

MKOM19168238 / Komoco Motors Pte Ltd - Bukit Merah ENTRY DATE & TIME: 23/12/2019 11:52 SUBMITTED BY: Eddie Ang Khea Chwee

## 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
- 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

	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	
Insured/Policyholder		
Name Of Registered Owner	LIM HAN SENG	
Vehicle Particulars	I ARREST CLEEN HERVES TO SEC.	

Manufacturer	100	HYUNDAI
Model		ANANITE 4.C

AVANTE-1.6 (A) Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VPA/P2258740

Cover Note Number

Driver

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

Vehicle Make/Model/Colour Name of Driver Insurance Company Name

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

SMM4109Y

#### SHETCH PLAN

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- 8 Consent under the Portonal Data Protection Act (POPA)

understand, acanowlesses, agree and consent that

- My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, ize, 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 personal information to all insurer[s] who have insured vehicle[s] involved in this accident [sit insurer[s] who have insured vehicle[s] involved in this accident [sit insurer[s] who have insured vehicle[s] involved in this accident [sit insurers] is werenifaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
  - (i) processing, nanoting 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 desiring with my instructions or responding to any angueins by me:
  - (fel administering my clasms (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about my to bring about delivery of the state as well as on the external cover of envelopes/mail packages it and/or
  - (v) complying with applicable lew in administering, processing, handling and/or dealing with my coline. (callectness the "Purposes")
- (b) all mourer(a) who have insured vehicle(s) involved in this accident and the insurers' lawvers/faw firms, inay/are permitted to collect, use, disclose and/or process my Personal information for use or erose of the above Purposes, and
- (c) my Parsonal information may/can be disclosed by any of the insurers and/or GsA to their third party service providers or agents/including their tewyers/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 (b) above may be shared / disclosed
  - If to all insurers and/or any other third parties that asset in evaluating, intestigating, controlling or managing traud, regulators, law enforcement and government agencies at teasurably required for the purposes stated, or
  - (iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Ozor & Time: 211131101 3.15pm

Oriver's Signature

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Reporting Centre Personnel's Signatura

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## Sketch Plan #2

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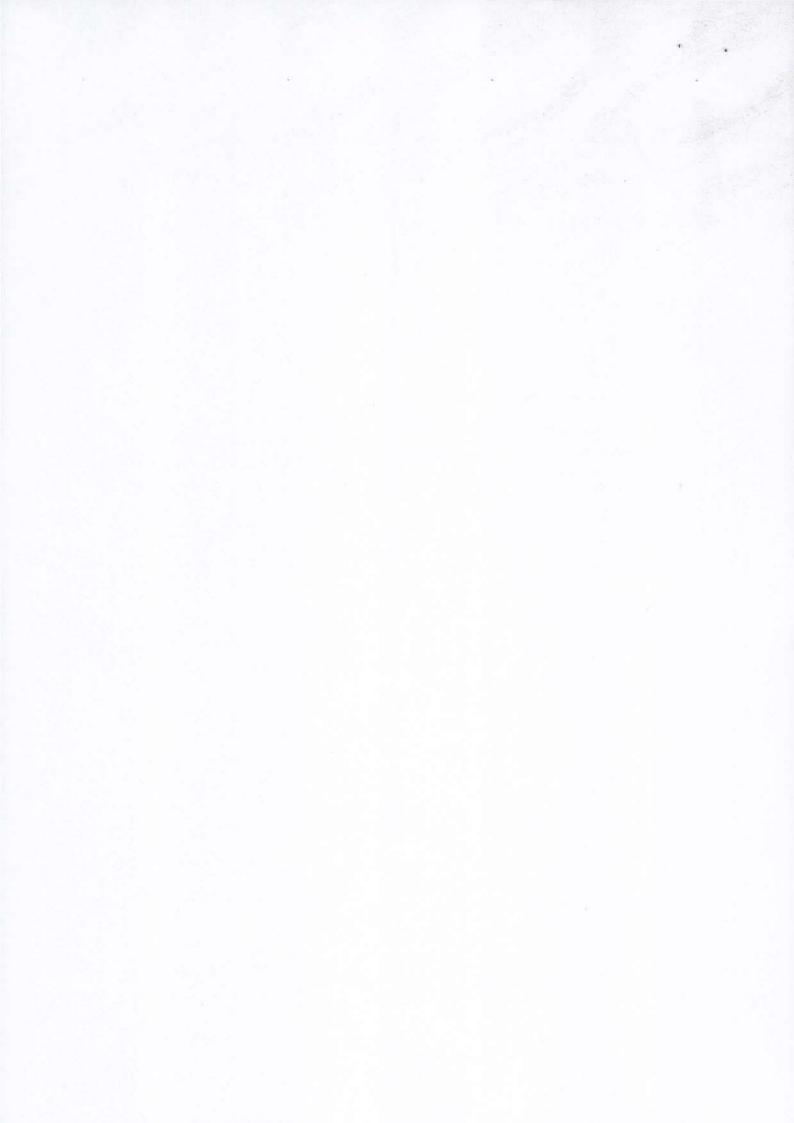
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Date & Time 21/1+1-7

