

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	10/05/2018 14:16
Date Of Accident	09/05/2018 12:20
Exact Location Of Accident	CHANGI COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3281A
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Insured/Policyholder

Name Of Registered Owner	SOON HUA BEE PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96697526

Vehicle Particulars

Manufacturer	ISUZU
Model	TRUCK

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
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1968555
Cover Note Number	

Driver

Name of Driver	BI XIAOMING
Passport No/FIN	G6228816M
Date Of Birth	14/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82604473
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
Postcode	
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 - CHANGE/CROSS LANE
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?	
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)	1

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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

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	FW1953B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

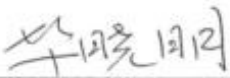
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8. **Consent under the Personal Data Protection Act (PDPA)**

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 #2

SKETCH PLAN

Vehicle No
A -
B -

Legend

Vehicle

Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Green light, so I start to move off slowly.

Suddenly, from my right side mirror I notice a motorbike came very fast without stopping and drop onto the right side. So I proceed to stop my truck ahead and came down to check my truck no damage at all.

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: _____

NRIC/FIN No.:

GIARMC SketchPlanForm V3



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

To be signed by BOTH drivers

1 Date of accident Time 9/5/18 1220	2 Exact location of accident Changi Coast Rd	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 checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Request from OT.
		Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>

Registration No. (VEHICLE A) **XE3281A**

6 Insured / policyholder (see insurance cert.)
Name **SOON Hua Bee**
(capital letters) **Pte Ltd**

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP **96697526**

7 Vehicle
Make, type _____

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?
No ☐ Yes ☒

Policy No. **P1968555**

9 Driver ☐ State as Owner
Name **Bi Xiaoming**
(capital letters) **66228816m**

NRIC / Passport no. **82604473**

Class of licence _____

HP _____

Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Mark a cross (X) in each of the not applicable boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Skyrail
<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/Dress Lane
<input type="checkbox"/>	Collision - Over-take
<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 - Crossing Road at Right Angle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Park Driving / Drop off/pick up
<input type="checkbox"/>	Fire, explosion or lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Paraphrase / Damage to vehicle parked
<input type="checkbox"/>	Hit by falling object / vehicle / object
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Self Driver
<input type="checkbox"/>	Swirl

State TOTAL number of boxes marked with a cross _____

Registration No. (VEHICLE B) **KW1953B**

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP _____

7 Vehicle
Make, type **Motorbike**

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 (→)

13 Sketch of accident when impact occurred

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

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signature of driver

9/5/18

SOON HUA BEE

14 My remarks

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

Do not alter anything in this 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)					
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: _____				
	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 _____ 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 checked="" 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 checked="" 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)				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	14/5/73	Indoor	Outdoor	13/2/09	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	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				
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?
					Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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	Insurer's name and address (if known)
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"/>	Others <input type="checkbox"/>
	15 Road surface		Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>
	16 Speed of vehicles		A _____ km/hr	B _____ 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)				
22 State number of Passengers (including Driver) _____					
Declaration	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____				Date _____
	Driver's signature (if driver is not the policyholder) _____				Date _____

Driver IC & LIC Pg. 1

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
EVER SAN CONSTRUCTION PTE LTD

Sector: **CONSTRUCTION**

Name:
BI XIAOMING

Occupation:
TRUCK DRIVER

S Pass No.
0 73060915

Date of Application
22-05-2017

Date of Issue
14-06-2017

Date of Expiry
05-10-2018

L8032285

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number:
G6228816M

Name:
BI XIAOMING

Birth Date: **14 May 1973**

Issue Date: **01 Sep 2015**

Valid Till: **07/01/2019**

002468045E

SG 50

VISIT PASS
Immigration Regulations

Name:
BI XIAOMING

Date of Birth: **14-05-1973** Sex: **M** Nationality: **CHINESE**

FIN: **G6228816M** Date of Issue: **14-06-2017** Date of Expiry: **05-10-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	08 Jan 2009
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	08 Jan 2009
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	13 Feb 2009

NP 428A

Licence No: **G6228816M**

Accident Photo

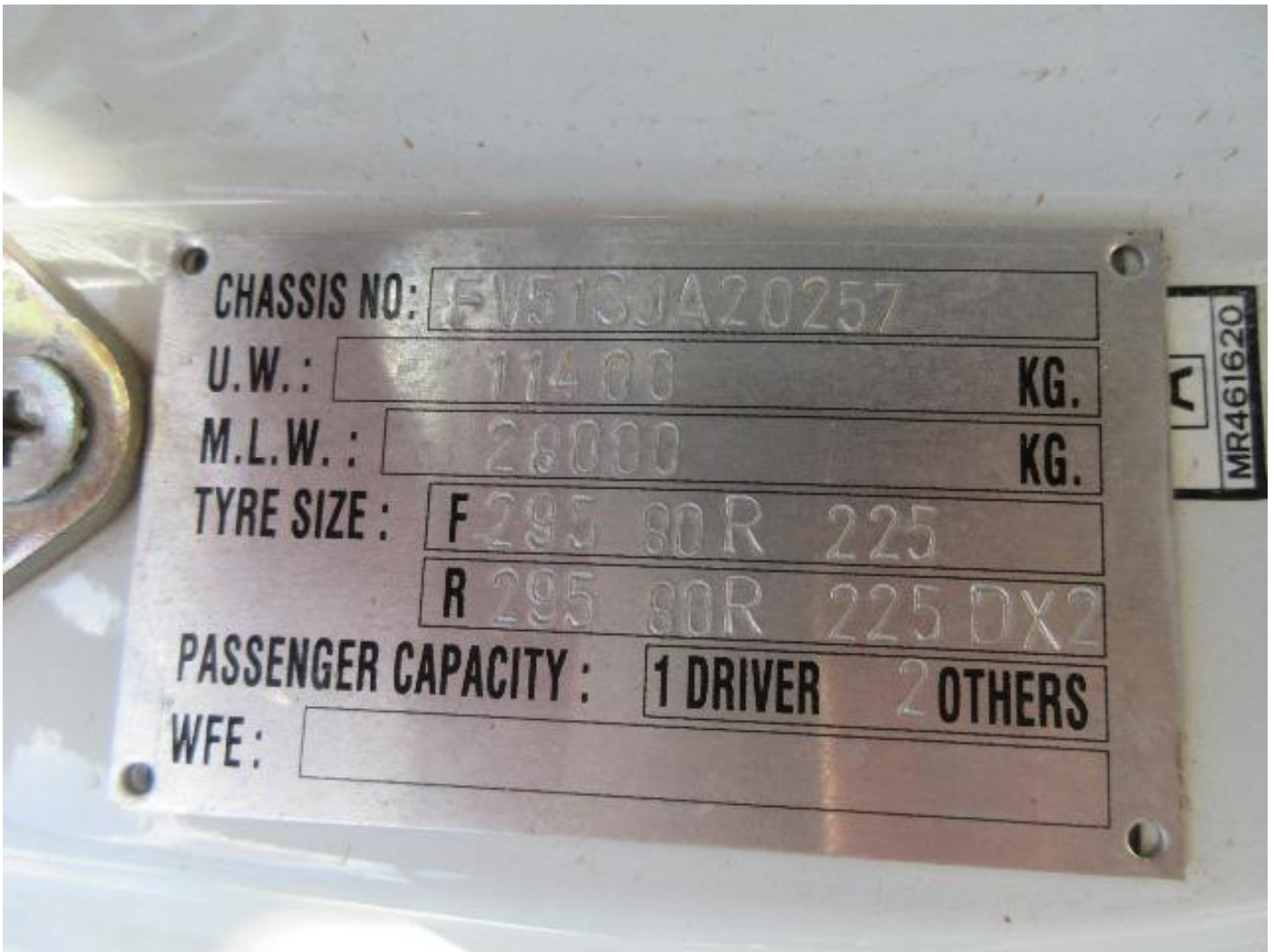


Accident Photo



Accident Photo





Accident Photo

