

## 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 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	16/03/2018 11:58
Date Of Accident	13/03/2018 12:20
Exact Location Of Accident	CHOA CHU KANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6009G
-----------------------------	---------

#### Insured/Policyholder

Name Of Registered Owner	HENG HE INTERNATIONAL PTE. LTD.
Co Reg No	201628787M
Email Address	BBLANE.BAY9@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93817625

#### Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1944675
Cover Note Number	

#### Driver

Name of Driver	TAN SANG KIT
NRIC No	S6835042E
Date Of Birth	25/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93588099
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 706 HOUGANG AVENUE 2 #04-173 SINGAPORE
Postcode	530706
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
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : BAY HOCK HENG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH STATEMENT RECORDED BY ISAAC- PROGRESSIVE AUTOMOTIVE 6741 5336

#### 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	SLB92G
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

## Sketch Plan

### SKETCH PLAN


#### 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. The 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 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: ISAAC  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

Vehicle No

A - 41600PC1

B - SL897G

Vehicle

Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

To Avoid a heavy vehicle turning into the heavy Vehicle Carpark  
Our lorry reverse and touch on the car plate of Car no 56B926.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature  
Date & Time:

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

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



# Common Statement

## ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 13-3-18 12:20		2 Exact location of accident CHOA chu kang		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **YP6009G**

6 Insured / policyholder (see insurance cert.)  
Name **HENG HE**  
(capital letters) **INTERNATIONAL**  
Address **P/L**  
NRIC / Passport no. **20162878M**  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP **9381 7625**

7 Vehicle  
Make, type **HINO**

8 Insurance company  
**AXA** ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☐  
Policy No. **P1944675**

9 Driver ☐ State as Owner  
Name **TAN SANG HIT**  
(capital letters)  
NRIC / Passport no. **5683 5042E**  
Class of licence **9558**  
HP **8094**  
Gender Male ☒ Female ☐

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Roadside
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drink Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lig/Varing
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) **SLB92G**

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle  
Make, type \_\_\_\_\_

8 Insurance company  
☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available) \_\_\_\_\_

9 Driver (See driving licence)  
(if different from Insured B above)  
Name \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

**REFER TO ATTACHED**

Approximately please make reference to one of the sketches on page 11

15 Signatures of drivers

**LIT**

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →


# Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop (Email / Fax (if any))												
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)														
Insured	1. Occupation (if more than one, state all)		Email: <u>bblanc.bay 9@gmail.com</u>											
	2. Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity											
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>employee</u> State the vehicle number and name of insurer of driver's own vehicle (where applicable)													
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify													
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.													
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)													
Of which vehicle are you the owner?	<input type="checkbox"/> A <input type="checkbox"/> B													
	7. Date of birth	Occupation	Date of license pass											
	Indoor	Outdoor	<u>30/1/89</u>											
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>													
Driver or person in charge of vehicle at the time of accident (including insured)	8. Give details of any pre-existing impairment of sight or hearing and of any other disability													
	9. Full details of all driving convictions including pending prosecutions in the last 36 months													
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Date	Offence	Penalty								
Date	Offence	Penalty												
Injured persons	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle											
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage											
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station													
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?													
Accident details	14. Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>											
	15. Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>											
	16. Speed of vehicles	A <input type="text"/> km/hr	B <input type="text"/> km/hr											
	17. What warnings were given by driver or other party?													
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>													
	19. What lights were displayed on your vehicle/the other vehicle(s)?													
	20. If your vehicle is commercial, state weight of load carried at time of accident													
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached)													
Declaration	22. State number of Passengers (including Driver) <u>2</u>													
	Declaration: I/We declare the foregoing particulars are true in every respect. Policyholder's signature <u>[Signature]</u> Date <u> </u> Driver's signature (if driver is not the policyholder) <u>KIT</u> Date <u> </u>													

DRIVER NRIC AND LICENSE Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6835042E




Name  
TAN SANG KIT  
陳昌吉  
Race  
CHINESE  
Date of Birth  
25-09-1968  
Sex  
M  
Country of Birth  
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING

Service Number S6835  
Name  
TAN SANG KIT  
Birth Date 25 Sep 1968  
Issue Date 21 Feb 2005  
V000221 64B

3115185



NRIC No. S6835042E



Blood Group O+ Date of issue 28-12-1999

Address  
APT BLK 706 HOUGANG AVENUE 2  
#04-173  
SINGAPORE 530706

TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

PASS C

Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Issue No. S6835042E



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

