

## 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	03/01/2020 16:10
Date Of Accident	31/12/2019 17:25
Exact Location Of Accident	PIE NEAR THOMSON RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1200C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA HUI XIN
NRIC No	S7728186Z
Email Address	HKCHUA_2097@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98783795
Alternative Phone No	OFFICE-98783795

### Vehicle Particulars

Manufacturer	BMW
Model	730LI
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	GA454601
Cover Note Number	

### Driver

Name of Driver	CHUA HUI XIN
NRIC No	S7728186Z
Date Of Birth	20/09/1977
Occupation	INDOOR
Date Of Driving Pass	20/02/1997
Driving Experience	22 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98783795
Fax Number	
Contact Number	OFFICE-98783795
Email Address	HKCHUA_2097@YAHOO.COM.SG

Address	53 LORONG 40 GEYLANG #04-10
Postcode	398077
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 25 SIN MING ROAD , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4529999 - <b>FAX NO:</b> 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20200102/2109.

#### 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	SLF8031J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA HUI XIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJZ1200C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

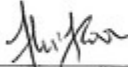
### SKETCH PLAN

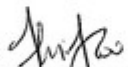
#### IMPORTANT NOTICE

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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.

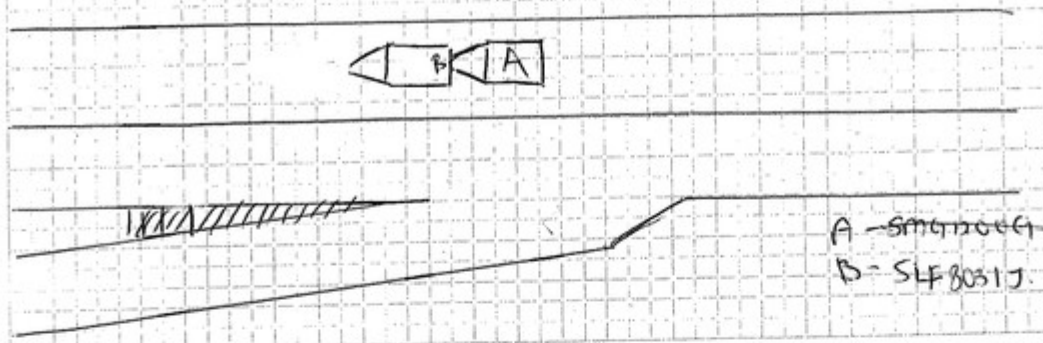
  
Policyholder's Signature  
Date & Time:

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

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

CONFIDENTIAL - For Internal Use Only

~~BRILEY ROAD EAST~~  
near Thomson ROAD exit.



A - SMG1200G SJ21200C  
B - SLF8031J.

REFER TO POLICE REPORT.

I/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: \_\_\_\_\_

3/1/2020 11AM  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## LETTER OF UNDERTAKING

I/We, CHUA HUI XIN, the owner of vehicle no. 8JZ 1200C  
~~SM412006~~

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, \_\_\_\_\_

Signed and Acknowledge by:

*CHUA HUI XIN*  
Nric no. & signature of policyholder  
Company stamp  
Date



**SINGAPORE  
POLICE FORCE**



T/20200102/2109

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20200102/2109

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/01/2020 16:30	Vide Report No.:	Station Diary No.: 51
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**Informant's Particulars**

Name of Informant: CHUA HUI XIN			Address: 53 LORONG 40 GEYLANG #04-10 SINGAPORE 398077	
ID Type / ID No.: NRIC NO / S7728186Z			Contact No.: Home/Office: Mobile: 98783795	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 42	Date of Birth: 20/09/1977	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DIRECTOR			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: 31/12/2019 17:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY THOMSON ROAD NEAR THOMSON ROAD EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SJZ1200C	Car	BMW	730LI	White	Slightly Damaged	1
SLF8031J	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ1200C	AXA INSURANCE SINGAPORE PTE LTD	GA454601	21/03/2019	25/04/2020



**SINGAPORE  
POLICE FORCE**



T/20200102/2109

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20200102/2109

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHUA HUI XIN	ID No.	S7728186Z
Related Vehicle	SJZ1200C (Car)	Contact No.	98783795
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/01/2020	Date Discharge	02/01/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	LOKE HON KHUAN	ID No.	S1743004A
Related Vehicle	SLF8031J (Car)	Contact No.	90096601
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 the above mentioned date and time, I was driving my vehicle (SJZ1200C) at the PIE.

