

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 Submission 04/03/2021 10:15 (SGT)
Date of Accident 01/03/2021 18:05 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information LAMP POST NO.215
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT9516K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW YEW PING
NRIC No SXXXX420J
Email Address stephen-low@hotmail.com
Mobile Phone No (Phone) +65-96662431
Alternative Phone No +65-96662431

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number CN092805
Cover Note Number -

DRIVER

Name of Driver LOW YEW PING
NRIC No SXXXX420J

Date Of Birth	19/05/1969
Occupation	Indoor
Date Of Driving Pass	09/05/1996
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96662431
Alt. Phone Number	+65-96662431
Email Address	stephen-low@hotmail.com
Address	BLK 838 JURONG WEST ST 81 #03-165
Address complement	-
Postcode	640838
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN SIEW CHUAN
Gender	Female

PASSENGER 2

Name	SERENA LIM AH YEW
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210301/2149.

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	SHC1392B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MOHMAD BIN KASSIM
Passport No/FIN	SXXXX450B
Contact Number	(Phone) +65-96823187
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD362K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WONG YEW KWONG
NRIC No	SXXXX529J
Contact Number	(Phone) +65-96696484
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YN1709M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHOKKAIAH RAJA
Passport No/FIN	GXXXX631X
Contact Number	(Phone) +65-91514217
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE D
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMG8507L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LOON JIAN MING ADREAN
NRIC No	SXXXX929G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE E
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW YEW PING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMT9516K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN SIEW CHUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMT9516K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SERENA LIM AH YEW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMT9516K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

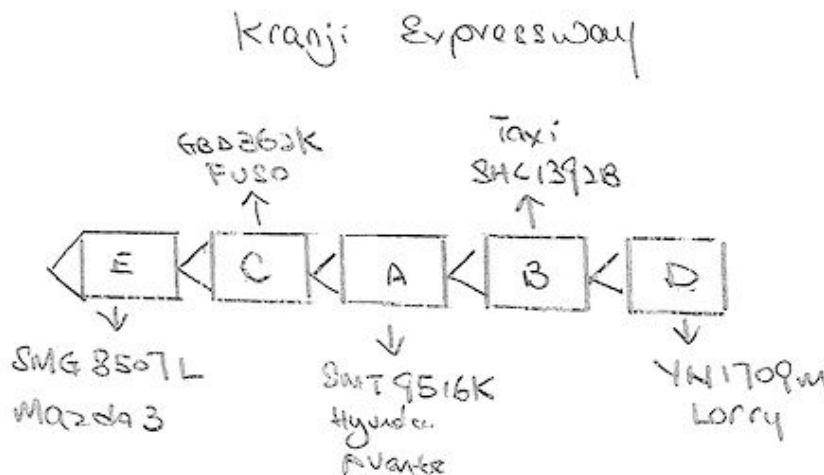
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel


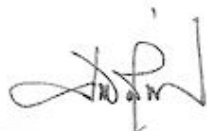
ALPHA CAR

Describe Circumstances of the Accident

Attach Police Report no. T/20210301/2149

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

LETTER OF UNDERTAKING

I/We, Low Yow Ping, the owner of vehicle no. SWT 9516K

My/Our Insurance is under M/s AXA Insurance Singapore 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 Singapore 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, _____

Signed and Acknowledge by:



Nric no. and signature of policyholder

Company Stamp

Date













**SINGAPORE
POLICE FORCE**



T/20210301/2149

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20210301/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2021 22:38		Vide Report No.: J/20210301/0111		Station Diary No.: 133	
Informant's Particulars					
Name of Informant: LOW YEW PING			Address: APT BLK 838 JURONG WEST STREET 81 #03-165 SINGAPORE 640838		
ID Type / ID No.: NRIC NO / S6973420J			Contact No.: Home/Office: Mobile: 96662431		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 51	Date of Birth: 19/05/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/03/2021 18:05	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Lamp Post Number: 215				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD362K	Lorry				Slightly Damaged	0
SHC1392B	Car				Seriously Damaged	3
SMG8507L	Car				Slightly Damaged	1
SMT9516K	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	White	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20210301/2149

