

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 01/02/2021 17:17 (SGT)
Date of Accident 31/01/2021 16:15 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information ALONG CTE TWDS SLE NEAR YIO CHU KANG EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG7258K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZHANG WEI
NRIC No S7484854J
Email Address singaporeinfo@hotmail.com
Mobile Phone No (Phone) +65-98471296
Alternative Phone No +65-98471296

VEHICLE PARTICULARS

Manufacturer Nissan
Model Elgrand
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

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA537610
Cover Note Number -

DRIVER

Name of Driver YAO YINGFENG
NRIC No S7782023Z
Date Of Birth 03/07/1977
Occupation Indoor

| | |
|--|-----------------------------|
| Date Of Driving Pass | 08/03/2016 |
| Driving experience | 4 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98471296 |
| Alt. Phone Number | - |
| Email Address | singaporeinfo@hotmail.com |
| Address | 673 BUKIT TIMAH ROAD #G2-03 |
| Address complement | - |
| Postcode | 269735 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 | 1 |
| 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) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|-----------|
| Name | TONG TONG |
| Gender | Female |

PASSENGER 2

| | |
|--------------|---------------|
| Name | GAO YING YING |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Sengkang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18003438999 |
| Alt. Police Station Phone No | (Fax) +65-63438939 |
| Police Station Address | 2 Sengkang Square #01-02 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210201/2006.

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 | SLK3521T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SDQ6666C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | VEHICLE C |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-----------|
| Name of injured person | TONG TONG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SKG7258K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

INJURED 2

| | |
|---|---------------|
| Name of injured person | GAO YING YING |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SKG7258K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

INJURED 3

| | |
|---------------------------------|--------------|
| Name of injured person | YAO YINGFENG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |

| | |
|---|----------|
| Injuries Sustained | - |
| Injured person in which vehicle? | SKG7258K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

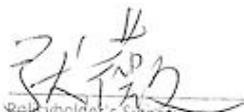
IMPORTANT NOTICE

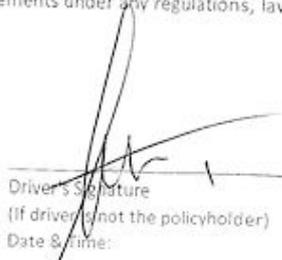
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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.

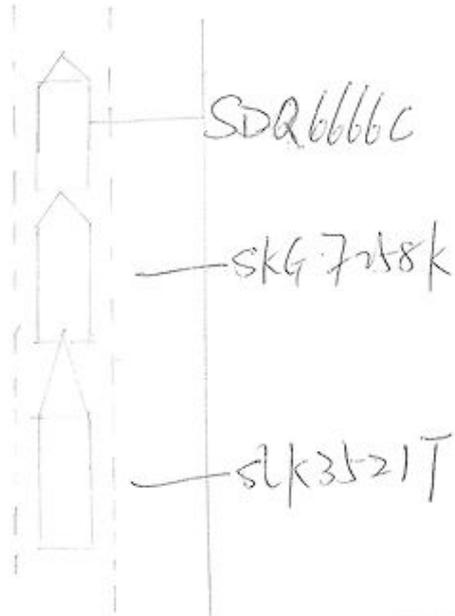

 Policyholder's Signature
 Date & Time: _____


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

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

SKETCH PLAN

CTE Yek Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

For Police Report

DECLARATION

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:

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

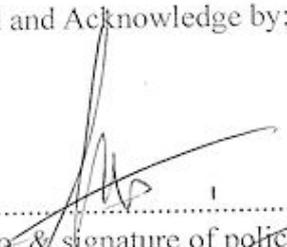
LETTER OF UNDERTAKING

I/We, ZHANG WEI, the owner of vehicle no. QK01 70588

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, _____

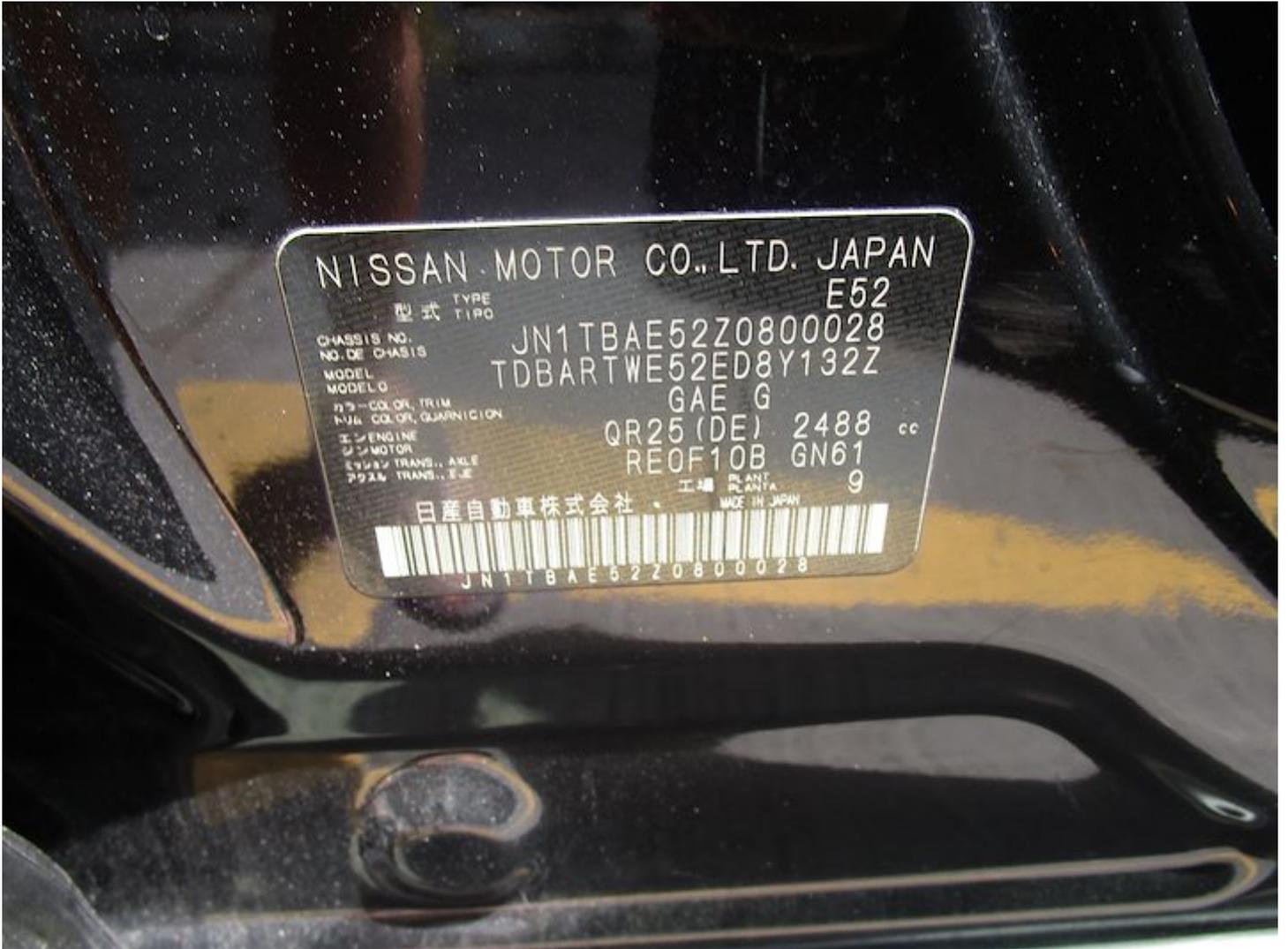
Signed and Acknowledge by:


.....
Nric no. & signature of policyholder

.....
Company stamp

01/02/21
.....
Date

Zhang Wei















**SINGAPORE
POLICE FORCE**



T/20210201/2006

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20210201/2006

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|-------------------------|
| Date/Time Report Made: 01/02/2021 00:29 | Vide Report No.: E/20210131/0134 | Station Diary No.: 9 |
|--|-------------------------------------|-------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|----------------------------|-----------------|
| Name of Informant: YAO YINGFENG | | | Address: 673 BUKIT TIMAH ROAD #G2-03 SINGAPORE 269735 | | |
| ID Type / ID No.: NRIC NO / S7782023Z | | | Contact No.: Home/Office: Mobile: 98471296 | | |
| Nationality: CHINESE | | | Email: | | |
| Sex: Male | Age: 43 | Date of Birth: 03/07/1977 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Mandarin | Institution / School Name: | |
| Occupation: Grassroots Leader | | | Driving Licence Information: Class: 3A | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 31/01/2021 16:25 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-------|-------|-------------------|-----------------|
| SDQ6666C | Car | TOYOTA | | Black | Slightly Damaged | 1 |
| SKG7258K | Car | NISSAN | | Black | Seriously Damaged | 2 |
| SLK3521T | Car | HONDA | | White | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
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T/20210201/2006

Police Station Of Origin:
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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210201/2006

