

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 ability
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 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	29/08/2016 17:20
Date Of Accident	29/08/2016 06:45
Exact Location Of Accident	ALONG BKE TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YE2888U
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Insured/Policyholder

Name Of Registered Owner	CHAN CHEN CHYE
NRIC No	S1447962G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96322227
Alternative Phone No	Office-96322227

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER4SDEB (CBU) (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
If No, Please state action to be taken	
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VCA/P1693215
Cover Note Number	

Driver

Name of Driver	CHAN CHEN CHYE
NRIC No	S1447962G
Date Of Birth	29/02/1960
Occupation	Outdoor
Date Of Driving Pass	08/06/1981
Driving Experience	35 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-96322227
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 520 PASIR RIS STREET 52 #10-21 SINGAPORE
Postcode	510520
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
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 (Insured Hit TP)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Panjang
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO : T/20160829/2088

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6335P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ROSEZALI
NRIC/Passport Number	
Contact Number	82044891
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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.

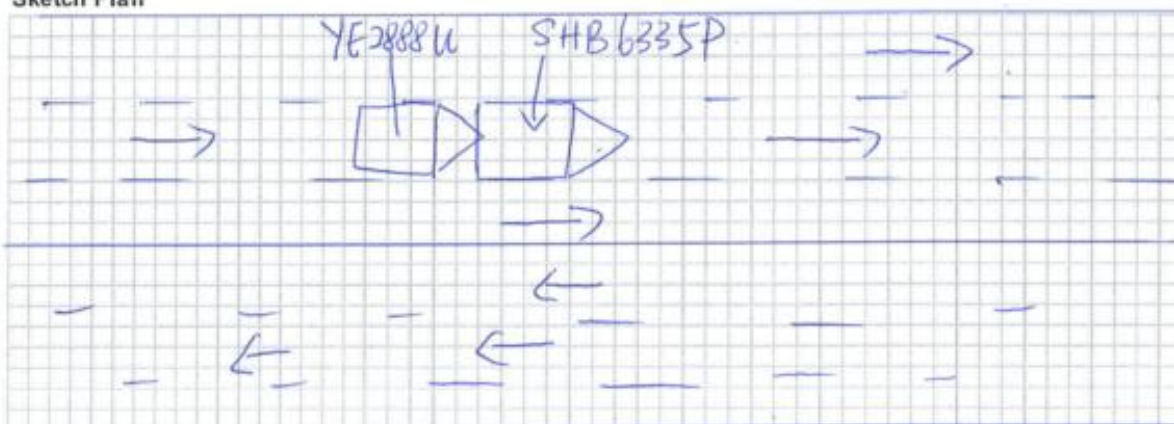
(collectively the "Purposes")

(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.

	 29/8/16	 29/8/16
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Bke to PIE.

Sketch Plan #2

Describe Circumstances of the Accident

- Refer to Police Report No: T/20160829/2088 -

Declaration

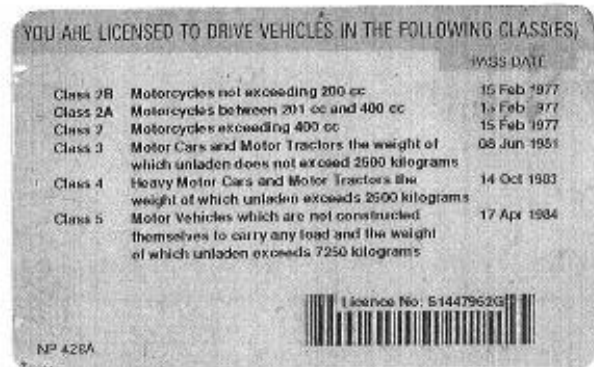
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan #3



Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20160829/2088

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20160829/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2016 13:14			Vide Report No.: F/20160829/0072		Station Diary No.: 52
Informant's Particulars					
Name of Informant: CHAN CHEN CHYE			Address: APT BLK 520 PASIR RIS STREET 52 #10-21 SINGAPORE 510520		
ID Type / ID No.: NRIC NO / S1447962G			Contact No.: Home/Office: Mobile: 96322227		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 29/02/1960	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/08/2016 06:45	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY TOWARDS PIE AFTER BUKIT PANJANG EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		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
SHB6335P	Car			Blue	Seriously Damaged	1
YE2888U	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20160829/2088

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20160829/2088

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YE2888U	AXA INSURANCE SINGAPORE PTE LTD	P1693215	25/11/2015	24/11/2016

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ROSEZALI		ID No.	NIL
Related Vehicle	SHB6335P (Car)		Contact No.	82044891
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	Slight
Driver				
Name	CHAN CHEN CHYE		ID No.	S1447962G
Related Vehicle	YE2888U (Lorry)		Contact No.	96322227
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 29/08/2016 at about 0645hrs, I was driving in my lorry registration number YE2888U along BKE towards PIE. The traffic was heavy and my vehicle was inching forward time to time. I was travelling at the center lane of 3 lanes. Right after Bukit Panjang Exit, another vehicle registration number SHB6335P was seen traveling in front of me and eventually applied his brake. I was unable to brake in time and thus collided into the rear bumper of the opposite vehicle.

