

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	05/03/2019 11:02
Date Of Accident	04/03/2019 11:15
Exact Location Of Accident	PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7891J
Insured/Policyholder	
Name Of Registered Owner	AWSTRONG TRADING PTE LTD
Co Reg No	198700900N
Email Address	AWSTRONG@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62944780

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	P2167251
Cover Note Number	

Driver

Name of Driver	GENG YE
Passport No/FIN	G5349225N
Date Of Birth	13/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85587633
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 42 CAMBRIDGE ROAD #01-08
Postcode	210042
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?	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	SKT7823K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH SIM CHUAN
NRIC/Passport Number	S8313983H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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, regulator, 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:

5/3/19.

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

Sketch Plan #2

SKETCH PLAN

SKETCH PLAN	
<p>Refer To Attached.</p>	<p><u>Vehicle</u></p> <p>A -</p> <p>B -</p>
	<p><u>Legend</u></p> <div><div><p>Vehicle</p></div><div><p>Motorcycle</p></div></div>

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances of the accident.

In the Slip Rd roundabout, I was checking traffic on my right and did not realize Veh B. did not move out and the front of my lorry hit the rear of Car B.

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:

5/3/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

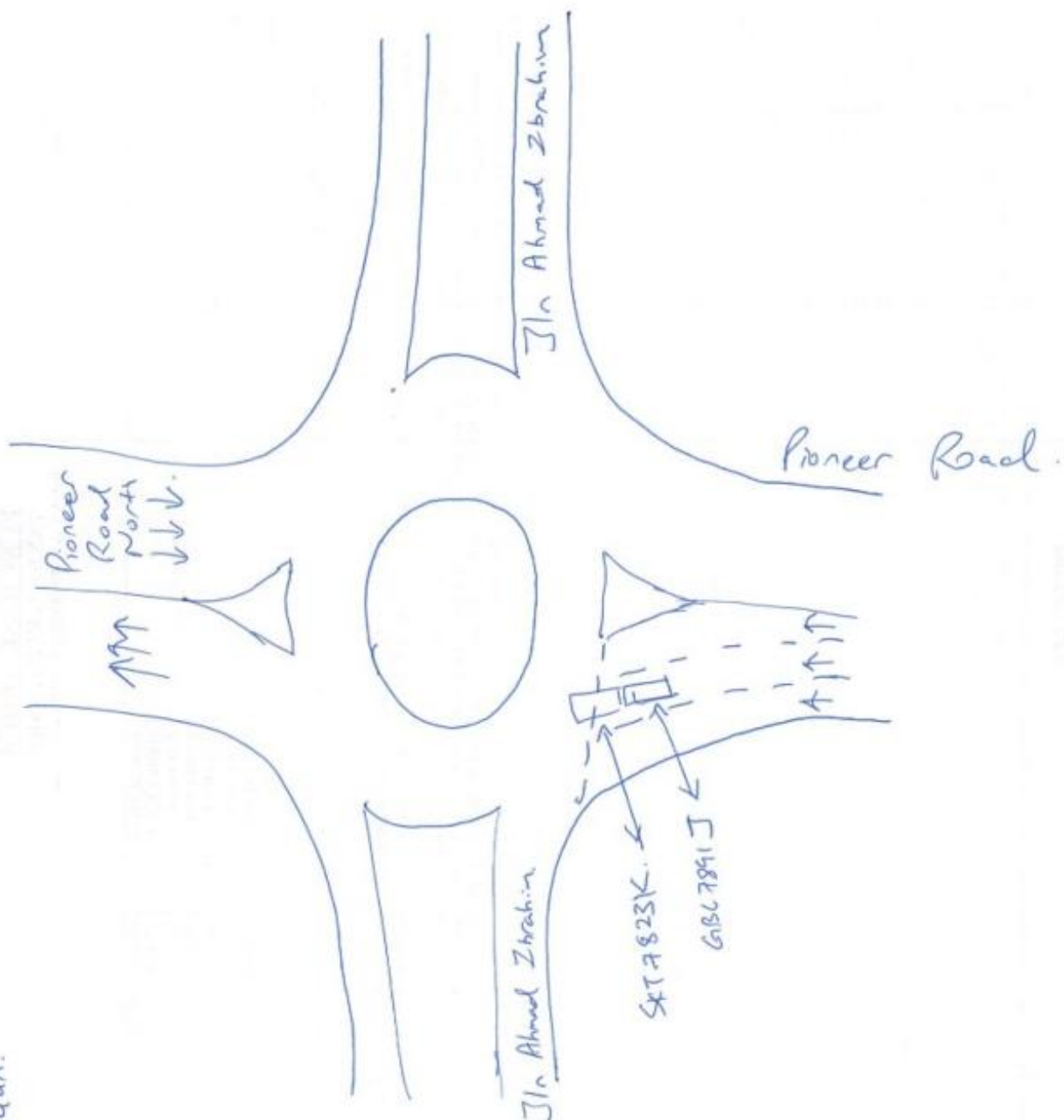
Mr. Soh Sim Chuan.

