#### 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.

<ol><li>By the lodgement of this report to the insurers, you hereby con aforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/09/2020 16:13
Date Of Accident	22/09/2020 00:30
Exact Location Of Accident	PIE TWDS TUAS AFTER WHITLEY RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFS898E
Insured/Policyholder	
Name Of Registered Owner	ANG KIAN HO PETER
NRIC No	SXXXX163E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96783346
Alternative Phone No	OTHERS-96783346
Vehicle Particulars	
Manufacturer	BMW
Model	730LI AT ABS D/AB 2WD 4DR NAV HID SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY

PRIVATE CAR

#### **Insurance Company**

Vehicle Category

AXA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number GA441344/1

Cover Note Number

#### **Driver**

Name of Driver ANG KIAN HO PETER

NRIC No SXXXX163E Date Of Birth 10/03/1953 Occupation **INDOOR Date Of Driving Pass** 18/05/1971

**Driving Experience** 49 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96783346

Fax Number

**Contact Number** OTHERS-96783346

**EMail Address NOEMAIL** 

111 WOODLANDS STREET 13 #03-68 SPORE 730111 Address

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 SIDE SWIPE 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? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

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

NO

**SINGAPORE** 

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

REFER TO SKETCH PLAN/POLICE REPORT

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGM1457H

Vehicle Make/Model/Colour TOYOTA / WISH 1.8 A

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

#### **DETAILS OF INJURED PERSON 1**

Name ANG KIAN HO PETER

Approximate Age Injuries Sustain

Injured person in which vehicle? SFS898E

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- 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.
- Any false reporting may be referred to the police for investigation.
- 6) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policyholder's Signature Date & Time:

**Driver's Signature** 

(If driver is not the policyholder)

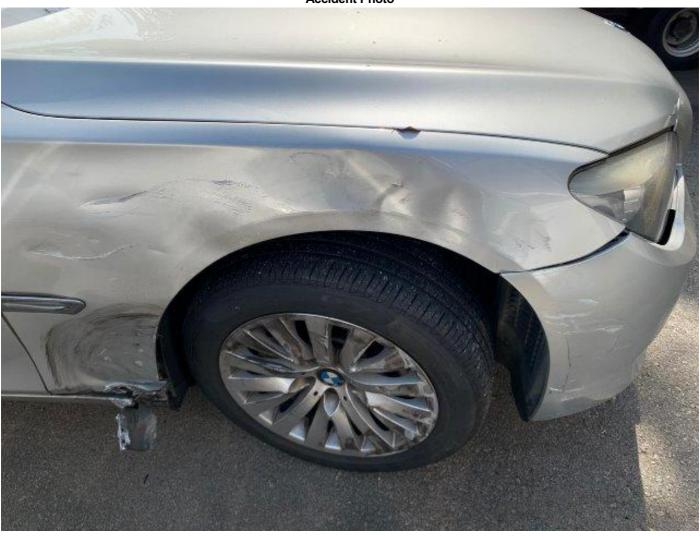
Date & Time:

