# **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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 15/02/2021 12:44 (SGT) Date of Accident 12/02/2021 15:15 (SGT) Exact Location of Accident Near 35A Tanglin Halt Rd, Singapore 142035 Additional Location Information TANGLIN HALT ROAD IN FRONT OF BLK 33 Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number FD66F

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE CHOY PENG EDDIE NRIC No S1192269D Email Address cpleeco@gmail.com Mobile Phone No (Phone) +65-81183381 Alternative Phone No +65-81183381

### VEHICLE PARTICULARS

Manufacturer

Model E200 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private car

### INSURANCE COMPANY

Name of Insurance Company Axa Type of Coverage Comprehensive Fleet Policy Policy Number GA371644/1 Cover Note Number

### DRIVER

Name of Driver ONG SIEW LAY NRIC No S1692271D Date Of Birth 31/03/1965 Occupation Indoor

Date Of Driving Pass 25/06/1985 Driving experience 35 YEARS AND 8 MONTHS Gender Female Mobile Number (Phone) +65-97814344 Alt. Phone Number Email Address oslays@gmail.com Address BLK 39 UPPER BOON KENG ROAD #23-2414 Address complement Postcode 380039 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collided into Motorcyclist Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Alexandra Neighbourhood Police Post Police Station Phone No (Phone) +65-18004739999 Alt. Police Station Phone No (Fax) +65-64713569 Police Station Address Blk 46-2 Commonwealth Drive #01-382A Singapore 140462 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBR4608C

Vehicle Registration Number FBR4608C

Vehicle Manufacturer 
Vehicle Model 
Vehicle Variant 
Vehicle Colour 
Vehicle Category Motorcycle

Name of Driver MUHAMMED GHAZALI

NRIC No S9928419F

Contact Number	(Phone) +65-94713797
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	MUHAMMED GHAZALI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR4608C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

1/30/2020

Protected By Symantec

### 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.
- 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>.
- 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.
- 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:
  - 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:
  - 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.:

https://docisolation.prod.fire.glass/?guid=bef06241-8909-45f7-91d3-615c757dd0ae

1/30/2020

Protected By Symantec

KETCH PLAN				
1. ED6 2. FBR	608C 25 19	Confrar Can frank		
ESCRIBE CIRCUMSTANCES O	1		1 1 1 1 1 4	21
just whe Justs El Justs El Strave - Che The reas in 12 the forether	LT. W. RO COO N I Was a Ne open sport De Che Sic On my cia on	Le of male	Car back	1004 1004
CABATION				
icyholder's Signature	Driver's Signature	Reg	porting Centre Personnel's Signate	ure
(2/2/	(If driver is not the policyhold		me: IC/FIN No.;	

