

# 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 ..... 24/06/2021 17:38 (SGT)  
Date of Accident ..... 22/06/2021 10:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG YUNG KUANG ROAD TOWARDS INTERNATIONAL  
ROAD AT THE JUNCTION PF CORPORATION ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD4757K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SIAH WILLIAM  
NRIC No ..... S1686496Z  
Email Address ..... SWWS8888@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-90037897  
Alternative Phone No ..... +65-90037897

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
Variant ..... -  
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 - 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 ..... -  
Cover Note Number ..... CN132465

### DRIVER

Name of Driver ..... SIAH WILLIAM

NRIC No .....	S1686496Z
Date Of Birth .....	21/10/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	28/03/1991
Driving experience .....	30 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90037897
Alt. Phone Number .....	+65-90037897
Email Address .....	SWWS8888@YAHOO.COM
Address .....	BLK 241 KIM KEAT LINK #07-185
Address complement .....	-
Postcode .....	310241
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 .....	Collision - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER SKETCH PLAN & STATEMENT

#### 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 .....	SMJ7936Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SIA CHEE WAH
NRIC No .....	S1729445H
Contact Number .....	(Phone) +65-96464409
Address .....	-
Address complement .....	BLK 853 JURONG WEST ST 81 #06-321
Postcode .....	640853
Insurance Company Name .....	Liberty Insurance Pte Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SIAH WILLIAM
Address .....	BLK 241 KIM KEAT LINK #07-185
Address Complement .....	-
Post Code .....	310241
Approximate Age Years Old .....	-
Injuries Sustained .....	REFER STATEMENT
Injured person in which vehicle? .....	SLD4757K
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**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): **P1790540****Renewal**

SmartDrive Quote Ref:

**MOTOR COVER NOTE****No. CN132465**

- 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	SIAH WILLIAM
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI ELANTRA 1.6 GLS AT
VEHICLE REGISTRATION NO.	SLD4757K
YEAR OF MANUFACTURE	2016
ENGINE NO.	G4FGGU192396
CHASSIS NO.	KMHD841CMHU198690
ENGINE CAPACITY/TONNAGE	1591
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	HL BANK
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 20/06/2021 TO: 19/06/2022
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 Krystal SEET on 15/06/2021 9:22 am

  
 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.



## SKETCH PLAN

### IMPORTANT NOTICE

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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

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

Witnessed by Reporting Centre Personnel

✓ Sketch Plan




## ✓ Describe Circumstances of the Accident

Refer police report.

## Declaration

We declare the foregoing particulars are true in every respect.