Reporting Centre Personnel's Signature

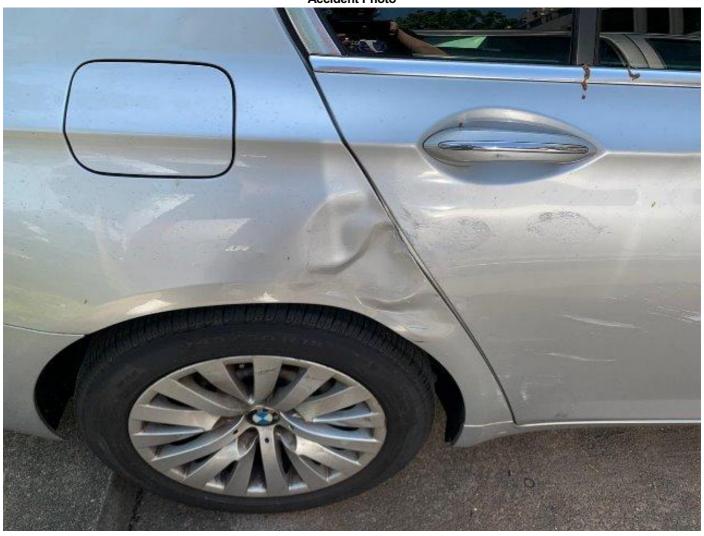
Name: A Carre

#### Sketch Plan #2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Refer to police report		
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company and im using the ve for work /private purpose .  DECLARATION		
for work /private purpose .  DECLARATION	of	
DECLARATION		
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22 September 2011 - 101 Septem		
OV- OL-		
Policyholder's Signature Driver's Signature Reporting Centre Personnel's Sign Date & Time: (If driver is not the policyholder) Name: (If driver is not the policyholder)	ature	
Date & Time: NRIC/FIN No.:		
1000000 Table 2001990		







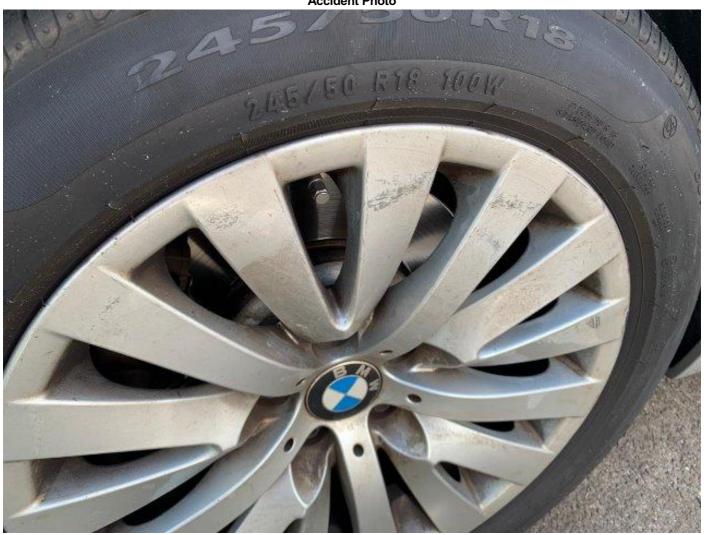


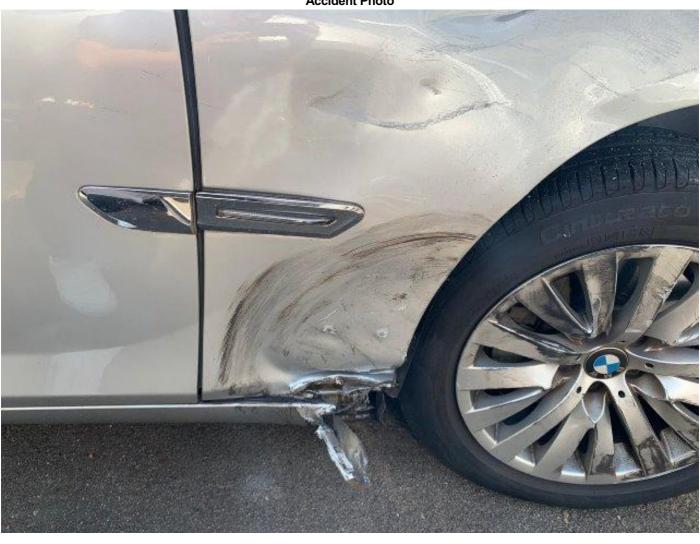


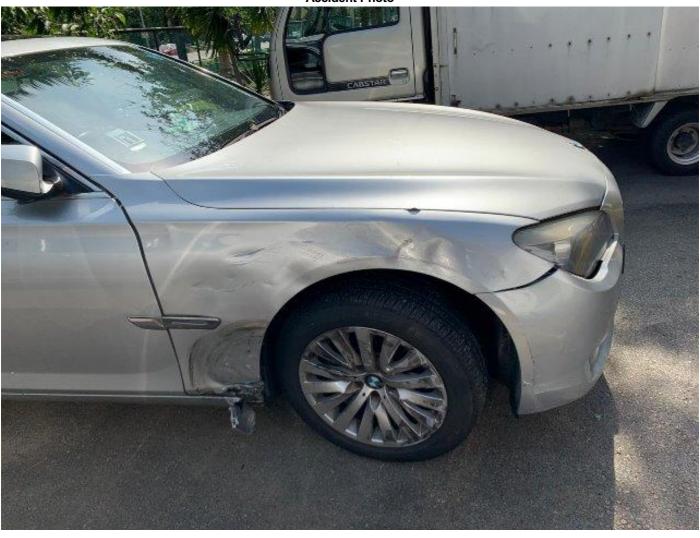




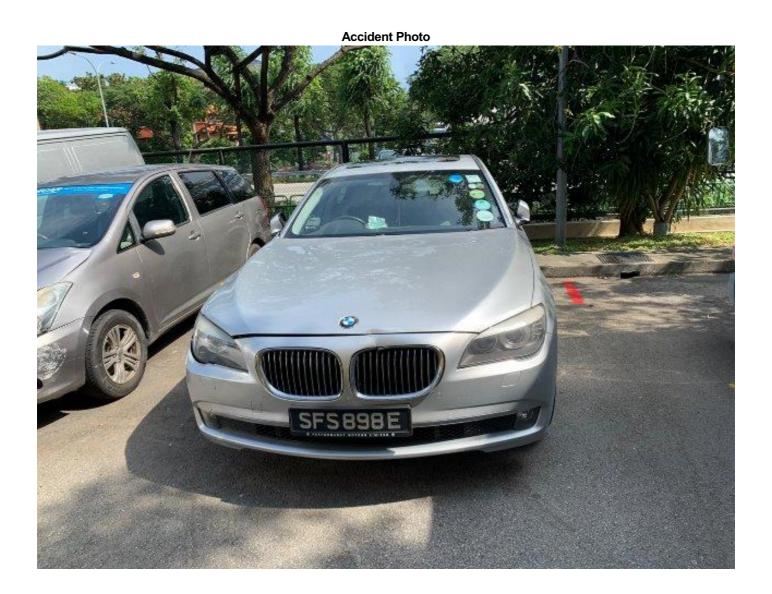








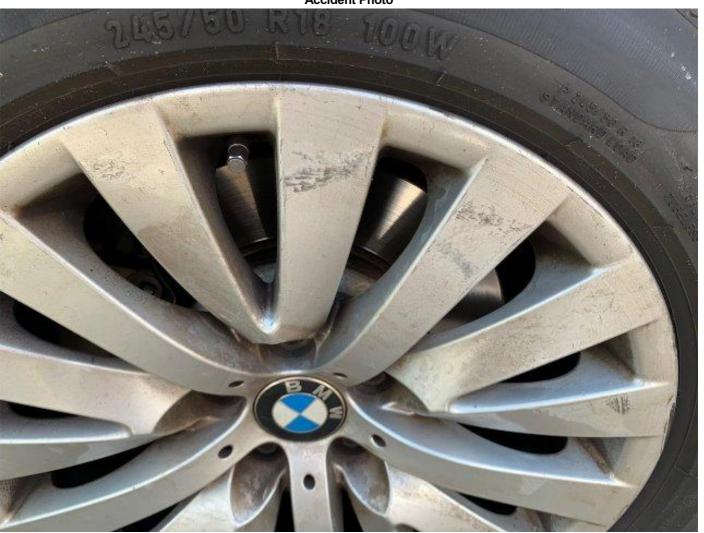








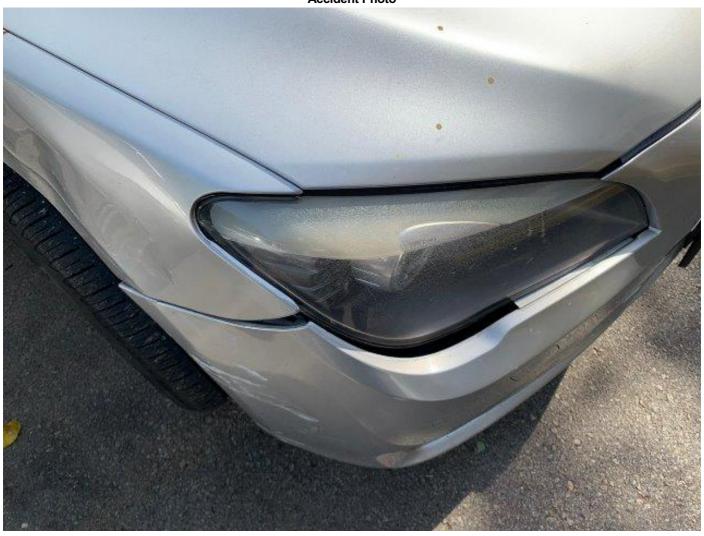




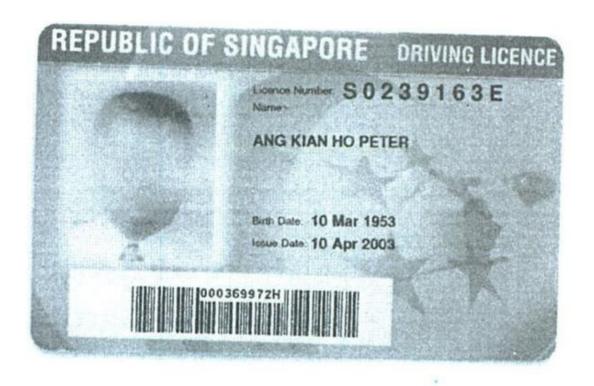


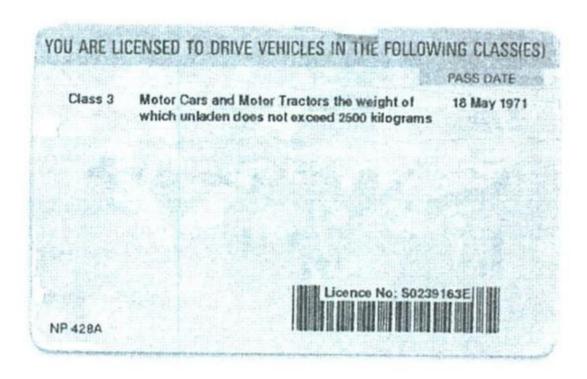






#### **Driving License**





#### **INSURANCE POLICY**





AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

eustomer.care@axa.com.sg

www.axa.com.sg

account number

01172

**Certificate of Insurance** 

Motor Venitors (Tried Party Risks and Componisions) Act, (Chapter 189). Motor Whiteles (Third-Party Risks and Compensations Rules, 1963. Read Transport Act, 1967 (Antidysia). Motor Vehicles (Tried-Party Risks.) Pulm, 1963. Read Transport.

#### Policy details

Policyholder name

ANG KIAN HO PETER Comprehensive

Certificate number

GA441344 / 1

Cover Plan name

Flexi 50%

Engine number

WBAKB22030C951400 12097960N52B30AF

NCD applicable Vehicle registration number

SF\$898E

Period of Insurance

from 24/02/2020 to 23/02/2021 (both dates inclusive)

Finance lean company

UNITED OVERSEAS BANK LIMITED

# Persons or classes of persons entitled to drive\*

(a) The Policyholder

(b) Any person who is arwing on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the Idensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

#### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business,

The policy does not cover-use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on. a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such samiliar purposes.

