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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/08/2018 13:38
Date Of Accident	28/05/2018 00:00
Exact Location Of Accident	ALONG WOODLANDS WALK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XB7886U
Insured/Policyholder	
Name Of Registered Owner	TIDY MAINTENANCE & ENGINEERING PTE. LTD.
Co Reg No	200605618H
Email Address	JOANNA@TIDY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-92344800
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FV517P2RDEB
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	VFX/P2064586
Cover Note Number	
Driver	
Name of Driver	ONG YEW LENG

 Name of Driver
 ONG YEW LENG

 NRIC No
 \$1322027A

 Date Of Birth
 02/05/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/10/2015

Driving Experience 2 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82623811

Fax Number
Contact Number

EMail Address NOEMAIL

BLK 837 JURONG WEST STREET 81 #09-83 Address

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 NO COLLISION Weather Conditions UNKNOWN Road Surface UNKNOWN

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. Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

NO

YES

NO

NO

1

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

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 YM9972X

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)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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:
 - 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)

(If driver is not the policyholder Date & Time: Yvonne Toh

ng Centre Personnel's Signature

NRIC/FIN No.:

Name

SKET	DI	AN

N.A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE GIRLOGINOT						
Accident Date & Tim	ne: 28	5	2018			
Accident Location :	Alona	, ,	2bnalbooc	Walk		
)	-0				
	_	As		police	VPDOVT.	
		' 10	-	Ponce	VCFOVI	
						
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	Reporting C	nly 🗆	Own Damage	e . ☐ Third Pa	rty 🔲 Claim at oth	er workshop (OD/TP)
DECLARATION		- •		IMPORTANT NOTE: You had been advised by the work	shop that in the event that you wish to clair	m against your own policy (Own Damage Claim
I/We deckine the foregoin	ng particulars a	re true in	i e v jery respect. 🛚 i	here is a FOURTEEN (14) days occurrence	clause whereby the claim must be made to	within the supulated timeframe from the day of
and) in the state of the state		(X		1 1.	Yvonne Toh
Policyholder Signature		- ·	10			
Policyholder s Si gnature Date & Time:			ignature is not the policyho	lder)	Reporting Centre Per Name:	rsonner's Signature
		Date & T	ime: 0(-08	-18	NRIC/FIN No.:	
THE STREET			01-00			

POLICE REPORT Pg. 1





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

1 of 3 Report No. T/20180618/2204

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Date/Time Report Made: Vide Report No.: 18/06/2018 22:16 Informant's Particulars Name of Informant: Address: ONG YEW LENG APT BLK 837 JURONG WEST STREET 81 #09-83 SINGAPORE 640837 ID Type / ID No.: Contact No.: NRIC NO / S1322027A Home/Office: Mobile: 82623811 Nationality: Email: SINGAPORE CITIZEN Sex: Date of Birth: Type of Informant: Age: Male 02/05/1958 Driver Race: Language: Institution / School Name: Chinese Chinese Occupation: Driving Licence Information: Trailer-truck driver Class: 2B,2A,2,3,4,5 Date of Expiry:

	Non-Injury	Drink	Date/Time of	Type of Location
Type of Accident:	Others	Drive:	Accident: 28/05/2018 00:00	Typo of Loodaio.
Location: Along Road 1 WOODLAND				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Fraffic Volume:

Details of Vo	ehicle Involved	l		. 1		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
XB7886U	Prime mover	MITSUBISHI		White	No	0
					Damage	

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

POLICE REPORT Pg. 1





2 of 3

Police Station Of Origin: Jurong West N.P.C

Report No. T/20180618/2204

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999 CONTINUATION OF REPORT

Driver	and the second s		•	14	
Name	ONG YEW LENG		ID No.	S1322027A	
Related Vehicle	XB7886U (Prime mover)		Contact No.	82623811	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge NIL		
No. of Days gran	ted Medical Leave NIL	Degree of	f Injury NIL		

Brief Details.

On 18/06/2018, my company supervisor informed me that he received a letter from Traffic Police saying on 28/05/2018, my vehicle XB7886U I was driving was involved in an accident at Woodlands Walk. My company supervisor advised me to proceed to lodge a police report. I wish to state that I did not knock into anything or was involved in any accident.

I have lost the police letter and do not know any details about the stated accident.





3 of 3

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Report No. T/20180618/2204

Tel No: 1800-2689999 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 2 THOMAS JOSEPH THONG WAI MAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2018 22:16
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168 Signature:	
Singapore Police Force	

Accident Photo





Accident Photo









Accident Photo

