

## 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	21/01/2019 11:08
Date Of Accident	20/01/2019 11:10
Exact Location Of Accident	ALONG DEPOT RD NEAR CMPB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2999R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SFI MANUFACTURING PRIVATE LIMITED
Co Reg No	200603576R
Email Address	FAISAL_DJOJO@SATS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-97622928

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 D (M)
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	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	P1742715
Cover Note Number	

### Driver

Name of Driver	AW POH KIEW
NRIC No	S0101780B
Date Of Birth	23/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1971
Driving Experience	47 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94777965
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	20, AIRPORT BOULEVARD, SATS INFLIGHT CATERING CENTRE 1, SINGAPORE 819659
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CLEMENTI N.P.C
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190120/2105

#### 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	FBG9680S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBG9680S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

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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. 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.

SFI MANUFACTURING PRIVATE LIMITED  
(Regn. No.: 200603576R)  
234 PANDAN LOOP  
SINGAPORE 128422

\_\_\_\_\_  
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 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190120/2105

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3  
Report No. T/20190120/2105

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/01/2019 18:49		Vide Report No.: D/20190120/0056		Station Diary No.: 152
<b>Informant's Particulars</b>				
Name of Informant: AW POH KIEW		Address: APT BLK 729 CLEMENTI WEST STREET 2 #08-344 SINGAPORE 120729		
ID Type / ID No.: NRIC NO / S0101780B		Contact No.: Home/Office: Mobile: 94777965		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 67	Date of Birth: 23/12/1951	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Van driver		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/01/2019 11:10	Type of Location: Straight Road
Location: Along Road 1 DEPOT ROAD  near CMPB				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9680S	Motorcycle	SUZUKI	GSX-R1000 M		Seriously Damaged	0
GBC2999R	Van	NISSAN	URVAN 3.0 5MT ABS AB 5DR LWB PANEL	White	Seriously Damaged	0



**SINGAPORE  
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T/20190120/2105

Police Station Of Origin:  
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20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20190120/2105

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AW POH KIEW	ID No.	S0101780B
Related Vehicle	GBC2999R (Van)	Contact No.	94777965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/01/2019 at about 1110hrs, I was driving alone in my company white Nissan Commonrail van - GBC2999R along Depot Rd and turning right to CMPB to deliver food. Before I stop my van, I had indicated my signal light to stop.

When I initiated the stop, a few minutes later, I heard a thud at the rear part of my van. I then got down and made a check and discovered a motorcyclist lying on the road and there was a dent on my left side of my van and the rear windscreen shattered.

Passer-by's then assisted the motorcyclist and ambulance together with traffic police came to scene reference to D/20190120/0056. I believed there is CCTV installed at the vicinity. One witness namely Cpl Han Seng HP: 96620325 saw the accident. There is no in-car camera in my van.



SINGAPORE  
POLICE FORCE



T/20190120/2105

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

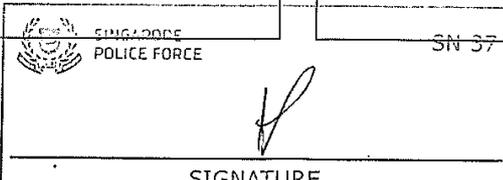
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Report No. T/20190120/2105

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: D / Sr Staff Sgt SUZIANNA BINTE ZAINAL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2019 18:49
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I KHAZALI Contact No.: 65476214	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