After the accident, I alighted and spoke to the opposite driver who informed that his left leg was in pain. Ambulance was then called upon. Traffic Police also arrived at scene shortly. I then came to know that it was a chain collision involving 4 vehicles in total. I did not suffer any injury however my lorry suffered slight damage at the front bumper. There is car in-built camera in my vehicle. I was advised by the Traffic Police to make a Police report. Incident vide F/20160829/0072 under IO Annie Tel No. 65472079

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20160829/2088

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20160829/2088

CONTINUATION OF REPORT

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20160829/2088

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20160829/2088

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 /

Staff Sgt KOH HONG CHIN, STANLEY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/08/2016 13:14

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FADZLY BIN ABDUL
AZIZ

Contact No.: 65472078

Signature :

SN 117

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Accident Sketch Plan

AXA INSURANCE SINGAPORE PTE LTD
8 Shenton Way, #27-01
AXA Tower, Singapore 068811
Customer Service Centre #81-01
Tel: (65) 63387288 Fax: (65) 63362522
Website: www.axa.com.sg
GST Registration Number: M2-0009922-2
customer.care@axa.com.sg



COMMERCIAL COMP
POLICY SCHEDULE
NEW BUSINESS
Duplicate

POLICY INFORMATION		Policy No. : VCA/P1693215	
Source	: 13547 ACORN INTERNATIONAL NETWORK PTE. LTD.		
Insured	: CHAN CHEN CHYE		
Address	: BLK 520 PASIR RIS ST 52 #10-21 SINGAPORE 510520		
Business/Profession	: AS PER MEMO <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>		
Period of Insurance	: From 25/11/2015 To 24/11/2016 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 0.00% NCD	: SGD 2,000.09		
GST 7.00%	: SGD 140.00		
Annual Premium	: SGD 2,140.00		
Total Payable	: SGD 2,140.00		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	: Comprehensive		
Regn. No.	: YE2888U		
Type Of Use	: Commercial Vehicle		
Make/Model	: MITSUBISHI CANTER FEB21ER4SDEB (CBU)		
Year of Manufacture	: 2015		
Seating Cap. (Excl.) Driver	: 2	Carrying Cap. (Tons)	: 2.74
Body Type	: LORRY		
Engine No.	: 4P10B91537		
Chassis No.	: FEB21EA10729		
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
Hire Purchase	: GOLDBELL FINANCIAL SERVICES PTE LTD		
Excess Applicable			
Own Damage Excess	: SGD 700.00		
Named Drivers			
1 CHAN CHEN CHYE			
MEMO			

Continuation page 1

Accident Sketch Plan

Accident Date <u>29.8.16.</u>		Accident Time <u>0645 HRS</u>	
Location Of Accident <u>Along BKE towards PIE</u>			
DETAILS OF OWN VEHICLE			
Registered Owner Name <u>CHAN CHEN CHYE</u>		NRIC <u>S14479624</u>	
VEHICLE INFORMATION			
Vehicle No <u>YE 2888U</u>		Model	
Vehicle Category <input checked="" type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle			
Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="radio"/> Yes <input type="radio"/> No (<input type="radio"/> Reporting Only <input type="radio"/> Third Party)			
INSURANCE COMPANY (OWN VEHICLE)			
Insurance Company <u>AXA INSURANCE SINGAPORE P/L</u>		Policy No <u>VCA/P1693015</u>	
Type Of Coverage <input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party <input type="radio"/> Third Party Fire & Theft			
DRIVER			
Driver Name <u>CHAN CHEN CHYE</u>		NRIC <u>S14479624</u>	
Date Of Birth <u>29.2.1960</u>		Occupation <input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor	
Driving Date Pass <u>8.6.1981</u>		Gender <input checked="" type="radio"/> Male <input type="radio"/> Female	
Mobile Phone No <u>9632 2227</u>		Email Address <u>-</u>	
Address <u>BLK 570 PARIS RIS STREET S #10-21 SG 510520.</u>			
Was driver an employee of the Insured's Company? <input type="radio"/> Yes <input checked="" type="radio"/> No		Relationship <u>Own vehicle.</u>	
Vehicle Number & Insurance of Driver's Own Vehicle <u>3</u>			
What's the reason driver is driving the vehicle at the time of accident <u>going to work.</u>			
GENERAL INFORMATION OF THE ACCIDENT			
Type Of Accident <input type="radio"/> Chain Collision <input checked="" type="radio"/> Head To Rear <input type="radio"/> Side Swipe <input type="radio"/> Other			
Weather Condition <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Other		Road Surface <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Other	
OTHER INFORMATION			
Was anybody injured <input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, name and state in which vehicle <u>Rosezali</u>	
Police Reported <input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, which police station <u>Bukit Panjang N.P.C</u>	
Damaged <input checked="" type="radio"/> Yes <input type="radio"/> No		Video camera <input checked="" type="radio"/> Yes <input type="radio"/> No	
Was any other material or property damaged <input checked="" type="radio"/> Yes <input type="radio"/> No			
Was notice of Intended Prosecution given <input type="radio"/> Yes <input checked="" type="radio"/> No		If Yes, against whom?	
DETAILS OF OTHER VEHICLE / PROPERTY 1		DETAILS OF OTHER VEHICLE / PROPERTY 2	
Name of Driver <u>Rosezali</u>	NRIC	Name of Driver	NRIC
Vehicle No <u>SHB 6335 P</u>	Contact <u>82044891</u>	Vehicle No	Contact
Name Of Insurance		Name Of Insurance	
DETAILS OF OTHER VEHICLE / PROPERTY 3		DETAILS OF OTHER VEHICLE / PROPERTY 4	
Name of Driver	NRIC	Name of Driver	NRIC
Vehicle No	Contact	Vehicle No	Contact
Name Of Insurance		Name Of Insurance	
DETAILS OF WITNESS			
Name of Driver	NRIC	Contact	Email Address

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