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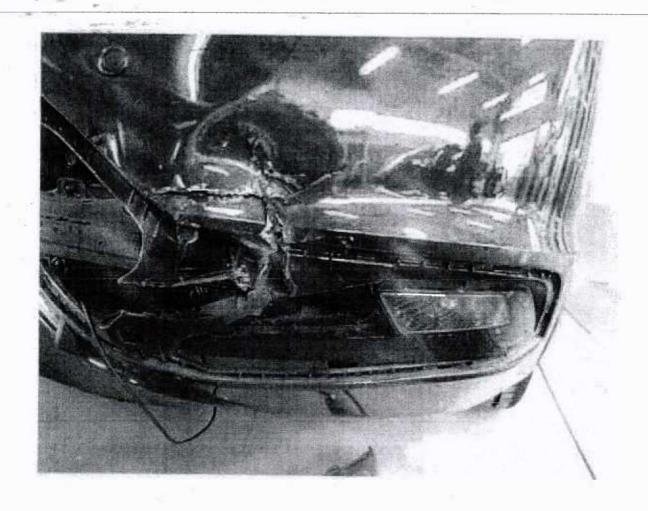
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#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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** SMM4109Y

Client Vehicle No:

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.

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### 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 Mannattan House Singapore 169876

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: Place of Accident: 21/12/2019 **KPE TO TOWN** 

Client Vehicle No:

SMM4109Y

DESCRIPTION	AMOUNT (S\$)
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: .

[X] GIRO [] Cash [] Cheque



#### RECORDS MANAGEMENT CENTRE

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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

#### 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 Marhattan 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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMJ2024L	KPE TOWARDS CITY NEAR DEFU LANE 3		14.00 1	13.08
GST Amount			71	0.92
Total Amount Due (G	ST Inclusive)			14.00

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For GIARMC Official use:

Date:

[X] 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: Owner ID:

Owner Name:

Singapore NRIC 50069149F LIM HAN SENG HDB/HUDC

Registered Address Type:

Registered Elock/House No.:

473A

Registered Street Name:

FERNVALE STREET

Registered Unit No.:

#20-19

Registered Building Name:

791473

Registered Postal Code: **Current Vehicle Details** 

Vehicle No.:

SMJ2024L

Make Descr ption/Model:

HYUNDAI / AD AVANTE 1.6 GLS (A) S

Insurance Company Name:

AXA INSURANCE PTE LTD



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.La	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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#### SINGAPORE ACCIDENT STATEMENT

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aforesaid.	
	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
1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM4109Y
Insured/Policyholder	
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

**EMail Address NOEMAIL**