

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	29/08/2018 17:17
Date Of Accident	28/08/2018 12:45
Exact Location Of Accident	T-JUNCT OF TELOK AYER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5165P
Insured/Policyholder	
Name Of Registered Owner	SUPREME AUSTRALIAN MEATS PTE LTD
Co Reg No	197500723K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625977

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D 5MT (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	CV1/GA271213
Cover Note Number	

Driver

Name of Driver	CHAN FOOK CHUN
NRIC No	S1726971B
Date Of Birth	06/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94393028
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 38C BENDEMEER ROAD #23-852
Postcode	333038
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 - MAJOR/MINOR RD
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

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	SHF724T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KWOK CHONG YUM
NRIC/Passport Number	S0005272H
Contact Number	91386727
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.

 **PETER'S BUTCHERY**
SUPREME AUSTRALIAN MEATS PTE LTD
32 SIGLAP DRIVE
SINGAPORE 456157

PETER'S BUTCHERY
SUPREME AUSTRALIAN MEATS PTE LTD
32 SIGLAP DRIVE
SINGAPORE 456157

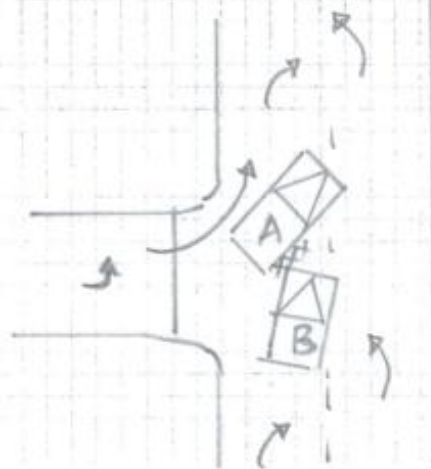
Policyholder's Signature
Date & Time:

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

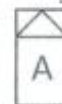


Vehicle No

A - GBG 516SP

B - SHF 724T

Legend



Vehicle



Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After checking the oncoming vehicle to clear, so I proceed to move out from side road to main road. Out of sudden, a veh B from nowhere suddenly hit onto my right middle portion of my vehicle near rear portion. There was no injuries 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 time and on 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.:

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

1 Date of accident 28/8/18		Time 12:45		2 Exact location of accident T-junct of Telok Ayer St		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 type="checkbox"/> Yes <input checked="" 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)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **GRG 565P**

6 Insured / policyholder (see insurance cert.)
Name **Supreme Australian Meats P/L**
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) **64625977**
HP _____

7 Vehicle
Make, type _____

8 Insurance company
A X A ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. **CVI/EA 271213**

9 Driver ☐ Same as Owner
Name **Chun Fook Chun**
NRIC / Passport no. **S1726921B**
Class of licence _____
HP **94393028**
Gender Male ☒ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1 Collide Collision |
| <input type="checkbox"/> | 2 Collided into Bicycle |
| <input type="checkbox"/> | 3 Collided into Motorcyclist |
| <input type="checkbox"/> | 4 Collided into Parked Vehicle |
| <input type="checkbox"/> | 5 Collided into Pedestrian |
| <input type="checkbox"/> | 6 Collided into Property |
| <input type="checkbox"/> | 7 Collision - Change/Cross Lane |
| <input type="checkbox"/> | 8 Collision - Cross Intersection |
| <input type="checkbox"/> | 9 Collision - Head on Collision |
| <input type="checkbox"/> | 10 Collision - Head to Rear |
| <input type="checkbox"/> | 11 Collision - Major/Minor Rd |
| <input type="checkbox"/> | 12 Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | 13 Collision - Roundabout |
| <input type="checkbox"/> | 14 Collision - U-Turn |
| <input type="checkbox"/> | 15 Drink Driving / Drug Influence |
| <input type="checkbox"/> | 16 Fire, Explosion or Lightening |
| <input type="checkbox"/> | 17 Flood |
| <input type="checkbox"/> | 18 Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | 19 Hit by Fallen Tree / Other Objects |
| <input type="checkbox"/> | 20 No Collision |
| <input type="checkbox"/> | 21 Side Swipe |
| <input type="checkbox"/> | 22 Theft |

Registration No. (VEHICLE B) **SHF 724T**

6 Insured / policyholder (see insurance cert.)
Name _____
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type **Taxi**

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 **Khoo Chong Yim**
NRIC / Passport no. **S0005272H**
Class of licence **91386727**
HP _____
Gender Male ☒ Female ☐

State TOTAL number of boxes marked with a cross

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



17 Visible damage to vehicle A

18 My remarks

13 Sketch of accident when impact occurred

Please indicate: 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

Alternatively, please make reference to one of the sketches on page 4

19 Signatures of drivers

PETER'S BUTCHERY
SUPREME AUSTRALIAN MEATS PTE LTD
32 SIGLEAP DRIVE
SINGAPORE 456157

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



17 Visible damage to vehicle B

18 My remarks

In the event of injuries or in the event of damage to property other 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 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 time of accident (including insured)	7 Date of birth _____		Occupation _____	Date of license pass _____	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>				Was driver an employee of the insured's company? Yes <input 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"/>
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"/> Rainy <input type="checkbox"/>	Others _____	
	15 Road surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/>	Others _____	
	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 road, speed limits, etc (Refer to attached) _____				
Declaration	22 State number of Passengers (including Driver) _____				
	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/DL Pg. 1


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1726971B**

Name: **CHAN FOOK CHUN**

Birth Date: **06 Sep 1965**
Issue Date: **17 Dec 2004**




001307598B



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1726971B**

Name: **CHAN FOOK CHUN**

Race: **CHINESE**
Date of Birth: **06-09-1965** Sex: **M**
Country of Birth: **SINGAPORE**

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

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

PASS DATE
17 Dec 2004



NP 428A

0299161



NRIC No: **S1726971B**



Blood Group: **O+** Date of issue: **01-04-1992**

APT BLK 38C BENDEMEER ROAD #23-852
SINGAPORE 333038
NRIC No: **S1726971B** Date: **01/11/2010** No: **6653010**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

