

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	19/05/2018 10:57
Date Of Accident	17/05/2018 09:30
Exact Location Of Accident	ALONG AYE TOWARDS CHANGI-AFTER CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3648B
Insured/Policyholder	
Name Of Registered Owner	RIGGINGS & GEARS TESTING CENTRE PTE LTD
Co Reg No	200404241H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63633966

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4AA-3.0 D (M)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P1981096
Cover Note Number	

Driver

Name of Driver	LEE CHEE VOON
Passport No/FIN	F7706198M
Date Of Birth	19/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81869479
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	12 TUAS AVENUE 11 SINGAPORE 639078
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 - 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND 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	XE852Y
Vehicle Make/Model/Colour	SCANIA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG HONGQUAN
NRIC/Passport Number	G6769714L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.

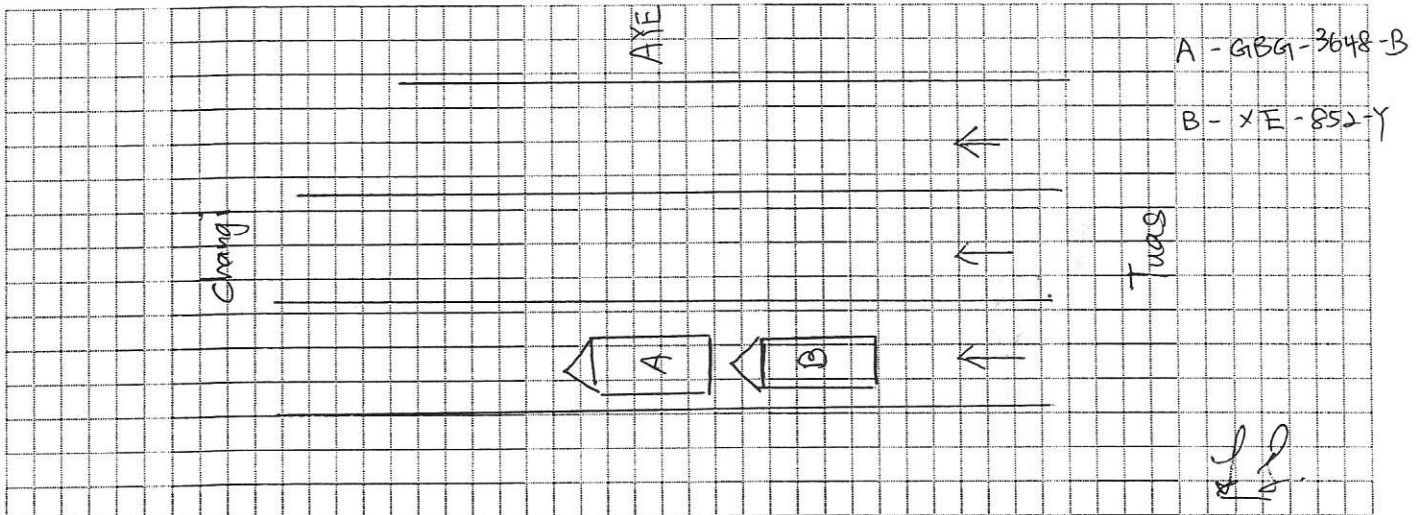


Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 19/5/18

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

SKETCH PLAN



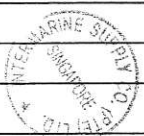
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report - Report No : 7/2018051/2085

L.S.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<p style="text-align: center;">L.S. ✓ L.S. um</p> 	- Reporting Only
	- Claim OD
	- Claim TP
	- Claim OD/TP at other workshop

DECLARATION

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



Policyholder's signature
Date & Time

L.S.

Driver's Signature
(if driver not the policyholder)
Date & Time 19/5/18

L.S.

Reporting Centre Personnel's Signature
Name: TON KHAR KIAN
Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20180517/2085

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20180517/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2018 15:04		Vide Report No.:		Station Diary No.: 99	
Informant's Particulars					
Name of Informant: LEE CHEE VOON			Address: APT BLK 667D JURONG WEST STREET 65 #11-123 SINGAPORE 644667		
ID Type / ID No.: FIN NO / F7706198M			Contact No.: Home/Office: Mobile: 81869479		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 19/11/1972	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY along AYE towards Changi				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBG3648B	Lorry				Slightly Damaged	0
XE852Y	Lorry				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180517/2085

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20180517/2085

CONTINUATION OF REPORT

Driver			
Name	LEE CHEE VOON	ID No.	F7706198M
Related Vehicle	GBG3648B (Lorry)	Contact No.	81869479
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Wang Hongquan	ID No.	G6769714L
Related Vehicle	XE852Y (Lorry)	Contact No.	93744338
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 17/05/2018 at about 0930hrs, I was driving my lorry (GBG3648B) along AYE towards Changi. The traffic was very congested thus it was slow moving traffic. As I went past the exit of Clementi Ave 6, I felt a bump on the rear of my lorry. I stopped my lorry and noticed that the prime mover head; XE852Y, had collided into the rear of my lorry. We then exchanged particulars and agreed to settle the damages through insurance claims. I wish to state that my lorry only suffered a small crack on the left rear. Thereafter, we both left the scene.

I wish to state that none of us were injured. There was no police at scene. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180517/2085

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180517/2085

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 MUHAMMAD FAZLI BIN MOHAMED
KEFLI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

17/05/2018 15:04

Classification Of Case:

Authentication Stamp

NP108



Signature : _____

SN 127

Singapore Police Force