 24/6/2021  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel







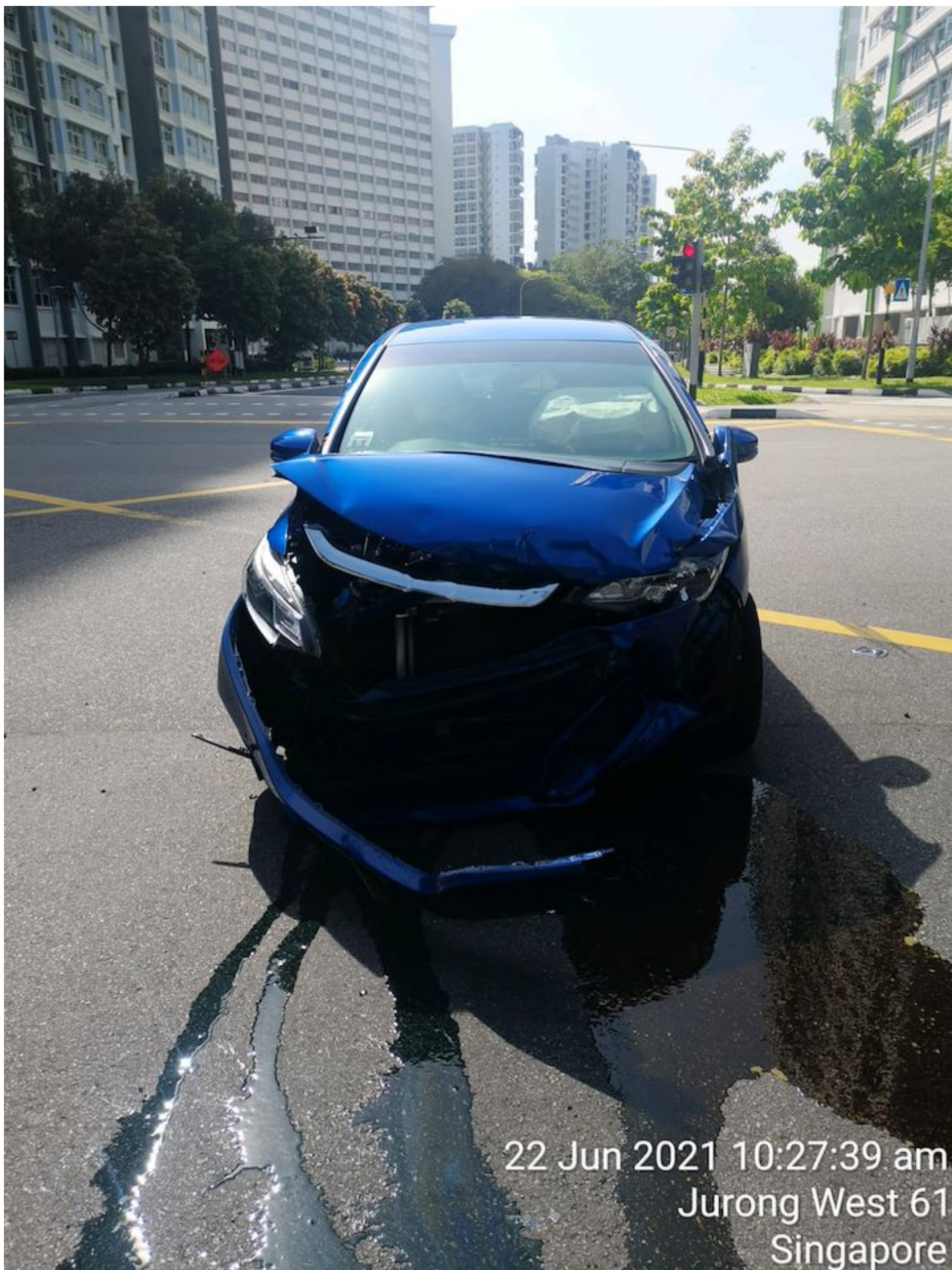










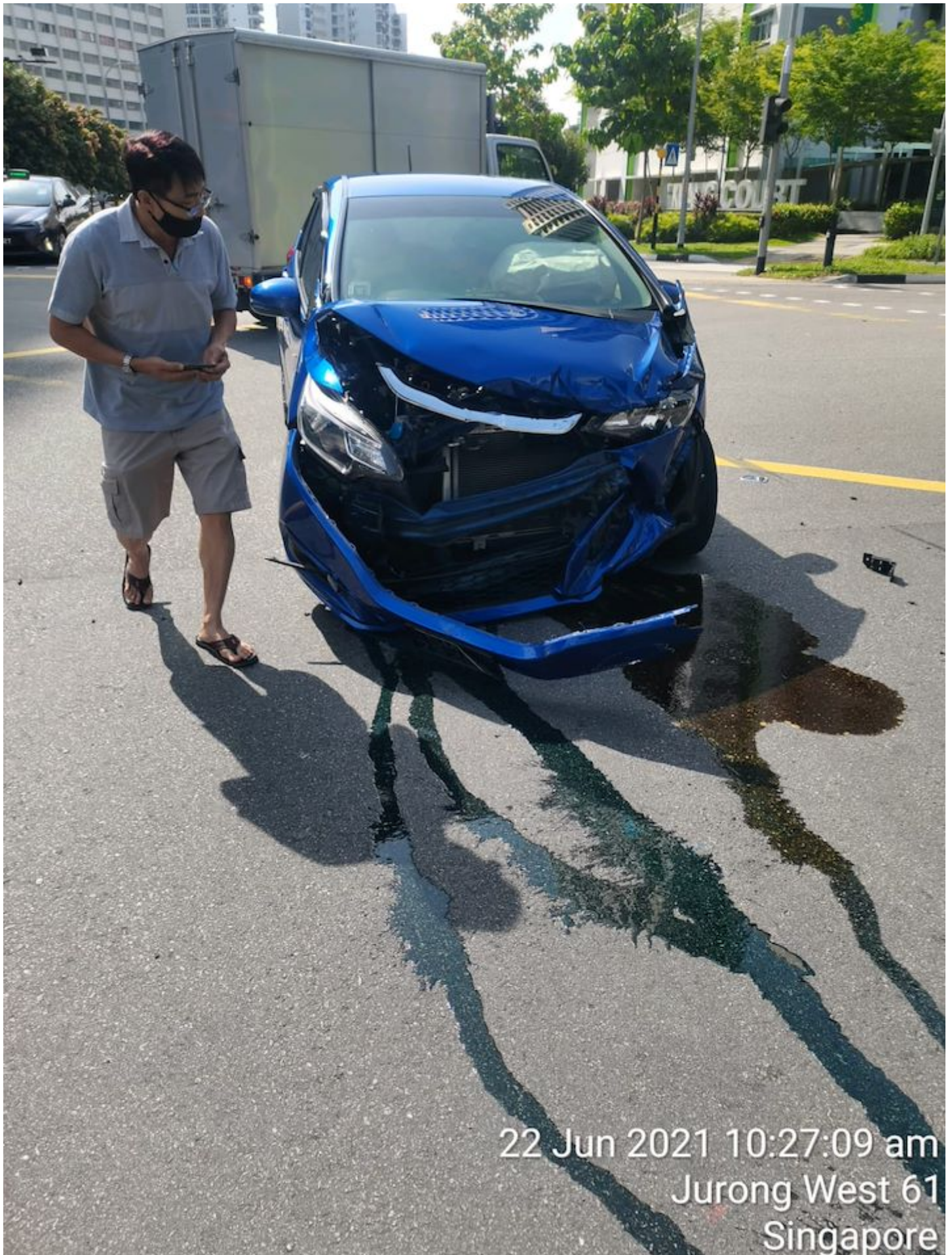






22 Jun 2021 10:27:14 am  
Jurong West 61  
Singapore







# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: 78110/29825/2021

I, Sufyan Khairi  
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of Trafic Police  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 ① Hyundai Ignition key
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S12864962, Sah William  
(Name, NRIC or Passport No. / Rank and No.)

of Blk 241 Kim Keat Link #107-105 3(310241)  
(Address / Police Station / NPC / NPP)

on 23/6/21 at 2:30pm  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

[Signature]  
(Signature)  
16864962  
(Name, NRIC or Passport No. / Rank and No.)

[Signature]  
(Signature)  
Sufyan Khairi  
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20210622/2087

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T/20210622/2087

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2021 19:08	Vide Report No.:	Station Diary No.: 82
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Informant's Particulars			
Name of Informant: SIAH WILLIAM		Address: APT BLK 241 KIM KEAT LINK #07-185 SINGAPORE 310241	
ID Type / ID No.: NRIC NO / S1686496Z		Contact No.: Home/Office: Mobile: 90037897	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 21/10/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Building and construction project manager		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/06/2021 10:30	Type of Location: X-Junction
Location:  YUNG KUANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLD4757K	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Blue	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD4757K	AXA INSURANCE SINGAPORE PTE LTD	P1790540	20/06/2021	19/06/2022



# SINGAPORE POLICE FORCE



T/20210622/2087

2 of 3

Report No. T/20210622/2087

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIAH WILLIAM	ID No.	S1686496Z
Related Vehicle	SLD4757K (Car)	Contact No.	90037897
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/06/2021	Date Discharge	22/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

