# **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 19/06/2021 14:03 (SGT) Date of Accident 18/06/2021 18:30 (SGT) Exact Location of Accident Tampines Street 71, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJP7064S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SOH WEI WEN NRIC No. S9228695I Email Address sweiwen@outlook.com Mobile Phone No (Phone) +65-90271556 Alternative Phone No +65-90271556

VEHICLE PARTICULARS

Manufacturer Honda Model Odyssey 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 - Reporting only

Vehicle Category Private car Transmission Auto CC 2400

**INSURANCE COMPANY** 

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA565086 Cover Note Number

DRIVER

Name of Driver SOH WEI WEN NRIC No. S9228695I

Date Of Birth 28/07/1992 Occupation Indoor Date Of Driving Pass 22/08/2012 Driving experience 8 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-90271556 Alt. Phone Number +65-90271556 Email Address sweiwen@outlook.com Address BLK 288 YISHUN AVE 6 #11-56 Address complement Postcode 760288 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 - Head to Rear 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 Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20210619/2026. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBK2401G Vehicle Manufacturer Vehicle Model Vehicle Variant

Motorcycle

Vehicle Colour
Vehicle Category

Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

## INJURED PERSONS DETAILS

## INJURED 1

RIDER OF VEH B
-
-
-
-
-
FBK2401G
_
Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 6. The report will be forwarded by the insurers of the GA 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 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)

Lunderstand, 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' law yers/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")

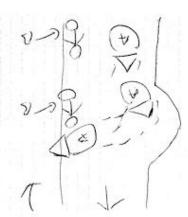
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/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



	-	01.01	162217	
COFER	(0	POCI CE	REPORT	
1111				
-12:				
	_			
				100
		7,1-2	465	
claration				
ciaration				
declare the	foregoing p	particulars are tru	ue in every respect.	
			58 (05U)	
1				
[]				
1/_				
X	112			
	gnature / Do		's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre

## LETTER OF UNDERTAKING

We, SOH WET WENT	, the owner of vehicle	: no
My/Our Insurance is under M/s AXA Insulaim under my/our Policy or against the uch a claim to M/s AXA Insurance Pte Lyithin 14(fourteen) days of occurrence	third Party and it the for	and documents
Iy/Our Third Party claim is handle by m	ny/our_preferred worksho	p, :
d and Acknowledge by:		
Jric no & signature of policyholder	Company stamp	Date

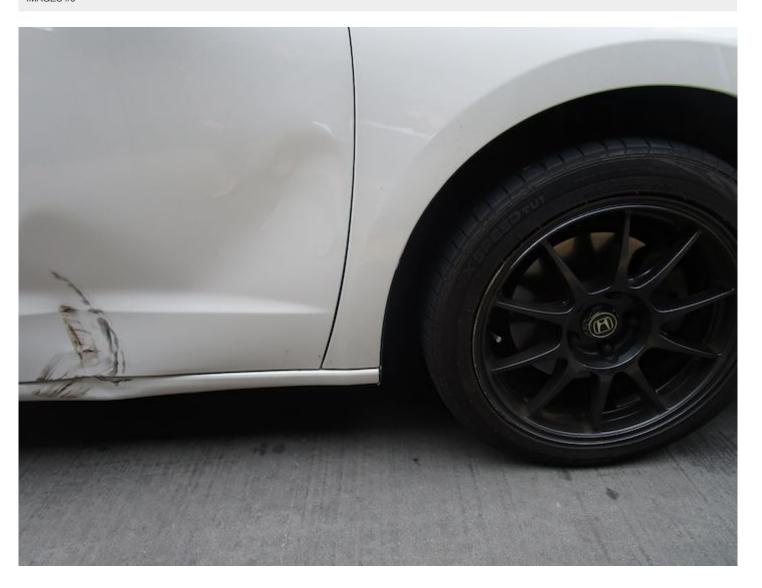


















Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 1 of 3 Report No. T/20210619/2026

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2021 12:37		Made:	Vide Report No.: G/20210618/0157	Station Diary No.: 35	
Informan	t's Partic	ulars			
Name of Informant: SOH WEI WEN			Address: APT BLK 288 YISHUN AVENUE 6 #11-56 SINGAPORE 760288		
ID Type / ID No.: NRIC NO / S9228695I			Contact No.: Home/Office:	Mobile: 90271556	
Nationality: SINGAPORE CITIZEN		EN .	Email:		
Sex: Female	Age: 28	Date of Birth: 28/07/1992	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: FINANCE EXECUTIVE			Driving Licence Information	on: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/06/2021 18:30	Type of Location Straight Road	
Location: TAMPINES S Weather:	TREET 71	David Surface			
Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light	
	Way	Not Controlled		Light	

Details of V	ehicle Involve	ed				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK2401G	Motorcycle				Slightly Damaged	0
SJP7064S	Car	HONDA	ODYSSEY 2.4L AT	Purple	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP7064S	AXA INSURANCE SINGAPORE PTE LTD	GA565086	06/02/2021	31/03/2022





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 2 of 3 Report No. T/20210619/2026

CONTINUATION OF REPORT

#### Brief Details.

On 18/06/2021 at about 1830hrs, I met with an accident along Block 708 Tampines Street 71, near the entrance of the carpark (TMT31). I was driving the vehicle bearing no. SJP7064S. I wanted to make a Uturn in front of the entrance of the carpark (TMT31). While I was making the U-turn, a motorcycle bearing plate no. FBK2401G hit my rear right of my car and the rider fell on his right. After the accident, I stopped my car along the road and find out what happened.

My rear right vehicle body, rear right passenger door have scratches and my driver door has scratches and dent. The motorcycle right body frame, engine pipe, right mirror and lever guard has scratches.

A passer-by called police and the incident was attended by traffic police. The rider of the motorcycle was conveyed by ambulance and was given 5 days of MC. I was not injured.

No government property was damaged.

I would like to state that I do have in-car camera operating during the accident and it was operational. The SD card of the camera (One San Disk 64GB) was seized by the traffic police. This car, is my own personal car.

I am lodging this police report as requested by the traffic police who attended to the accident.







Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 3 of 3 Report No. T/20210619/2026

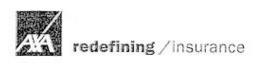
CONTINUATION OF REPORT

## 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.

Insp TAN YU KAI, JUSTIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/06/2021 12:37
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	
Authentication Stamp NP168	





AXA Insurance Pto 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 05579

-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, 1969 (Malaysia)

### Policy details

Policyholder name

SOH WEI WEN Comprehensive Certificate number

GA565086/1

Cover Plan name

Essential 0% Chassis number Engine number JHMR838309C200680 K24Z21300687

NCD applicable Vehicle registration number

SJP7064S

Period of Insurance from 06,

from 06/02/2021 to 31/03/2022 (both dates inclusive)

Finance foar company RICARDO CARS PTE LTO

### 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 revard, 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, oburse or any other roads by whatever name called that are typically used for rocing, 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 (Malaysian, are not to be included under these headings.

EXCESS

Basic Ovin Damage Excess

SGD 800.00 SGD 100.00

Windscreen Excess

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. \$\$500 for declared Young and Inexperienced Driver
- \$55,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$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

N

Authorised signature

## Important note

Policyholders are warried that on the sale of a motor vehicle they must surrender the Cartificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the offect must no 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 original to be paid in full within a suepfic bennet falling which there would be no liability under the policy, renewal certificate, and unserned sec.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01

1 of 2