

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	20/02/2019 15:33
Date Of Accident	02/02/2019 13:30
Exact Location Of Accident	LOR BEKUKONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL9020Z
Insured/Policyholder	
Name Of Registered Owner	JIN QUAN MOTOR TRADING
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93807401

Vehicle Particulars

Manufacturer	mitsubishi
Model	FE83
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	THIRD PARTY
Fleet Policy	NO
Policy Number	P1564918
Cover Note Number	

Driver

Name of Driver	TOO SHEN THEN
NRIC No	S0805171B
Date Of Birth	06/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1985
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93807401
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 157A RIVERVALE CRESCENT #13-603
Postcode	541157
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (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)	2
Passenger 1	NAME: : PAX 1 GENDER: : MALE

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	SGM578Z
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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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:

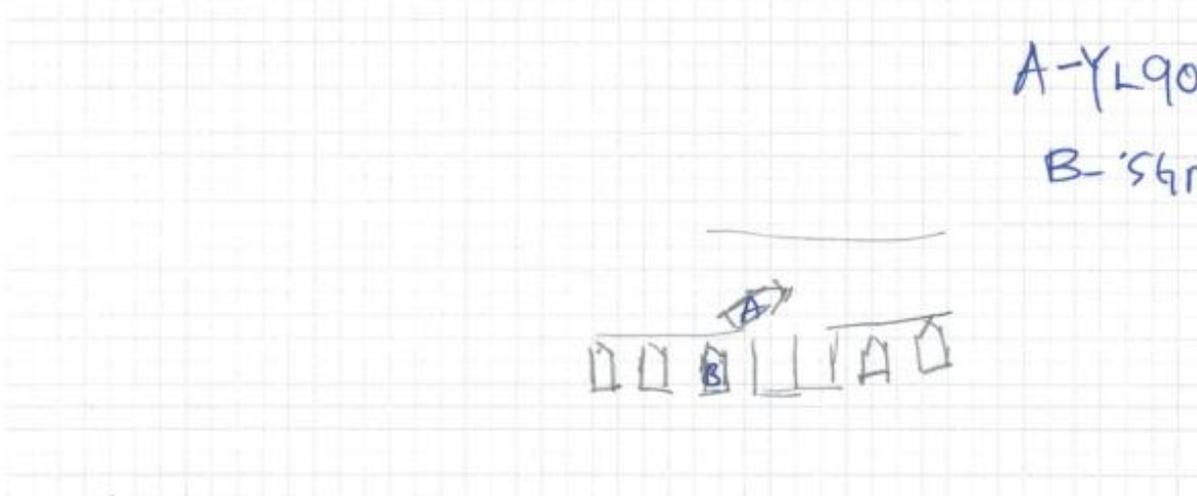


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAY'S TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While reversing into the carpark lot, the rear of my truck (A/H) hit against the front r/h of car B.

- Claim own policy
- Claim third party
- Claim OD / TP at other works hop _____
- For record purpose

Policy No. _____
 Insurer _____ Veh. No. _____

DECLARATION

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

Jooshen Shen
 Policyholder's Signature
 Date & Time:



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

[Signature]
 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

To be signed by BOTH drivers

1 Date of accident: 2/2/19 Time: 1330 2 Exact location of accident: Lor Beku Kang

3 Injuries even if slight: No Yes

4 Material damage: To vehicles other than vehicles A and B: No Yes To objects other than vehicles: No Yes

5 Witness' name, address and tel no. (to be undrafted if hostile is passenger in vehicle A or vehicle B): _____ Vehicle Video Camera available: No Yes

Registration No. (VEHICLE A) YL9020 Z

6 Insured / policyholder (see insurance cert.) Name: Jin Quan Motor Trading

Address: _____

NRIC / Passport no: _____

Tel no. (from 9am till 5pm): _____

HP: _____

7 Vehicle: Vehicle Make, type: _____

8 Insurance company: AXA C TPFT TPO

Does the policy cover damage to vehicle A? No Yes

Policy No: P1564918

9 Driver: State as Owner Name: Tee Shen Then

NRIC / Passport no: S080571B

Class of licence: 93807401

HP: _____

Gender: Male Female

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

- Chain Collision
- Collided into Bicycle
- Collided into Motorcycle
- Collided into Partial Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross/Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Tail
- Collision - Opening Door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Road Blocking / Congestion
- Fire, Explosion or Igniting
- Flood
- Hit and Run / Vanishing / Damaged whilst Parked
- Hit by Fallen Tree / Other Object
- No Collision
- Side Impact
- Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) S4M570Z

6 Insured / policyholder (see insurance cert.) Name: _____

Address: _____

NRIC / Passport no: _____

Tel no. (from 9am till 5pm): _____

HP: _____

7 Vehicle: 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: _____

NRIC / Passport no: _____

Class of licence: _____

HP: _____

Gender: Male Female

13 Indicate the point of initial impact with an arrow (->)

14 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 Indicate the point of initial impact with an arrow(->)

16 Visible damage to vehicle A

17 Visible damage to vehicle B

18 My remarks

19 Signature of driver

Tee Shen Then

20 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 only 5 copies.

