

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 liability.
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	19/10/2018 11:55
Date Of Accident	18/10/2018 18:00
Exact Location Of Accident	DEMPSEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6442M
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Insured/Policyholder

Name Of Registered Owner	KIM SOON LEE (LIM) HEAVY TRANSPORT PTE LTD
Co Reg No	198200457D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83872302

Vehicle Particulars

Manufacturer	MAN
Model	TGM
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	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	P2031670
Cover Note Number	

Driver

Name of Driver	LOI SHANG CHEW
NRIC No	S1158300H
Date Of Birth	20/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1981
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83872302
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 57 NEW UPP CHANGI ROAD #12-1362
Postcode	461057
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SJS3906Z
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

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. 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:
- (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
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

	<p>Vehicle</p> <p>A - XD6442M</p> <p>B - JJS3906Z</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Vehicle </div> <div style="text-align: center;">  Motorcycle </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Travelling along Dempsey Road. Front vehicle stop and I also stop but car B could not stop on time and hit the Back of my lorry.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day 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)

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 18/10/18 1800		2 Exact location of accident Dempsey Road.		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight 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) XD6442M

6 Insured / policyholder (see insurance cert.)
Name Kim Soon Lee
(capital letters)
Address Transport PL
NRIC / Passport no. 1982004570
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type Man T6M.

8 Insurance company
AXA ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. P2031670

9 Driver ☐ State as Owner
Name Lee Sheng Chew
(capital letters)
NRIC / Passport no. 51158300H
Class of licence 83872302
HP
Gender Male ☒ Female ☐

12 CIRCUMSTANCES

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

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Chain Collision |
| <input type="checkbox"/> | Collided into Bicycle |
| <input type="checkbox"/> | Collided into Motorcyclist |
| <input type="checkbox"/> | Collided into Parked Vehicle |
| <input type="checkbox"/> | Collided into Pedestrian |
| <input type="checkbox"/> | Collided into Property |
| <input type="checkbox"/> | Collision - Change/Cross Lane |
| <input type="checkbox"/> | Collision - Cross Junction |
| <input type="checkbox"/> | Collision - Head-on Collision |
| <input type="checkbox"/> | Collision - Head to Rear |
| <input type="checkbox"/> | Collision - Major/Minor Tail |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Roundabout |
| <input type="checkbox"/> | Collision - U-Turn |
| <input type="checkbox"/> | Drunk Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosion or Lightning |
| <input type="checkbox"/> | Flood |
| <input type="checkbox"/> | Hit and Run / Vanishing / Damages not at Fault |
| <input type="checkbox"/> | Hit by Fallen Tree / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Side Swipe |
| <input type="checkbox"/> | Touch |

Registration No. (VEHICLE B) SJ539062

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

7 Vehicle
Make, type

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
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

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

11 Visible damage to vehicle A

14 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

15 Signatures of drivers

A

B

14 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 the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →


Individual Statement

INDIVIDUAL STATEMENT (Part II) Own Workshop Email / Fax (if any)																														
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 Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	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 type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present _____ Tel no. _____																													
Driver or person in charge of vehicle at the time of accident (including insured)	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" 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)																													
	7. Date of birth _____		Occupation _____		Date of license pass _____																									
	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" 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 <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty																						
Date	Offence	Penalty																												
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"/> Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 40%;">Name(s), address(es) and approximate age(s)</th> <th style="width: 20%;">Injuries sustained</th> <th style="width: 20%;">If vehicle occupants, state in which vehicle</th> <th style="width: 10%;">Were seat belts being worn?</th> <th style="width: 10%;">Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>					Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?				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"/>				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"/>
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			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																										
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"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>																													
	15. Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>																													
	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 _____																													
Declaration	21. State how accident happened, width of roads, speed limits, etc. (Refer to attached) _____																													
	22. State number of Passengers (including Driver) _____																													
	I/We declare the foregoing particulars are true to every particular. Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____																													

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **S1158300H**
Name: **LOI SHANG CHEW**
Birth Date: **20 Jan 1957**
Issue Date: **20 Jul 2018**




002826068D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO.: **S1158300H**



Name: **LOI SHANG CHEW**
黎 上 洲
Race: **CHINESE**
Date of birth: **20-01-1957**
Country of birth: **SINGAPORE**
Sex: **M**

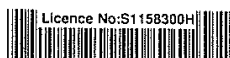


S1158300H

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



		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	06 Apr 1977
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	22 Oct 1980
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	20 Apr 1981
	Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	

NP 428A



Licence No: S1158300H

4804220

NRIC No. **S1158300H**

Date of issue: **21-12-2011**

Address:
APT BLK 57 NEW UPPER CHANGI ROAD
#12-1362
SINGAPORE 461057

Accident Photo



Accident Photo



Accident Photo





Accident Photo

