

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	14/09/2020 18:27
Date Of Accident	12/09/2020 17:05
Exact Location Of Accident	ALONG TAMPINES AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2830L
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Insured/Policyholder

Name Of Registered Owner	LIM PING GUAN
NRIC No	S6937449B
Email Address	BRENDALIM100@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-86661616
Alternative Phone No	OFFICE-86661616

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 PREMIUM AT AIRBAG 2WD
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA551209
Cover Note Number	05/09/2020-05/09/2021

Driver

Name of Driver	LIM PING GUAN
NRIC No	S6937449B
Date Of Birth	23/10/1969
Occupation	INDOOR
Date Of Driving Pass	31/08/2001
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86661616
Fax Number	
Contact Number	OFFICE-86661616
Email Address	BRENDALIM100@YAHOO.COM.SG

Address 282 TAMPINES ST 22
04-286

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 DRIZZLING

Road Surface WET

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 TRAFFIC POLICE DIVISION HQ

Police Station Address **ROAD:** 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 65470000 - **FAX NO:**

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FOOTAGE WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB6235U

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 LIM PING GUAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKV2830L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

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:

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



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



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 14/09/2020 To: Owner of Vehicle Number: 8KV 28302

The following has been advised to you via your workshop, Scholar through their staff,



Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case 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.
- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be **no recovery prospect** and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, **the recovery is not guaranteed**, and AXA will not be held responsible.
- ☐ 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.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is TO BE ADVISED. 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 or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ Others Claim 3rd party @ own workshop

Signed and acknowledged by:

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.



Name and signature of workshop personnel including company stamp

MEDICAL CERT



**Mount Alvernia Hospital
Medical Certificate**

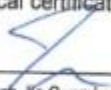
24-Hour Walk-in Clinic and
Emergency Department

No: M20000048100

This is to certify that LIM PING GUAN, S6937449B, is granted Outpatient Sick Leave for 5 day(s) from 12-Sep-2020 to 16-Sep-2020.

Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.


Dr. Neda-Jia Quan Leon

MCR : 61941H

A&E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

12/09/2020

Date

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200912/7023

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200912/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2020 22:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM PING GUAN			Address: 282 TAMPINES STREET 22 #04-286 SINGAPORE 520282		
ID Type / ID No.: NRIC NO / S6937449B			Contact No.: Home/Office: Mobile: 86661616		
Nationality: SINGAPORE CITIZEN			Email: brendalim100@yahoo.com.sg		
Sex: Male	Age: 50	Date of Birth: 23/10/1969	Type of informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2020 17:05	Type of Location: Bend
Location: TAMPINES AVENUE 5				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB6235U	Car	HYUNDAI		Blue	Slightly Damaged	0
SKV2830L	Car	TOYOTA	Harrier		Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200912/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20200912/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV2830L	AXA INSURANCE SINGAPORE PTE LTD	GA551209	05/09/2020	05/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM PING GUAN	ID No.	S6937449B
Related Vehicle	SKV2830L (Car)	Contact No.	86661616
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/09/2020	Date	12/09/2020
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I am moving and approaching the bend, i feel a big impact hiting my rear. The rear taxi(SHB6235U) hit my car. i felt my back sprain and neck discomfort and decided to proceed to the A&E at Mount Avernia. I was given 5 Days MC from the Doctor.



**SINGAPORE
POLICE FORCE**



T/20200912/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200912/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/09/2020 22:24

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