https://docisolation.prod.fire.glass/?guid=bef06241-8909-45f7-91d3-615c757dd0ae



### POLICYHOLDER ACKNOWLEDGEMENT FORM

D	ate	15/2/01	To: Owner of Vehicle	e Number	EDGG	Ξ
TI	ne	following has been advised to		0	i	
_	10.1	15 CM OR ST. Pleas	you via your workshop, _ se tick the applicable box if yo	u had bee	n advised on an	through their staff,
V	5	You had been advised by the wor Fourteen (14) days clause whereby	kshop that in the case that	ven misk i	na alata	
(	X	You had been advised by the works				
(	8	You had been advised by the works  if fire damage and you claim u be no recovery prospect and i  if fire damage and you are clai is not guaranteed, and AXA w	inder your own insurance, am NCD will be affected. iming against the Third Party.	y applicab	le excess will be	
(		You have agreed to let AXA assign: out to another workshop assigned > \$200 off on your Basic Own D: > \$200 as a benefit if your policy > Additional \$200 on top of exis	a workshop for your vehicle ri by AXA. In return, you will ge amage Excess <u>or</u> y has \$0 excess and no Loss of	t: Tice bene	fit or	
(	) 1	There will be delay to your vehicle except to indent it from overseas. I	repair due to the unavailabil	lity of spar	re parts locally :	and there is no other option
(		There will be no cancellation/witho you wish to cancel/withdraw the c ndirectly to the procurement of the	rount, you shall bear all costs.	aim once t expenses	the order of spa &/or related ch	re parts have been placed. If parges incurred directly &/or
0	) Y	ou will be driving the vehicle out doe road worthy.	espite being advised by the wo	orkshop m	nechanic/ person	nnel that the vehicle may not
	) F	or vehicles that are under warrant ocal distributor on any effect to yo	y with a local distributor, you h ur warranty prior to making th	nave been nis Own D	advised by the amage claim.	workshap to check with your
	) F	or vehicles below three (3) years o original parts to repair your vehicle	old or under warranty with a lo	ocal distrit	butor, your insu	rance company will use only
	re	or vehicles above three (3) years o will be carrying out repairs where a eplaced will be replaced using ony nd/or second-hand parts.				
)	re	ou had been advised by the works slated to the accident.	hop of the Twelve (12) month	is warrant	y for <u>Own Dam</u>	age repairs on workmanship
ign	ned	and acknowledged by:				
ou	COLO	and signature of policyholder/ au prized driver to either the named d who are sermitted to drive the in	rivers as per motor insurance r	y stamp (v policy or ir	where applicab the case of con	le) nmercial vehicles, permitted

Name and signature of workshop personnel including company stamp

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 8 Sheuton Way #24-01 AXA Tower Singapore 068811 AXA Customer Centre #01-21/22 Telephone: +65 6880 4888 – axa.com.sg





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

### **Certificate of Insurance**

account number 03968

-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 Cover

LEE CHOY PENG EDDIE

Certificate number

GA371644 / 1

Plan name

Comprehensive Flexi

Chassis number Engine number

WDD2120482A094446 27186030008047

NCD applicable Vehicle registration number

EDGGE

Period of Insurance Finance loan company

from 06/07/2020 to 05/07/2021 (both dates inclusive) MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD.

### Persons or classes of persons entitled to drive\*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. ONG SIEW KHAN

2, LEE YEN TER

3. LEE YEN YEE

(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.

\* Unitations 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

Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

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

### Additional clauses & endorsements to your policy

### Additional Clause 1

Additional Section I Excess of \$500 for Driver below 2 years driving experience. Additional Section II Excess of \$500 for Driver below 2 years driving experience

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

### 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 affence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in fulf within a specific period failing which there would be no liability under the policy, renewal certificate,