## Brief Details.

On 22/06/2021 at about 1030hrs, I was driving my vehicle (registration number: SLD4757K) along Yung Kuang Road towards International Road at the Junction of Corporation Road. When the green light was on, I drove towards International Road. Before I was able to reach the other side of the junction, I felt an impact on my right. The car then stopped by itself due to the impact on the front driver's side tyre area. I then turned off the engine and came out of the vehicle to make a check. I then saw another blue car behind me with damages to the front bonnet and bumper area. I then managed to exchange particulars with the other driver namely Sia Chee Wah (NRIC: S1729445H, C/N: 96464409) however I did not take note of his vehicle number plate. Subsequently, the ambulance and traffic police came and took down my details. However, I was not given any details and the ambulance then conveyed me to Ng Teng Fong General Hospital due to the pain in my right shoulder area and left knee area. I was then seen by the doctor and took an x-ray. The doctor then gave me 3 days of medical leave.

Due to the accident, my vehicle had damages such as crack on the windscreen area, driver's door was dented in and driver's side front tyre was dented in, headlight was cracked, bonnet dented and bumper dented as well. The other vehicle's bonnet dented, bumper dropped off, whole front of bonnet was crushed due to the impact. There is in-car camera installed in my vehicle however I am unsure if there are any CCTVs facing the area where the accident occurred.

I am lodging this report for insurance claims purposes.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT



T/20210622/2087

3 of 3

Report No. T/20210622/2087

**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:

E /

Sgt 3 ESTHER CLARE KOH MEI CHIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/06/2021 19:08

Officer In Charge Of Case:

TP / GIT /

Sgt 3 ABDUL MUHAJMIN BIN HUSSAIN

Contact No.: 65476090

Classification Of Case:

Authentication Stamp

NP168







Ng Teng Fong  
General Hospital

MEDICAL CERTIFICATE (Ref:1154915204)

ORIGINAL

NAME: SIAH WILLIAM

NRIC: S1686496Z

Type of Medical Leave granted: **Outpatient Sick Leave**

The above named is unfit for duty for 3 day(s) from 22/06/2021 to 24/06/2021 Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 22/06/2021 11:09 to 22/06/2021 14:40.