While I was driving near the Thomson Road exit, the vehicle (SLF8031J) in front of me suddenly brake his vehicle. I saw the vehicle stopped out of a sudden and I stepped on my brakes to stop my vehicle. However, I could not stopped in time. I had collided to the rear of his vehicle. The vehicle filter to the left lane and stopped for a while and he exited to make a check on his vehicle. Subsequently, he move his vehicle to the right side of my traffic to avoid congestion. My vehicle was slightly damaged. I insisted to settle the incident through insurance however he refused and wanted a private settlement and he requested for about \$2000 from me. We both exchanged particulars and left subsequently. I wish to note that I have an in-car camera.

I went to see a doctor at Sin Min Clinic on the 02/01/2020 as I felt pain on my neck. I received 7 days MC from 02/01/2020 until 08/01/2020.





**SINGAPORE  
POLICE FORCE**



T/20200102/2109

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 3

Report No. T/20200102/2109

**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: E / Sgt 2 MUHAMMAD TAUFIQ BIN ISHAK <i>Taufiq</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2020 16:30
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172 Authentication Stamp NP168	Classification Of Case: SN 070
<i>Taufiq</i> SIGNATURE	

**Identification Card**

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7728186Z



Name

CHUA HUI XIN

蔡 慧 欣

Race

CHINESE

Date of Birth

20-09-1977

Sex

F

Country of Birth

SINGAPORE



5341863



NRIC No. S7728186Z



Date of Birth

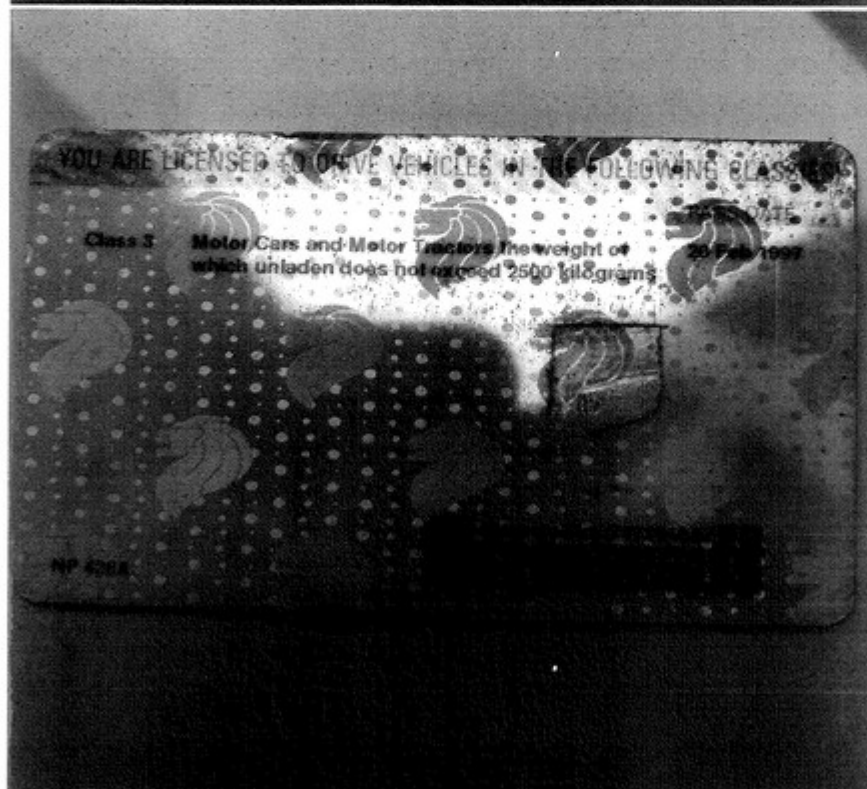
20-09-1977

53 LORONG AD BEY LAM JEM-10  
SINGAPORE 300077

NRIC No. S7728186Z

Date: 04/02/2010

Driving License





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  
 04041

## 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

<b>Policyholder name</b>	CHUA HUI XIN	<b>Certificate number</b>	GA454601 / 1
<b>Cover</b>	Comprehensive	<b>Chassis number</b>	WBAHN22010DE96707
<b>Plan name</b>	Flexi	<b>Engine number</b>	Q3486169N52B30AF
<b>NCD applicable</b>	0%		
<b>Vehicle registration number</b>	SJZ1200C		
<b>Period of Insurance</b>	from 21/03/2019 to 25/04/2020 (both dates inclusive)		
<b>Finance loan company</b>	MAYBANK		

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

- (a) The Policyholder  
 (b) 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.

<b>EXCESS</b>	Basic Own Damage Excess	SGD 900.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows

1. S\$500 for unnamed Authorized 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 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 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 failing which there would be no liability under the policy, renewal certificate, endorsement etc.

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

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Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