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

1 of 3

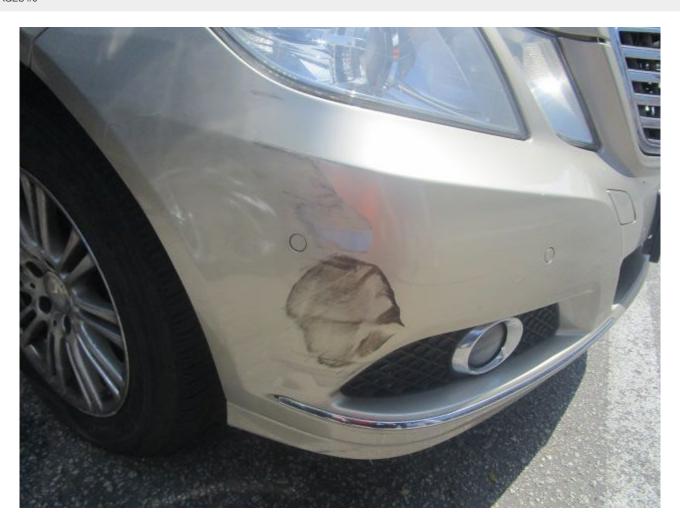


















Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

1 of 3 Report No. T/20210212/2047

Tel No: 1800-4739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2021 17:24		Made:	Vide Report No.: D/20210212/0075	Station Diary No.:	
Informan	t's Partic	ulars	Art Track Comment of the Art	Company of the Automorphism	
Name of Informant: ONG SIEW LAY			Address: APT BLK 39 UPPER BOON KENG ROAD #23-2414 SINGAPORE 380039		
ID Type / ID No.: NRIC NO / S1692271D		71D	Contact No.: Home/Office: Mobile: 97814344		
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:		
Sex: Female	Age: 55	Date of Birth: 31/03/1965	Type of Informant:		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police			Type of Location: Car Park	
Location: TANGLIN HA Weather:	LT ROAD	Road Surface:		Road Speed Limit:	
Clear		Dry		rioud opood Elling	
		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Between Mov	ion: ing Vehicles - Head To Si	de		Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
ED66E	Car			Black	Slightly Damaged	0
FBR4608C	Motorcycle	MERCEDES BENZ	E200	Beige	Slightly Damaged	0

Details of Person Involved	on the second second and the passible of the second second second second second second second second second se
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/202102122047

2 of 3

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

Report No. T/20210212/2047

Tel No: 1800-4739999

CONTINUATION OF REPORT

Driver	ACTOR STREET				
Name	ONG SIEW LAY		ID No.		S1692271D
Related Vehicle	ED66E (Car)		Conta	ct No.	97814344
Hospital/Clinic	NIL			of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL		gree of Injury NIL		
Rider					
Name	MUHAMMAD GHAZALI BIN MD ZULKIFLIE		ID No		S9928419F
Related Vehicle	FBR4608C (Motorcycle)		Contact No.		94713797
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		Sligh	t

### Brief Details.

On 12/02/2021, at 1515hrs, I was driving my car, license plate number ED66E, along Tanglin Halt Rd. Just when I was about to turn right into the open space carpark in front of block 33 Tanglin Halt Rd, a motorcyclist drove to the side of my car from the rear on my right side. I collided into the motorcycle, license plate number FBR4608C, and the rider got knocked back together with the motorcycle. I then got out of my car to assist the motorcyclist. Bystanders came to assist as well and they called for the police. Shortly after, police and ambulance arrived. I noticed that the rider had sustain abrasions on both his arms and legs. He was conveyed by ambulance. I am not sure if he sustain any other injuries. Both of us do not have any passengers. The police seized the memory card from my car camera.

My car sustained a dent at the right side of my front bumper. I am unsure what damages were caused to the motorcycle of the rider. I am not injured.





Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

3 of 3 Report No. T/20210212/2047

Tel No: 1800-4739999

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: D / Sgt 2 TAN HONG CHI, SEAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2021 17:24
EE	The Vertica Via 1 11.27
Officer In Charge Of Case:	Classification Of Case:
Sgt 3 MARIAH BINTE ZAKARIA	
Contact No.: 65476433	
Authentication Stamp	-



V2 ED66E

# SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: Banart	No: D/2021021	2/0075	EMENT SLIP	
l,	SGT(2) 719011 (Recipient	7 Syahig		
of	TI HQ			nk and No.)
	63	(Address / Police St		
hereby ackno	wledge receipt of the be	low mentioned iter	ns of:	
1 <u>One</u>	"IROAD" 32.	60 micro-so	card	
	15 0/1			
3				
4				
5				
5		_/	- √/	
7			1/	
3	/_			
)				
0				
- 16 ( - 12/	922710 Ong S Lovory 28 Geyla Or/2021	Aby S(398 (Address / Police State	(FW) ion/NPC/NPP)	
1	(Date)		(Time)	
itnessed by /	* Handed over by:		Received by:	1
Delete if applica	olp) •		ricceived by.	
A	VV		$\langle \rangle$	1
	(Signature)			
Onn Se	5 Ten 169 x	271D		gnature /
lame, WRIC or P	assport No. / Rank and No.)	to the second se		olly Sychia
	20 00		Charles Contact NO. / NHIC	or Passport No. / Rank and
her Remarks:				
200 104				
323 (2/16)				