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20210301/2149

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN1709M	Lorry				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT9516K	AXA INSURANCE SINGAPORE PTE LTD	P2402461	27/07/2020	26/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Wong Yew Kwong	ID No.	S0147529J
Related Vehicle	GBD362K (Lorry)	Contact No.	96696484
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Mohmad Bin Kassim	ID No.	S1265450B
Related Vehicle	SHC1392B (Car)	Contact No.	96823187
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



SINGAPORE
POLICE FORCE



T/20210301/2149

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Report No. T/20210301/2149

CONTINUATION OF REPORT

Driver			
Name	Loon Jian Ming, Adrean		ID No. S8630929G
Related Vehicle	SMG8507L (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOW YEW PING		ID No. S6973420J
Related Vehicle	SMT9516K (Car)		Contact No. 96662431
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Chokkaiah Raja		ID No. G5341631X
Related Vehicle	YN1709M (Lorry)		Contact No. 91514217
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/03/2021 at about 1803hrs, I was driving my vehicle V1, SMT9516K along KJE towards Tuas and I was proceeding to the filter lane to exit the expressway as I am going to Bukit Batok area. As I exited the expressway, I noticed there are two more vehicle, V2, SMG 8507L and V3, GBD362K at the filter lane queuing up in stationery as the traffic light ahead is in red. I queued behind V2 and V3. Subsequently, I noticed from my rear mirror that V4, SHC 1392B also stopped behind me. After a while, I noticed V5, YN1709M was driving quite fast and approaching V4 in a fast speed. After noticing V5 moving in a fast speed toward V4, I heard a loud sound following a impact coming from behind. After feeling the impact from the behind, I realized that my vehicle had surged forward and collided with V2. I then exited from my vehicle to make a check and realized that there is a collision between V1 to V5. I made a check on my vehicle and noticed that my front bonnet, my vehicle engine and the rear bumper area are damaged. I then exchanged contact details with all the involved parties and noticed traffic police had arrived.



SINGAPORE
POLICE FORCE



T/20210301/2149

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Report No. T/20210301/2149

CONTINUATION OF REPORT

Subsequently, traffic officer handed me a case card reference no : J/20210301/0111 and advised me to lodge a police report. I noticed one passenger from V4 was conveyed by ambulance. I am currently suffering neck pain from the impact earlier on. I am unsure of the total costs of repairing for my vehicle as I need to check with my workshop. I am lodging this report for insurance claims.



SINGAPORE
POLICE FORCE



T/20210301/2149

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Report No. T/20210301/2149

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 / Sgt 3 KANG YONG HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2021 22:38
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
Authentication Stamp NP168 	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

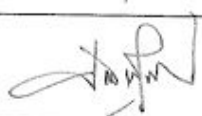
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS1Y21340001 Vehicle Registration No: SM T9516K
Name (as shown in NRIC) : Low Yew Ping NRIC/FIN/Passport No : S6973420J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 31K 838 Jurong West St 81 #03-165 Singapore (640838)
Contact (Tel) : _____ Mobile No. : 96662431
Email Address : stephen-low@hotmail.com
Date of Accident : 1/3/2021 Time of Accident : 18:05
Place of Accident : KJE
Insurance Company: AXA Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

my passenger Miss Serene Lim Ah Yew is also
injured.



Policyholder / Driver's Signature
Date:

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

9010001 addendum form_V7

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



Original

Agent Code: 08260

Policy No. (if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN092805

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	LOW YEW PING /
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI AVANTE 1.6 4DR AUTO 'S' /
VEHICLE REGISTRATION NO.	TBA
YEAR OF MANUFACTURE	2020 /
ENGINE NO.	G4FGLU110041 /
CHASSIS NO.	KMHD841CMLU095217 /
ENGINE CAPACITY/TONNAGE	1591
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	HL BANK /
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 23/07/2020 TO: 22/07/2021
EXCESS (S\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by Rosnani BTE MOHAMAD NOOR on 23/07/2020 2:19 pm

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged :
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/CN/NOTE/V01/03