

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	21/05/2020 12:54
Date Of Accident	20/05/2020 15:50
Exact Location Of Accident	BUKIT BATOK EAST AVENUE 3 TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM5858L
Insured/Policyholder	
Name Of Registered Owner	SUPERTEC LIMOUSINE PTE LTD
Co Reg No	2XXXXX332H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87824933

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID-1.8 X CVT (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN080899
Cover Note Number	

Driver

Name of Driver	CHUA JIE SHENG
NRIC No	SXXXX274J
Date Of Birth	09/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92994192
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 535 HOUGANG STREET 52 #04-22
Postcode	530535
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG DIVISION HQ
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 18007910000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHMENT

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	SHD3978T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	CHUA JIE SHENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMM5858L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 535 HOUGANG STREET 52 #04-22
Postcode	530535

SKETCH PLAN

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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:
 - (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:

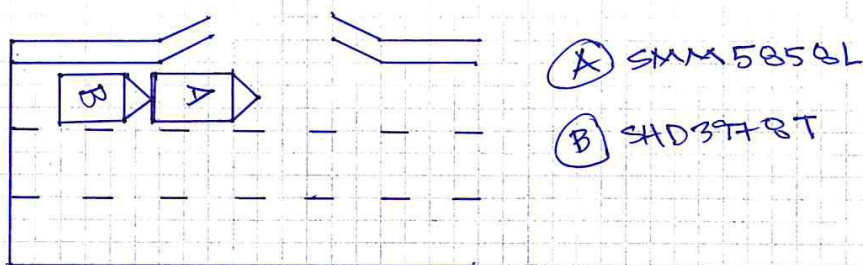
[Handwritten Signature]

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



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

SKETCH PLAN



BUKIT BATOK EAST AVENUE 3
TOWNSHIP PIE.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT.
REPORT NO. J/20200520/7058

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: PAULO
NRIC/FIN No.: _____

INSURANCE CERTIFICATE

AXA INSURANCE PTE LTD

8 Shenton 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: 09116

Policy No.(if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN080899

- 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	SUPERTEC LIMOUSINE PTE LTD
INSURED BUSINESS REGISTRATION NO.	200911332H
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA NOAH HYBRID 1.8
VEHICLE REGISTRATION NO.	SMM5858L
YEAR OF MANUFACTURE	2019
ENGINE NO.	2ZR2E08262
CHASSIS NO.	ZWR800394357
ENGINE CAPACITY/TONNAGE	1797
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	TECK WEI CREDIT PTE LTD
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 21/03/2020 TO: 20/03/2021
EXCESS (\$)	3000
AXA PREMIUM WORKSHOP?	YES

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

Authorised Signature

Issued by TECK WEI CREDIT PTE LTD on 19/03/2020 3:42 pm

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.

MTRC/NOTE/V01/03

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo

License Number: **S8636274J**

Name: **CHUA JIE SHENG**

Birth Date: **09 Dec 1986**

Issue Date: **07 Feb 2011**

Barcode: 0019352274

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8636274J**

Portrait photo

Name: **CHUA JIE SHENG**

蔡 杰 昇

Race: **CHINESE**

Date of birth: **09-12-1986**

Sex: **M**

Country of birth: **SINGAPORE**

Barcode: S8636274J

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	26 Jan 2006
Class 2A Motorcycles between 201 cc and 400 cc	06 Mar 2007
Class 3 Motor Cars \leq 3500kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	25 Jul 2008

