

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	04/06/2018 16:35
Date Of Accident	01/06/2018 13:05
Exact Location Of Accident	ALONG ANG MO KIO ST 63
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP52U
Insured/Policyholder	
Name Of Registered Owner	TRANSPORT REPUBLIC PTE LTD
Co Reg No	201505633C
Email Address	MYJEPL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96158601
Alternative Phone No	OFFICE-96158601

Vehicle Particulars

Manufacturer	UD TRUCKS
Model	MKB8ELN5AA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	VFX/P2094291
Cover Note Number	

Driver

Name of Driver	LEE KIAN KOK
NRIC No	S1280734A
Date Of Birth	17/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	10/12/1981
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98394706
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 768 YISHUN AVE 3 #10-321
Postcode	2776
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER 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	SHC5673P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NEO SAY ENG
NRIC/Passport Number	S0229886D
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.





4/6/18




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

A- 4P52U
B- 54C 5673P



Accident Date & Time : 11 June 18 13.05

Accident Location : Ang Mo Kio st 63

As per police Report

☐ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

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



*** IMPORTANT NOTE:**

You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

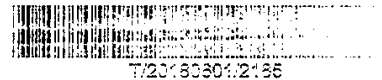
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180301/2135

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180301/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2018 20:02		Vide Report No.:		Station Diary No.: 54	
Informant's Particulars					
Name of Informant: LEE KIAN KOK		Address: APT BLK 768 YISHUN AVENUE 3 #10-02 SINGAPORE 760768			
ID Type / ID No.: NRIC NO / S1280734A		Contact No.:		Mobile: 98334703	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 64	Date of Birth: 17/06/1953	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: LOGISTIC.		Driving Licence Information: Class: 3,4,5		Date of Expiry:	

General Information of the Accident					
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2018 13:05	Type of Location: Straight Road	
Location: Along Road 1 Traveling Toward Road 2 ANG MO KIO STREET 63					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of Vehicles Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Persons
SHC5673P	Car			Red	Slightly Damaged	0
YP52U	Lorry	NISSAN		Blue	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20180601/2185

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180601/2185

CONTINUATION OF REPORT

Date:			
Name	LEE LIAN KOK		ID No. S1280734
Related Vehicle	SHC5673P (Car)		Contact No. NIL
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
Driver:			
Name	LEE KIAN KOK		ID No. S1280734A
Related Vehicle	YP52U (Lorry)		Contact No. 98394706
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

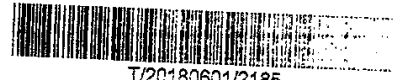
On 01/06/2018 at 1305hrs, I was driving my company blue Nissan lorry bearing registration plate number: YP 52U with the intention to proceed to Yio Chu Kang. While I was travelling along a two lane road of Hong Mo Kio Street 63, I noticed there is a s lorry GY4621S parked stationary at the side of the road along the left lane. I checked my right mirror and there is no vehicles behind my lorry. As such my assessment was that it is safe for me to merge slightly to the right lane to avoid collision with the parked lorry.

After successfully avoiding the parked lorry, I was driving straight and intended to drive back in to the left lane when suddenly a red Transcab taxi bearing registration plate number: SHC5673P came from my rear. The taxi then hit onto the front left side of my lorry causing my front left bumper and two piece of steps (steel material installed for the purpose of boarding the lorry) was broken. After which I stopped my lorry and both the taxi and I went out from our vehicles to talk about the accident. While at the accident scene, the taxi driver admitted to me that it was his fault and he was unsure why he had collided with my lorry. He shared that he was unwell and had wanted to turn right earlier. No one was injured at scene. The driver and I discussed that we will lodge a traffic accident report and claim through our respective insurance company.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999



T/20180601/2185

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Report No. T/20180601/2185

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 /
Staff Sgt MOHAMMAD FAZLEE BIN ZAKARIA

Signature Of Informant:

[Signature] 1/6/18

Signature Of Interpreter:
Not applicable

Date/Time:
01/06/2018 20:02

Officer In Charge Of Case:
TP / GIA /

Classification Of Case:

Contact No.:

Authentication Stamp
NP168



Signature: *[Signature]*

SN 085

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