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKG7258K | AXA INSURANCE SINGAPORE PTE LTD | VA1 / GA537610 | 29/03/2020 | 28/03/2021 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------------------|--|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | LEE TECK CHYE (LU DECAI) | | ID No. | S7728540G |
| Related Vehicle | SDQ6666C (Car) | | Contact No. | 97641814 |
| 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 |
| Passenger | | | | |
| Name | TONG TONG | | ID No. | S9775488H |
| Related Vehicle | SKG7258K (Car) | | Contact No. | 94858597 |
| 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 | Serious |
| Driver | | | | |
| Name | YAO YINGFENG | | ID No. | S7782023Z |
| Related Vehicle | SKG7258K (Car) | | Contact No. | 98471296 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 31/01/2021 | | Date Discharge | 31/01/2021 |
| No. of Days granted Medical Leave | 05 | | Degree of Injury | Slight |



**SINGAPORE
POLICE FORCE**



T/20210201/2006

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210201/2006

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|------------------|--|-----------------------------------|
| Name | GAO YINGYING | ID No. | E32396228 |
| Related Vehicle | SKG7258K (Car) | Contact No. | 97383184 |
| 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 | Serious |
| Driver | | | |
| Name | WILIAM SUPRATMAN | ID No. | S8464079D |
| Related Vehicle | SLK3521T (Car) | Contact No. | 92208843 |
| 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 31/01/2021 at about 4.22 pm, I was driving my vehicle bearing registration plate no. SKG7258K along CTE towards SLE near to exit no. 15 and 16 when I met with a road traffic accident with 2 other vehicles. I was driving and travelling on lane 2 of CTE when the vehicle bearing registration plate no. SDQ6666C which was travelling in front of me slowed down before coming to a complete stop. As such, I also applied brake on my vehicle before I stopped my vehicle behind the said vehicle SDQ6666C. A few seconds after I stopped my vehicle, I felt a strong impact from the rear of my vehicle and heard a loud bang. Thereafter, I realized that another vehicle bearing registration plate no. SLK3521T which was travelling behind my vehicle had collided onto the rear of my vehicle. Due to the impact, my vehicle moved in front and collided onto the rear of the first vehicle SDQ6666C. Subsequently, Traffic Police Officers and ambulance arrived at the accident scene vide E/20210131/0134. Both my passengers were being conveyed to Sengkang General Hospital for treatment and as of now, they are still being warded at there for treatment. I had also went to Sengkang General Hospital on my own to seek medical treatment and I was given 5 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20210201/2006

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210201/2006

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: F / Sr Staff Sgt LEE SHAO WEI  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 01/02/2021 00:29 |
| Officer In Charge Of Case: TP / GIT / Sgt 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476256 | Classification Of Case: |
| Authentication Stamp NP168  | |



redefining / insurance

ZHANG WEI
BLK 189C RIVERVALE DRIVE
#09-1002
SINGAPORE 543189

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

New business

date
24/03/2020

your servicing distributor
INSURE HUB PTE LTD / 04963

your servicing distributor contact
6287 7077

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

| | | | |
|---------------------|--|---------------|----------------|
| Policyholder name | ZHANG WEI | Policy number | VA1 / GA537610 |
| Cover | Comprehensive | FIN / NRIC | S7484854J |
| Period of insurance | from 29/03/2020 to 28/03/2021 (both dates inclusive) | | |

Premium breakdown

| | |
|-----------------------------|--------------|
| Gross Premium after 30% NCD | SGD 1,445.01 |
| Total Discounts | - SGD 281.37 |
| 7% GST | SGD 81.45 |
| Final Premium | SGD 1,245.09 |

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on Benefits

- Car Accessories up to \$2,000

Vehicle details

| | | | |
|--------------------------------|--------------------|-----------------------|-------------------|
| Make & Model of Vehicle | NISSAN ELGRAND 2.5 | Year of manufacture | 2012 |
| Vehicle registration number | SKG7258K | Type of Use | Private use |
| Body type | MPV | Engine capacity (cc.) | 2488 |
| Seating capacity (excl driver) | 5 | Engine number | QR25957800Q |
| Off-Peak car | No | Chassis number | JN1TBAE52Z0800028 |

| | |
|----------------------------------|--|
| Insured's Estimated Market Value | Market Value at the time of Loss (including accessories and spare parts) |
| Limitation to use | As per Certificate of Insurance |
| Finance/Loan Company | EFIZZIG CREDIT PTE LTD |

Excess applicable (refer to Policy Wording for other applicable Excesses)

| | |
|-------------------------|------------|
| Basic Own Damage Excess | SGD 500.00 |
| Windscreen Excess | SGD 100.00 |

Drivers details

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

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