024L	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49

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### ACCIDENT STATEMENT

Date Of Report	23/12/2019 17:59
Date Of Accident	21/12/2019 11:50
Exact Location Of Accident	KPE TO TOWN BEFORE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4109Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	201426961K
Email Address	OPERATIONS@LUMENS.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87781765

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH-1.8 (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000822-R00
Cover Note Number	

### Driver

Name of Driver	TAN KIM YEOW
NRIC No	S1518388H
Date Of Birth	06/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1983
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86604861
Fax Number	
Contact Number	
EEmail Address	NOEMAIL