

## 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	11/02/2019 16:06
Date Of Accident	08/02/2019 18:10
Exact Location Of Accident	ALONG YISHUN AVE 7 TWDS YISHUN INDUSTRIAL PARK A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8241M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAA ENTERPRISE
Co Reg No	28477100K
Email Address	DPAMM@JAA.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63675408

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEN
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	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/P2061657
Cover Note Number	

### Driver

Name of Driver	GOH JOO KWANG
NRIC No	S7128609F
Date Of Birth	16/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90054170
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 693A WOODLANDS AVENUE 6 #04-711
Postcode	731693
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK8569Y
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**

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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 Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

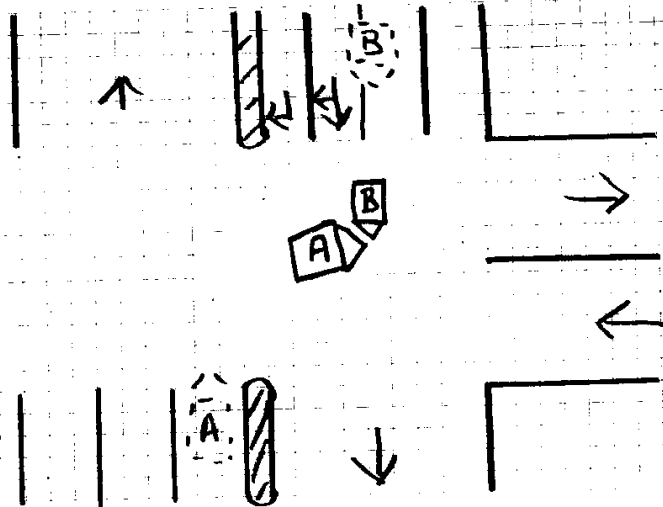
  
Reporting Centre Personnel's Signature  
Name: Yvonne Toh  
NRIC/PIN No.:

# Accident Sketch Plan Pg. 1

## SKETCH PLAN

A → YP 8241M

B → SJK 8569 Y



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 08 Feb 2019, 1810 hrs

Accident Location: Along Vishnu Ave 7 towards Vishnu Industrial Park A

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/PIN No.:

Yvonne Ioh

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190208/2136

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20190208/2136

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2019 20:41	Vide Report No.:	Station Diary No.: 103
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Informant's Particulars				
Name of Informant: GOH JOO KWANG		Address: APT BLK 693A WOODLANDS AVENUE 6 #04-711 SINGAPORE 731693		
ID Type / ID No.: NRIC NO / S7128609F		Contact No.: Home/Office: Mobile: 90054170		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 47	Date of Birth: 16/08/1971	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/02/2019 18:10	Type of Location: Junction
Location: YISHUN AVENUE 7 at the junction toward Yishun Industrial park A				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP8241M	Lorry					0

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

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190208/2136

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20190208/2136

## CONTINUATION OF REPORT

<b>Driver:</b>			
Name	GOH JOO KWANG		ID No. S7128609F
Related Vehicle	NIL		Contact No. 90054170
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 08/02/2019 at about 1810hrs, I was driving my company lorry, YP8241M to Yishun Industrial Park A after my delivery. I was making at the right turn to Yishun Industrial Park A. I slow down before turning right as the right arrow turn green. As I bout to turn right, car which travelling at the opposite direction suddenly beat the red light and hit my lorry. My lorry sustain broken front right headlight and dented front right panel. I had to make a U turn and stop at the left lane. The car stop in front of me. The driver and the passenger came out of the car and began to shout at me. They then leave the scene without exchanging particular. I did not manage to get the car plate number and the driver particular. I have a in vehicle camera that was working.



**SINGAPORE  
POLICE FORCE**



T/20190208/2136

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20190208/2136

## 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:  
L /  
Staff Sgt JASRIN BIN SARAPI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt ESTHER CHONG  
Contact No.: 65476368

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
08/02/2019 20:41

Classification Of Case: