

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	26/02/2018 16:46
Date Of Accident	16/02/2018 17:25
Exact Location Of Accident	ALONG BUKIT BATOK EAST AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ6556A
Insured/Policyholder	
Name Of Registered Owner	XIN SERVICES
Co Reg No	53293454K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67427021

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 (A)
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	CN868430
Cover Note Number	

Driver

Name of Driver	ONG FOO SENG
Passport No/FIN	G8294286L
Date Of Birth	13/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2013
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90840488
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	3
Passenger 1	NAME: : MR SEAH GENDER: : MALE
Passenger 2	NAME: : MR LEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20180226/2105

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	SGS91D
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKV9524A
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 Pg. 1

SKETCH PLAN

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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:
NRIC/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

POLICE REPORT Pg. 1

SINGAPORE
POLICE FORCE



T/20180226/2105

1 of 3

Of Origin:
South NPP
Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

Report No. T/20180226/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2018 15:08	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: ONG FOO SENG		Address: 185 Boon Lay Ave #19-168 SINGAPORE 640185	
ID Type / ID No.: FIN NO / G8294286L		Contact No.: Home/Office: Mobile: 90840488	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 13/05/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PLASTIC PRODUCT MACHINE OPERATOR		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/02/2018 17:25	Type of Location: X-Junction
Location: Along Road 1 BUKIT BATOK EAST AVENUE 3				
Turning right onto PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SFJ6556A	Car	TOYOTA	COROLLA AXIO 1.5X A	Beige	Slightly Damaged	3
② SGS91D	Car	TOYOTA	LEXUS RX270 AUTO	Red	Slightly Damaged	0
① SKV9524A	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Slightly Damaged	0

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180226/2105

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20180226/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG FOO SENG	ID No.	G8294286L
Related Vehicle	SFJ6556A (Car)	Contact No.	90840488
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 16/02/18 at about 1724hrs, I was driving along Bukit Batok East Ave 3 turning right onto PIE. As the green arrow light up, the vehicle in front started to move and hence I proceed. However, as we were turning right, the vehicle in front suddenly braked which caused me to brake but I did not brake in time and hence I collided onto his rear bumper. I immediately get down my vehicle and made a check and the rear bumper of the vehicle in front had slightly damaged and also the front of my bumper also slightly damaged.

Afterwards, I get into my vehicle and drive off. As I was moving off, I steered left and as I was about to move into the next lane, my vehicle side-swiped the vehicle whom was driving in that lane. The collision caused the right side rear bumper to be slightly scratched and also the front left of my bumper.

I wish to state that I did not managed to get down the particulars of the other parties. I wish to state that I have tried talking to the other party to try to settle among ourselves but they refused.



SINGAPORE
POLICE FORCE



T/20180226/2105

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Report No. T/20180226/2105

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

CONTINUATION OF REPORT

Sketch Plan

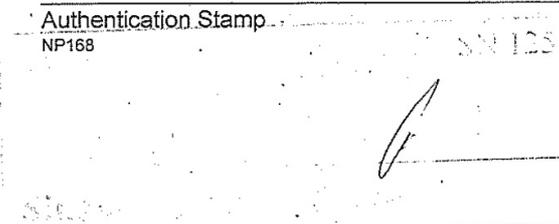
Informant is not able to provide sketch plan

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/ Sgt 1 CHEW WEI XIANG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079

Signature Of Informant: ONG FOO SENG
Date/Time: 26/02/2018 15:08
Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