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 Idas 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		
	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 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)		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth _____	Occupation _____	Date of license pass _____
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was driver an employee of the insured's company? Yes <input checked="" 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			
Date		Offence	Penalty
Injured person	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 checked="" type="checkbox"/>
			Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Location of property involved - (other than vehicle A and B)	11 Name(s) and address(es) of owner(s) _____	Vehicle registration no. & 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 _____		
	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 checked="" 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 roads, speed limits, etc (Refer to attached)			
22 State number of Passengers (Including Driver) <u>2</u> Pass 1 (M).			
Declaration	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 _____	Date _____



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0805171B



涂盛登

Name
TOO SHEN THEN

Race
CHINESE
Date of Birth 06-11-1949 Sex M
Country of Birth
SINGAPORE

S0805171B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0805171B
Name: TOO SHEN THEN
Birth Date: 06 Nov 1949
Issue Date: 07 Apr 2004

001187588E

0 0 2 2 8 0 4

NRIC No. S0805171B 5770

Blood Group: B+ Date of Issue: 25-06-1991

APT BLK 157A RIVERVALE CRESCENT #13-603
SINGAPORE 641157

NRIC No. S0805171B Date: 25-01-2002 No. 4226222

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jul 1971
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	20 Sep 1985
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	13 Nov 1985

NP 428A

Licence No: S0805171B

Accident Photo

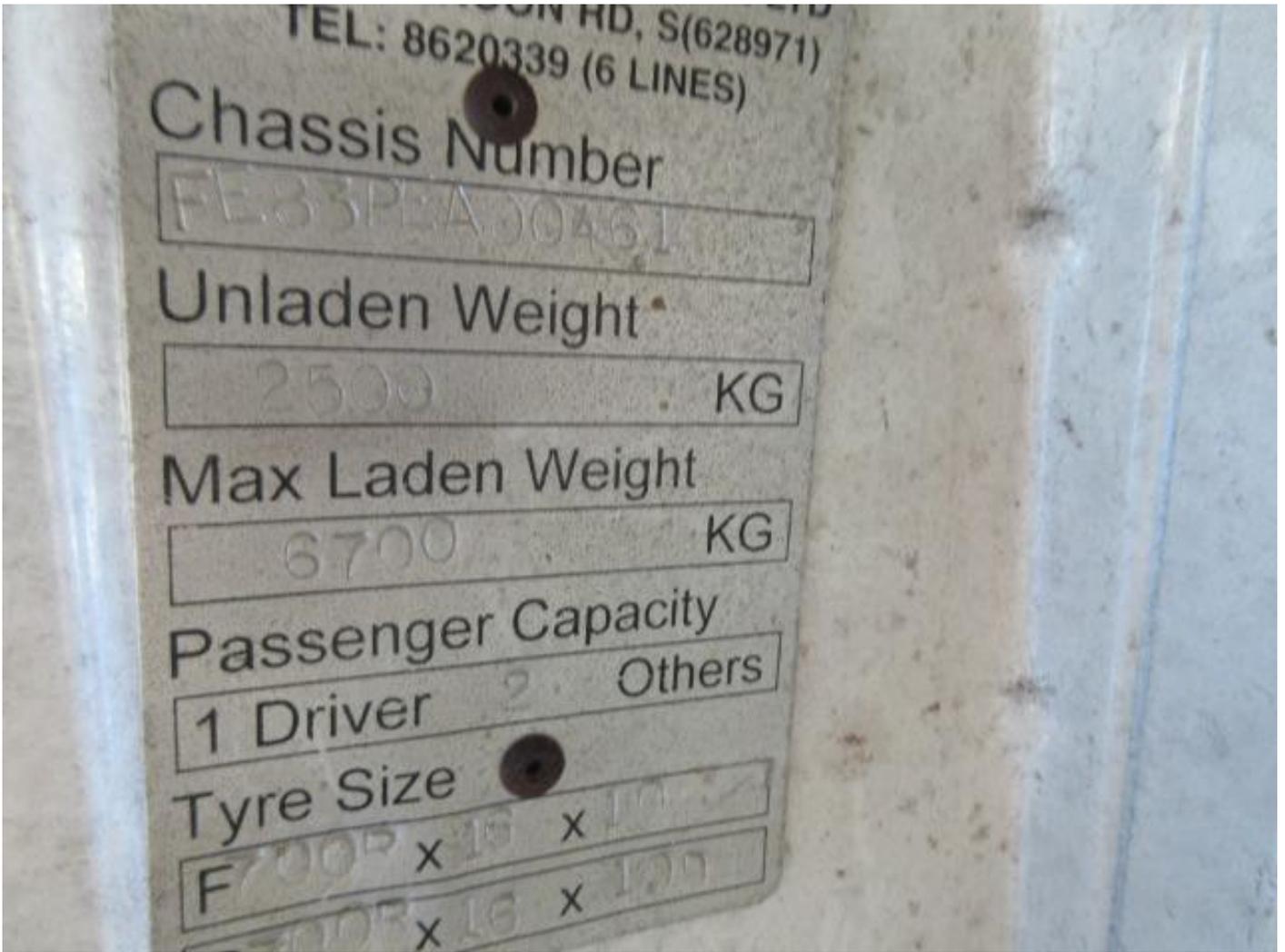


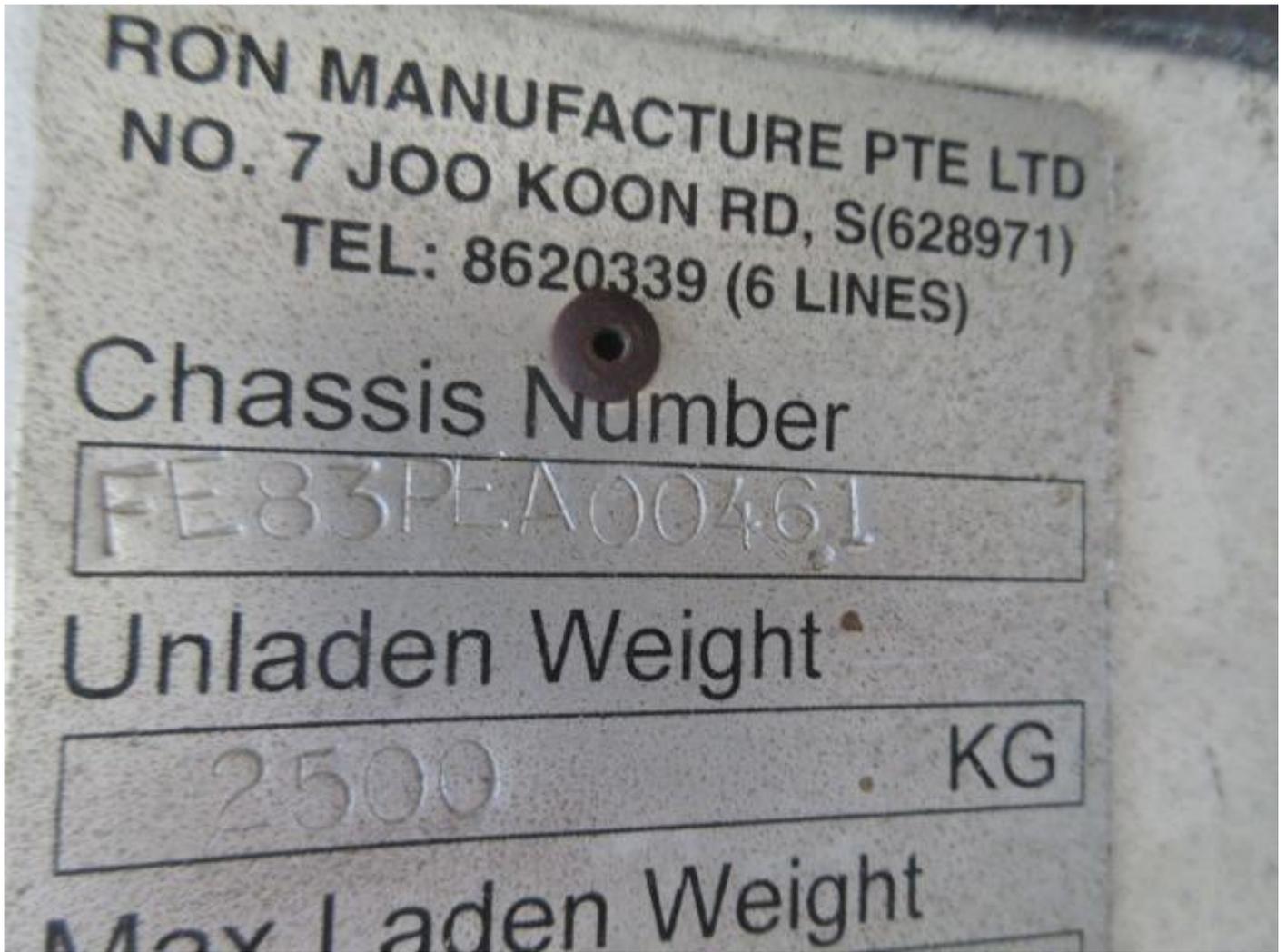
Accident Photo



Accident Photo







Accident Photo

