

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	27/10/2020 15:49
Date Of Accident	25/10/2020 16:05
Exact Location Of Accident	YISHUN DAM (YISHUN AVE 1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC4135Y
Insured/Policyholder	
Name Of Registered Owner	KHOO TONG CHYE @ KOH YON HENG
NRIC No	SXXXX549B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83018201
Alternative Phone No	OFFICE-83018201

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
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 CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA555652
Cover Note Number	

Driver

Name of Driver	KHOO YUAN LONG
NRIC No	SXXXX859D
Date Of Birth	16/12/1995
Occupation	INDOOR
Date Of Driving Pass	18/08/2014
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81818572
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 651A JURONG WEST ST 61 #08-370
Postcode	641651
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	3
Passenger 1	NAME: : LEOW ENZO GENDER: : MALE
Passenger 2	NAME: : LI CHAO CHAO GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20201026/2159.

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	YQ2495G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number
Contact Number 92716365
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KHOO YUAN LONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKC4135Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEOW ENZO
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKC4135Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name LI CHAO CHAO
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKC4135Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


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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.
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)

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: 27/10/2020 2pm

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

A 8 SK 4135 Y
B 8 YD 2145 G



Refer to Police Report No. : 7/2020/026/2159

I/We declare the foregoing particulars are true in every respect.

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

LETTER OF UNDERTAKING

I/We, Khoo Juan Long, the owner of vehicle no. SKC 4135Y

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Focus Auto

Signed and Acknowledge by:

[Signature]
Nric no. & signature of policyholder

.....
Company stamp

27/10/2020
.....
Date



**SINGAPORE
POLICE FORCE**



T/20201026/2159

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20201026/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 23:43	Vide Report No.:	Station Diary No.: 185
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Informant's Particulars			
Name of Informant: KHOO YUAN LONG		Address: APT BLK 651A JURONG WEST STREET 61 #08-370 SINGAPORE 641651	
ID Type / ID No.: NRIC NO / S9546859D		Contact No.: Home/Office: Mobile: 83018201	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 16/12/1995	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: BANK ASSOCIATE		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: 25/10/2020 16:05	Type of Location: Straight Road
Location: YISHUN AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC4135Y	Car	HONDA	ACCORD EURO-R 2.0 M	Blue	Slightly Damaged	2
YQ2495G	Lorry	HINO	XZU700R 12FT WID CAB 5T MT	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201026/2159

Police Station Of Origin:
Jurong West N.P.C
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Tel No: 1800-2689999

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Report No. T/20201026/2159

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LEOW ENZO	ID No.	S9541066I
Related Vehicle	SKC4135Y (Car)	Contact No.	81182215
Hospital/Clinic	NANYANG CENTRE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KHOO YUAN LONG	ID No.	S9546859D
Related Vehicle	SKC4135Y (Car)	Contact No.	83018201
Hospital/Clinic	HEARTLANDHEALTH	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	LI CHAO CHAO	ID No.	S9373698B
Related Vehicle	SKC4135Y (Car)	Contact No.	98276005
Hospital/Clinic	NANYANG CENTRE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 25/10/2020 at about 1605hrs, I was travelling along Yishun Avenue 1 towards Yishun avenue 8.

I fetched the 2 passengers and was on our way to find a friend at Blk 322 Yishun Central. I was awaiting for the traffic light to turn green at the traffic light junction along Yishun Avenue 1 towards Yishun avenue 8, just right after the dam.

As the traffic light turned green, I started to move off from my stationary position. Suddenly I felt the impact from the rear of my car. Myself and my 2 passengers moved forward from our initial position.



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
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Report No. T/20201026/2159

CONTINUATION OF REPORT

After the impact. I alighted to make a check on my vehicle. The lorry driver who is an Indian, male, age around 30 years old, came out of his vehicle. We then exchanged contact number, however we did not exchange particulars, as I was rushing to meet my friend. Initially, we verbally agreed on private settlement. Subsequently, after asking quotation from my workshop, the lorry driver claim that he have no money to pay for the damages, on top of that, we have sustained injuries, so I then go on to submit an

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201026/2159

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
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Report No. T/20201026/2159

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: J / SC2 ALDON CHUA JUN WEI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2020 23:43
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU-LUI Contact No.: 65476151	Classification Of Case: SN 126
Authentication Stamp NP168 	Signature:  Singapore Police Force



redefining / insurance

AXA Insurance Pte Ltd

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

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

account number

14278

Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysia)
-Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	KHOO TONG CHYE @ KOH YON HENG	Certificate number	GA555652 / 1
Cover	Comprehensive	Chassis number	CL71200454
Plan name	Peace	Engine number	K20A5824204
NCD applicable	0%		
Vehicle registration number	SKC4135Y		
Period of Insurance	from 23/10/2020 to 22/10/2021 (both dates inclusive)		
Finance loan company	DICKSON CAPITAL PTE LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any Named Driver as stated in the Policy:
1. KHOO YUAN LONG
(c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing 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 similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 800.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

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 signatory

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