NP 428A

Barcode: Licence No: S8636274J

4661751

Barcode

IRIC No. **S8636274J**

Portrait photo

Date of issue: **09-12-2010**

Address: **APT BLK 535 HOUGANG STREET 52
#04-22
SINGAPORE 530535**

Accident Photo



Accident Photo



Accident Photo



21 May 2020 11:37:40
60 Jalan Lam Huat
Singapore

Accident Photo



21 May 2020 11:37:53
60 Jalan Lam Huat
Singapore

Accident Photo



21 May 2020 11:38:03
60 Jalan Lam Huat
Singapore

Accident Photo



21 May 2020 11:38:08
60 Jalan Lam Huat
Singapore

Accident Photo



21 May 2020 11:38:11
60 Jalan Lam Huat
Singapore



21 May 2020 11:39:08
60 Jalan Lam Huat
Singapore

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



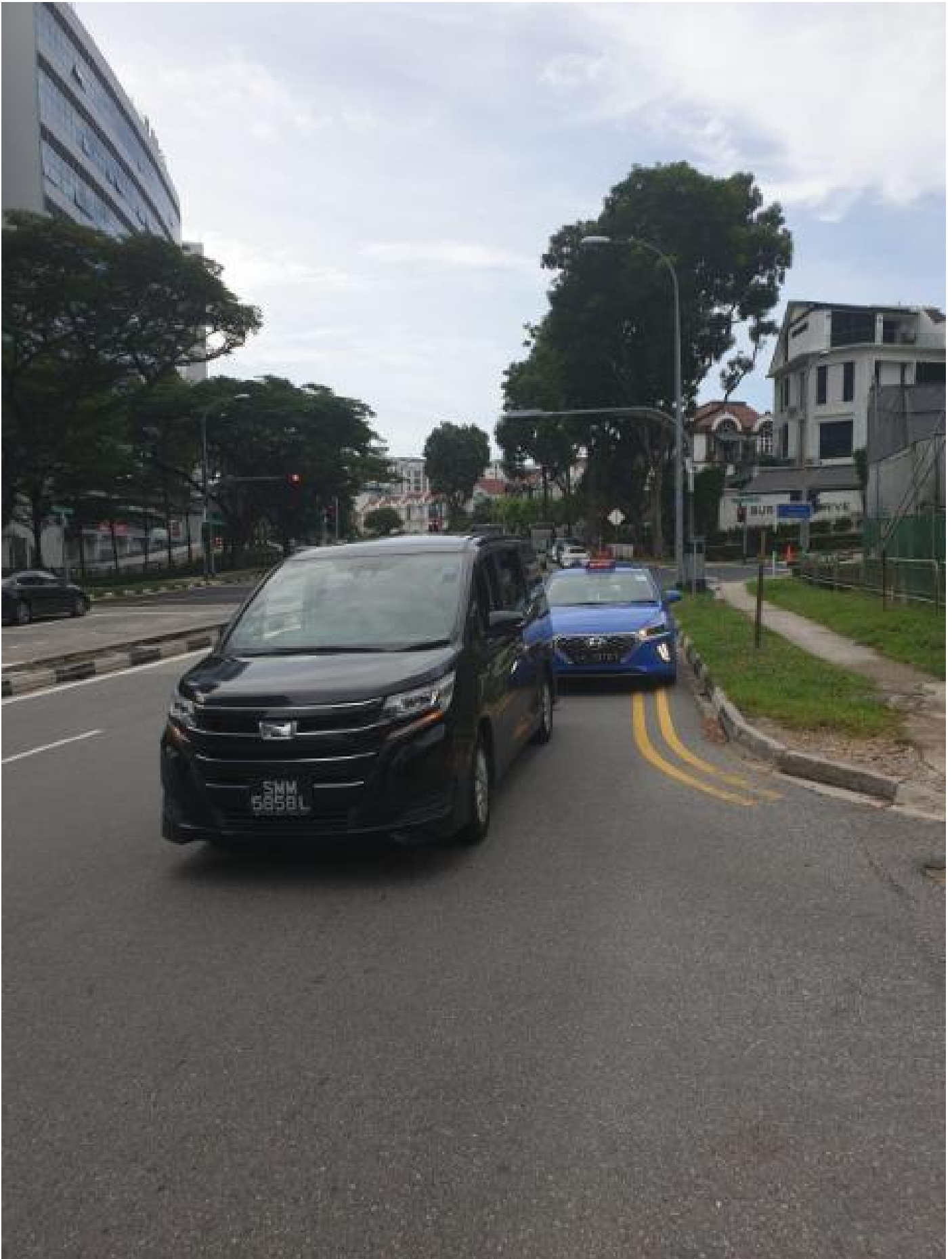
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



J/20200520/7058

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200520/7058

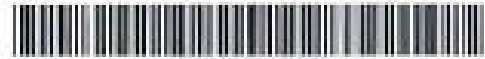
Hours later, I started feeling soreness on my neck, shoulders and lower back areas. As such, I went to visit my family doctor at Intermedical Clinic Kovan where I was given 5 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2020 21:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Police Report



**SINGAPORE
POLICE FORCE**



J/20200520/7058

1 of 2

POLICE REPORT (NP299)

Report No. J/20200520/7058

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 20/05/2020 21:23	Video Report No.	Station Diary No.
Name Of Informant CHUA JIE SHENG	Address APT BLK 535 HOUGANG STREET 52 #04-22 SINGAPORE 530535	
ID Type / ID No. NRIC NO / S8636274J	Contact No. Home/Office: Mobile: 92994192	
Nationality SINGAPORE CITIZEN	Email Address jasdn88@hotmail.com	
Occupation Grab Driver	Sex Male	Age 33
Institution/School Name	Date of Birth 09/12/1986	Race Chinese
Date/Time Of Incident 20/05/2020 15:50	Location Of Incident BUKIT BATOK EAST AVENUE 3	

Brief details.

On the above mentioned date and time, I was driving SHM 5858L along Bukit Batok East Ave 3 towards PIE.

I slowed down my vehicle due to traffic conditions. Before I came to a complete stop, I felt a huge impact from my rear causing my vehicle to surge forwards.

I alighted to realise that SHD 3978T had slammed into my vehicle's rear.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2020 21:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp