

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	14/05/2018 15:48
Date Of Accident	13/05/2018 12:20
Exact Location Of Accident	LENTOR AVE TOWARDS KHATIB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7218M
Insured/Policyholder	
Name Of Registered Owner	MILITECH INTERNATIONAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90231547
Alternative Phone No	OFFICE-90231547

Vehicle Particulars

Manufacturer	PEUGEOT
Model	-
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA320454/1
Cover Note Number	

Driver

Name of Driver	BRANDON CHAN KAR CHIN
NRIC No	S9540245C
Date Of Birth	30/10/1995
Occupation	INDOOR
Date Of Driving Pass	21/12/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90231547
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHONG PANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 141 YISHUN RING ROAD , POSTCODE: 760141 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7529999 - FAX NO: 67528913
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached police report.

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	GBC8924S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 SKU5084J
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 3

Vehicle Registration Number SLL5834Y
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

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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.



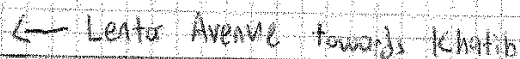
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/5/13

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

1324hr

SKETCH PLAN



Vehicle D - SLL5834V

Veh. Id. C - SKV 5084

Vehicle B - GBL89245

Vehicle A - GBF-7218M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Attached Police Report.

Driver of Vehicle D → WONG YONG DI (S8135259C)

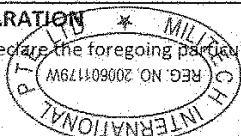
Driver of Vehicle C -> KOK YAU CHUNG (S81673821)

Driver of Vehicle B → KANG FUXING (G6573562N)

Driver of Vehicle A -> BRANDON CHAN KAR CHIN (S9540249C)

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: 14/5/18

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

[illegible]

1324b



**SINGAPORE
POLICE FORCE**



T/20180513/2075

1 of 3

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

Report No. T/20180513/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2018 16:46			Vide Report No.:		Station Diary No.: 27
Informant's Particulars					
Name of Informant: BRANDON CHAN KAR CHIN			Address: APT BLK 122 YISHUN STREET 11 #05-483 SINGAPORE 760122		
ID Type / ID No.: NRIC NO / S9540245C			Contact No.: Home/Office:		Mobile: 90231547
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 30/10/1995	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Singapore Armed Forces personnel			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2018 12:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 LENTOR AVENUE towards Khatib				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBC8924S	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver	Slightly Damaged	1
GBF7218M	Van	PEUGEOT	PARTNER L2 1.6 AT	White	Slightly Damaged	0
SKU5084J	Car	TOYOTA	VIOS E AUTO	Green	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20180513/2075

2 of 3

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

Report No. T/20180513/2075

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLL5834Y	Car	MAZDA	MAZDA2 SEDAN 1.5L SP.6EAT (LED)	Silver	Slightly Damaged	1

Brief Details.

On 13/05/18 at about 1218hrs, I was driving with the registration number (GBF7218M) along Lentor Avenue towards Khatib on a 3 lane road. The floor wet and it was raining. I was driving at the middle lane with about 2 vehicle length behind a lorry with the registration number (GBC8924S). As I was driving along Lentor Avenue I noticed that the lorry in-front of me was brake intermittently as such I tried to keep my distance away from the vehicle but of out suddenly the lorry stopped in-front of me and I tried to stop my vehicle by using the emergency brake but to no avail and hit on to the back of the lorry. Afterwards I went down and check and found out that there's 4 vehicle involved with the accident included mine. I called for the paramedic and they came and checked on all the driver and passengers. No one was injure and no one was conveyed. We had exchanged particulars while waiting for the Traffic Police but all the drivers left before the Traffic Police arrival.

I wish to state that during the accident no one was injure and conveyed. Paramedic had attended to us and we left before the Traffic Police arrive. I had a footage of the accident as well.

The 4 vehicle consist of (GBF7218M -> GBC8924S -> SKU5084J -> SLL5834Y) in this order
 Damaged assessment for vehicle (GBF7218M) the front was dented in with vehicle camera installed
 Damaged assessment for vehicle (GBC8924S) front and back was dented in with vehicle camera installed - G6573562N, Kang Fuxing
 Damaged assessment for vehicle (SKU5084J) front and back was dented in with vehicle camera installed - S8167382I, Kok Yau Chung
 Damaged assessment for vehicle (SLL5834Y) back was dented in with vehicle camera installed - S8135259C, Wong YongQi



**SINGAPORE
POLICE FORCE**



T/20180513/2075

3 of 3

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

Report No. T/20180513/2075

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 /

Sgt 1 GAN WEI LEONG, ALASTAIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

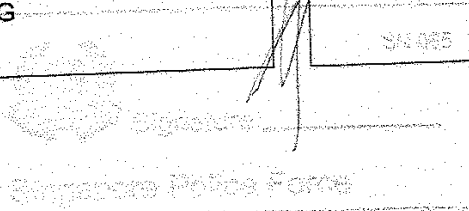
Signature Of Informant:

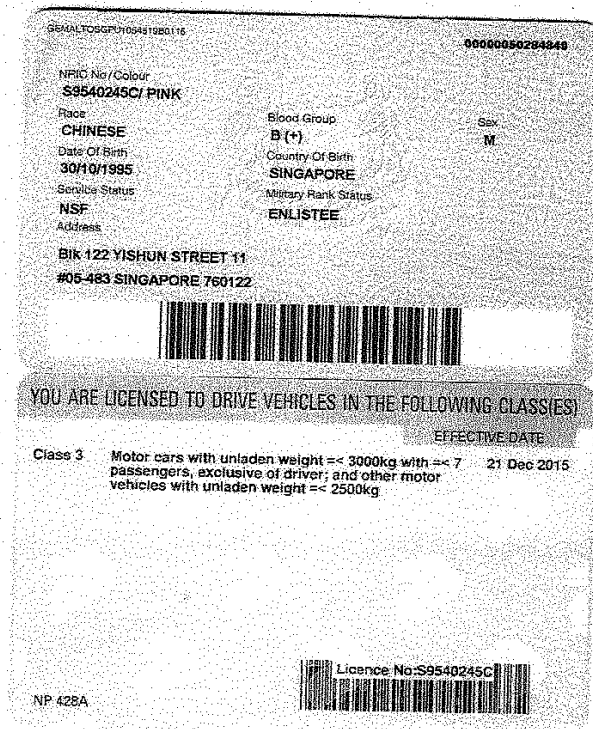
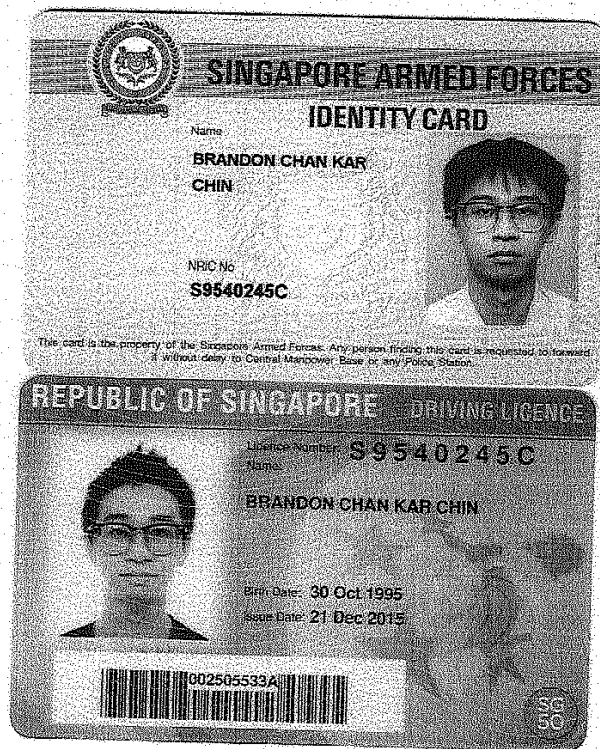
Date/Time:

13/05/2018 16:46

Classification Of Case:

51465





Accident Sketch Plan Pg. 1



redefining insurance

Date: 14/5/18

To: Owner of Vehicle Number: GBFT218M

The following has been advised to you via your workshop, Mr H. Muth through their staff, Ms Wang

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledge by:

BRANDY CHAN

Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo

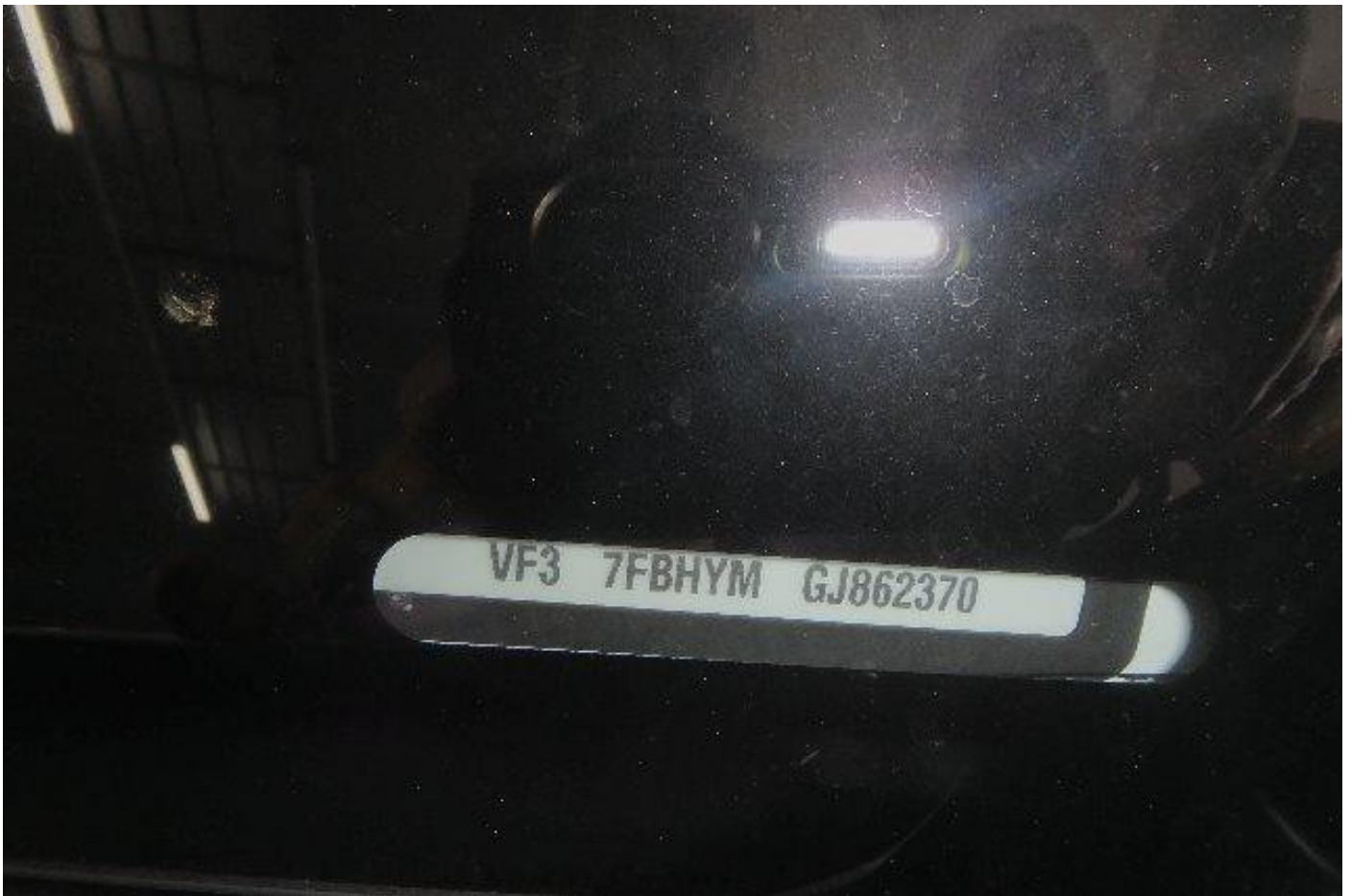




Accident Photo



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