Limitations rendered inoperation by Section: But the Meter Venetra (Trins Party Raiss and Compensation (Act, «Chapter 189) and Section 95 of the Read Transport Act, 1987 (Malaysia), are not to be included under show hearings.

**EXCESS** 

Windspreen Excess

Not Applicable

An Additional Excess is applicable as follows:

1. S\$500 for unnamed Authorised Driver

2, \$\$500 for declared Young and Inexperienced Driver

3, \$\$5,000 for undeclared Young and Inexpendenced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Promision

# Additional clauses & endorsements to your policy

Mil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

#### AXA Insurance Pte Ltd

Authorised signature

Possyholders are warned that us the sale of a mostir vehicle they must surrouder the Certificate of insurance and the Public to the insurance company, if the Certificate of assurance has been last or destroyed a Surjuintry Declaration to the effect must be made, Fadore to comply with its obligation is an effect under the About Vahiote (Third-

The Premium Warranty Clause receives the premium to be pind in full within a specific period finling which there would be no liability under the policy, renewal certificate. endorsement etc.

1 of 3

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower Singapore 068811 Customer Centre, #B1-01

#### Police Report





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

1 of 3 Report No. T/20200922/7016

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2020 15:24		/lade:	Vide Report No.: E/20200921/0005	Station Diary No.:		
	nt's Partic		Court Service Capital	No ASSESSED AND ASSESSED.		
Name of Informant:			Address:			
ANG KIAN HO PETER			111 WOODLANDS STREET 13 #03-68 SINGAPORE 730111			
ID Type / ID No.:			Contact No.:			
NRIC NO / S0239163E			Home/Office: Mobile: 96783346			
Nationality: SINGAPORE CITIZEN		EN	Email: PETER@JANMAIN.COM			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	67	10/03/1953	Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information:			
Businessman			Class: 3 Date of Expiry:			

Type of Accident:	Injury Attende	d by Police	Drink Drive: No	Date/Time of Accident: 22/09/2020 00:3	S	ype of Location: traight Road	
Location: PIE TOWARI Weather:	OS TUAS	Ro	ad Surface:		Road S	peed Limit:	
Clear		Dr	Dry			1	
	Traffic Flow: Two Way Type of Collision:		Traffic Control: Not Controlled			Traffic Volume: No Traffic	
Traffic Flow:		1,000			30,000,000		

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFS898E	Car	BMW	730LI AT ABS D/AB 2WD 4DR NAV HID SR	Silver		0
SGM1457H	Car					0

#### **Police Report**





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

2 of 3 Report No. T/20200922/7016

#### CONTINUATION OF REPORT

Details of V	ehicle Insur	ance			
Vehicle No.	Insurance	Company	Insurance No	Effective	Expiry Date
SFS898E	AXA INSU	RANCE SINGAPORE PTE	GA441344	24/02/2020	23/02/2021

Details of Perso	n Involv	ed					
Any Pedestrian I	nvolved:	No					
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA			
Driver							g. 1111
Name	ANG K	IAN HO PE	TER		ID No		S0239163E
Related Vehicle	SFS89	8E (Car)			Conta	ct No.	96783346
Hospital/Clinic NIL				Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date	NIL			Date	1 7	NIL	
No. of Days gran	ted Medi	cal Leave	05	Degree o	f	Slight	

#### Brief Details.

I was travelling along PIE towards Tuas after Whitley Road on the most left lane. As i was travelling at my own lane, vehicle suddenly came at a very fast speed and collided onto my rear right hand portion and continue to side swipe my front right hand portion as well. After the collision i immediately stopped my vehicle at the road shoulder to exchange particular with vehicle B (SGM1457H). I was conveyed to NUH for check up and the traffic police ask me to file a police report.

#### Police Report





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

Informant is not able to provide sketch

Sketch Plan

NP168

3 of 3 Report No. T/20200922/7016

#### CONTINUATION OF REPORT

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: 22/09/2020 15:24
Officer In Charge Of Case: TP / TPHQ / MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp	