Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 19/06/2020 18:20

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 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 ladgement 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						
18/06/2020 14:40						
09/06/2020 10:25						
BLK 222 BISHAN STREET 23 (ROUNDABOUT)						
SINGAPORE						
DETAILS OF OWN VEHICLE						
SKD2638X						
KWA KIM LI						
S1174598I						
KWAKIMLI@LEENLEE.COM.SG						
(LOCAL) +65-96330773						

OFFICE-96330773

Alternative Phone No **Vehicle Particulars**

Manufacturer ΚIΑ

Model SPORTAGE-2.0 ABS (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

AXA INSURANCE PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number GA127852

Cover Note Number

Driver

Name of Driver LAWRENCE HO HWEE CHAN

NRIC No S0106917I Date Of Birth 11/04/1952 Occupation **INDOOR Date Of Driving Pass** 16/07/1979

Driving Experience 40 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91831770

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 223 BISHAN STREET 23 #04-135

Postcode 570223

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - 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 NO 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

2

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 BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-5529999 - **FAX NO**: 65561905

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

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 FBR3732H

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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)

Lunderstand, 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

18.6.2220 62pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.3

SKETCH PLAN DESCRIBE CIRCUMSTA	NCES OF THE ACCIDE	INT				2638
Plaasi	refer to	, Pulice	Report	No.	7/202	100617/20
* Reporting	only *					
ECLARATION We declare the foregoing p	articulars are true in ev	eryrespect.				101. 00 00 00 00 00 00 00 00 00 00 00 00 00
ficyholder's Signature te & Time:	Onver's Signa (If driver is n	ature of the policyholde	er)	Reportin Name:	g Centre Perso	nnel's Signature

NRIC/FIN No.

Date & Time:

Company Chop (if applicable)

Sketch Plan #2 Pg. 1



No. of Pedestrians Injured: NIL



1 of 3

Report No. T/20200617/2054

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

REPORT OF A	TRAFF	IC ACCIDE	ENT							
Date/Time Report Made: Vide F 17/06/2020 15:37			Report No.:			6	station Diary No.: 0			
Informant's	Partic	culars								
Name of Informant: LAWRENCE HO HWEE CHAN			Address: APT BLK 223 BISHAN STREET 23 #04-135 SINGAPORE 570223							
ID Type / ID No.: NRIC NO / S0106917I			Cont	act No.: e/Office:		bile: 9183	ile: 91831770			
Nationality: SINGAPORE CITIZEN			Email:							
Sex: Male	Age: 68		of Birth: 4/1952	Type of Informant: Driver						
Race: Chinese				Lang	iuage: ish		Ins	titution / S	chool Name:	
Occupation: PERSONAL DRIVER				ng Licence In	formation:	Dat	te of Expir	of Expiry:		
General Info	rmatic	n of the	Accident							
Type of Accident:			Drink Date/Time of Accident: No 09/06/2020 10			Type of Location: Roundabout				
Location: Along Road 1 BISHAN STREET 23										
Blk 222 Bish	nan st 2	23 (Roun	dabout)							
Weather: Clear			Road Surface: Dry				Road	Road Speed Limit:		
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: No Traffic						
Type of Collision: Between Moving Vehicles - Head To Sid				Side	de				Anyone conveyed by ambulance:	
Details of V	ehicle	Involve	4					- 23 5-25		
Vehicle No.	Туре	***	Make	***************************************	Model	Color		Condition	No of Passenger	
FBR3732H	+	rcycle						No Damage	0	
SKD2638X	Car							No Damage	0	
Details of P Any Pedestr										

Use of Pedestrian Crossing: NA

Sketch Plan #2 Pg. 2





Report No. T/20200617/2

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Driver	r					004000471
Name	LAWRENCE HO HWEE CHAN			ID No		S0106917I
Related Vehicle	SKD2638X (Car)			Contact No.		91831770
Hospital/Clinic	NIL				of g ce & / Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave N		NIL	Degree of	Injury	NIL	

Brief Details.

On 9/6/2020 at about 1025hrs, I was driving my work car (SKD2638X) towards my home at Blk 223 Bishan st 23. When I was near the roundabout at about Blk 222, I slowed down and saw no on-coming traffic. I drove pass the roundabout, making a left turn to my Blk 223.

Suddenly, I saw a motorbike (FBR3732H) moved quite fast from the right side of the roundabout, towards my car and almost hit onto my car. I managed to stop in time and the motorbike jam-braked in front of my car but our vehicles did not collide. The motorcyclist (Male/Chinese) insisted that I had knocked onto his bike so I decided to park aside to take a look. I made a check on his bike but there was no damage, so I took a photo of the bike for my own record. I explained to him that if I had hit him, he would have fell down. However, he argued that his bike was damaged by me. We did not resolve the matter and no particulars were exchanged before we left the scene.

A few days later, my boss (Kwa Kim Li, HP: 96330773), who is also the owner of car (SKD2638X) informed me that a Traffic police officer (Affendy HP: 94576311) had contacted her regarding an traffic accident. My boss told me to lodge a traffic accident report but she did not give me any report number as reference. I wish to state that I did not lodge any traffic accident report as there was no collision, no damage to any vehicle and no one was injured.

Sketch Plan #2 Pg. 3





Station Of Origin: In N.P.C Jishan Street 23 SINGAPORE 579757 No: 1800-5529999 3 of 3 Report No. T/20200617/2054

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:	Signature Of Informant:
Sgt 2 KAN YI LING	Markadan
Signature Of Interpreter:	Date/Time:
Not applicable	17/06/2020 15:37
Officer In Charge Of Case:	Classification Of Case:
TP/GIA/	and and and and and and and and and
Staff Sgt WONG SIEULUNG SIEUL	SN 061
Staff Sgt WONG SIEU LURE GARRET CONTROL CONTRO	
Authentication Stamp	
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