22/06/2021  
Date

Dr. Yao Jie SHUYY (64394G)  
Issued by

  
Signature

Location: NTFGH EMERGENCY



Ng Teng Fong General Hospital  
Jurong Community Hospital

# TAX INVOICE

Page 2 of 2

BILL REF. NO.  
**155782121**

BILL DATE  
**22 JUN 2021**

PATIENT NAME  
**MR. SIAH WILLIAM**

NRIC / FIN / MRN  
**SXXXX496Z**

7% GST	8.89
GST absorbed by Govt (for subsidised patient only)	-8.89
<b>Subtotal</b>	<b>127.00</b>
<b>TOTAL AMOUNT(AFTER GOVT SUBSIDY)</b>	<b>127.00</b>

## PAYMENT SUMMARY

<b>TOTAL AMOUNT(AFTER GOVT SUBSIDY)</b>		<b>127.00</b>
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MR. SIAH WILLIAM		127.00
<b>MR. SIAH WILLIAM</b>	<b>TOTAL AMOUNT PAYABLE</b>	<b>127.00</b>
	Net Payment made	0.00
<b>FINAL AMOUNT PAYABLE</b>		<b>\$ 127.00</b>

## PAYMENT OPTIONS & ADVISORY



**Self-Service Kiosk**  
• AXS Station



**Counter Services**  
• Service Locations at SOC and Pharmacy /  
Business Office  
• 7-Eleven Stores



**E-Payment**  
• OneNUHS App  
• HealthHub Mobile App  
• Payment through PayNow  
by scanning the SGQR  
code on this bill with your  
banking app  
• DBS/POSB Digibank  
online/mobile or DBS  
Paylah!  
• AXS e-Stations/m-Stations



### Payment Policy

- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.
- Payment made via AXS and E-Payments will be updated to your bill within 3 working days.



National University Health Services Group Pte Ltd | www.ntfgh.com.sg | www.jch.com.sg  
1 Jurong East Street 21, Singapore 609606 | Tel: +65 6716 2000  
Company Registration No. 200910555Z | GST Reg No. 200910555Z

PRINTED ON: 22 JUN 2021 03:00 PM

For bill enquiries, please contact us at  
Email: [payment@1fss.com.sg](mailto:payment@1fss.com.sg)  
Tel: +65 6407 8138



MR. SIAH WILLIAM

BLK 241 #07-185  
KIM KEAT LINK  
SINGAPORE 310241



Accepts: PayNow

**\$ 127.00**  
FINAL AMOUNT PAYABLE

**TAX INVOICE**

Page 1 of 2

BILL REF. NO.  
**155782121**

BILL DATE  
**22 JUN 2021**

NRIC / FIN / MRN  
**SXXXX496Z**

LOCATION  
**NTFGH**

VISIT DATE ► **22 JUN 2021 11:09 AM**

TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	\$	425.70
GOVT SUBSIDY	\$	-298.70
<b>TOTAL AMOUNT (BEFORE GST)</b>	<b>\$</b>	<b>127.00</b>
7% GST	\$	8.89
GST absorbed by Govt	\$	-8.89
<b>TOTAL AMOUNT (AFTER GOVT SUBSIDY)</b>	<b>\$</b>	<b>127.00</b>
<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>127.00</b>
Net Payment made	\$	0.00
<b>FINAL AMOUNT PAYABLE</b>	<b>\$</b>	<b>127.00</b>

**CHARGES**

CASE NO.	SPECIALTY / CLASS	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
9219963232J	ACCIDENT & EMERGENCY / NA		
SERVICES	DESCRIPTION		
A&E ATTENDANCE FEE		254.00	127.00
XR CERVICAL SPINE AP & LATERAL		60.50	0.00
XR SHOULDER AP & Y SCAP RIGHT		60.50	0.00
XR KNEE AP & LATERAL LEFT		42.90	0.00
PARACETAMOL 500MG TABLET		2.00	0.00
DICLOFENAC SOD 50MG TABLET		2.40	0.00
METOCLOPRAMIDE 10MG TABLET		2.40	0.00
FAMOTIDINE 20MG TABLET		1.00	0.00
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)		425.70	
GOVT SUBSIDY		-298.70	
TOTAL AMOUNT (BEFORE GST)			127.00

Charges to be continued on page 2

PRINTED ON: 22 JUN 2021 03:00 PM

National University Health Services Group Pte Ltd | www.ntfgh.com.sg | www.jch.com.sg  
1 Jurong East Street 21, Singapore 609606 | Tel: +65 6716 2000  
Company Registration No. 200910555Z | GST Reg No. 200910555Z

For bill enquiries, please contact us at  
Email: [payment@1fss.com.sg](mailto:payment@1fss.com.sg)  
Tel: +65 6407 8138