S831 3983 H.

SKT 7823 K.

04 / MAR / 2019.

11.15 am.



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 4/3/19	Time 1115	2 Exact location of accident Pioneer Rd.	To be signed by BOTH drivers 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 checked="" type="checkbox"/> Yes <input 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 undefined if the witness 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) **GBC 7891J**

6 Insured / policyholder (see insurance cert.)
Name (capital letters) **Amstrong Trading**
Address **42 Cambridge Rd. #81-08.
1987009 DON.**

NRIC / Passport no. **S216042**
Tel no. (from Singapore) **62944780**
HP **62944780**

7 Vehicle
Make, type **Toyota Dyna**

8 Insurance company
AXA ☒ C ☐ TFFT ☐ TFO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **P216751**

9 Driver ☐ State as Owner
Name (capital letters) **Erng Ye**
NRIC / Passport no. **G524925N**
Class of licence
HP **S5587633**
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"/>	Collision into Object
<input type="checkbox"/>	Collision into Motorcyclist
<input type="checkbox"/>	Collision into Pedestrian
<input type="checkbox"/>	Collision into Property
<input type="checkbox"/>	Collision - Change/Door open
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Motor/Motorist
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roadblock
<input type="checkbox"/>	Collision - Station
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire / Explosion or Alighting
<input type="checkbox"/>	Revolving
<input type="checkbox"/>	Hit and Run / Vanishing / Escaped without fault
<input type="checkbox"/>	Hit by Police Van / Other Vehicles
<input type="checkbox"/>	Hit by Collision
<input type="checkbox"/>	Hit by Object
<input type="checkbox"/>	Trail

13 State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **SKT 7823K**

6 Insured / policyholder (see insurance cert.)
Name (capital letters)
Address
NRIC / Passport no.
Tel no. (from Singapore)
HP
7 Vehicle
Make, type
8 Insurance company
☐ C ☐ TFFT ☐ TFO
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 ☐

10 Indicate this point of initial impact with an arrow (M)

11 Visible damage to vehicle A

12 My remarks

13 Sketch of accident when impact occurred

14 Signature of driver A

15 Signature of driver B

16 My remarks

10 Indicate this point of initial impact with an arrow (M)

11 Visible damage to vehicle B



12 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information on leaflet

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	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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											
	13/5/80	Indoor	Outdoor											
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>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											
Damage to property (other than vehicle - A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Insurer's name and address (if known)											
Police action	12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	If yes, please state which Police station													
Accident details	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	If yes, against whom?													
	14 Weather conditions	Clear <input checked="" type="checkbox"/> <input type="checkbox"/> Raining <input type="checkbox"/> <input type="checkbox"/> Others <input type="checkbox"/>												
	15 Road surface	Wet <input type="checkbox"/> <input type="checkbox"/> Dry <input checked="" type="checkbox"/> <input type="checkbox"/> Others <input type="checkbox"/>												
	16 Speed of vehicles	A <input type="checkbox"/> km/hr <input type="checkbox"/> B <input type="checkbox"/> km/hr												
	17 What warnings were given by driver or other party?													
Declaration	18 Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	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 sketch)													
	22 State number of Passengers (including Driver) <input type="checkbox"/>													
	I/we declare the foregoing particulars are true in every respect. Policyholder's signature  Date 3/5/19 Driver's signature (if driver is not the policyholder)  Date 3/5/19													

Driver WP & LIC Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G5349225N**


Name: **GENG YE**

Birth Date: **13 May 1980**

Issue Date: **06 Dec 2017**

Valid Till: **16/12/2022**

002750867C



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


Employer: **AWSTRONG TRADING PTE LTD**

Name: **GENG YE**

S Pass No.: **0 75233329**

Sector: **MANUFACTURING**

K0917790



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

Class J Motor cars <= 3000 kg wght, <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 1500 kg


EFFECTIVE DATE 19 Dec 2017

S / No. 9000304366

G5349225N

NP 428A

Licence No: G5349225N



VISIT PASS
Immigration Regulations

31-10-2019

Name: **GENG YE**

FIN: **G5349225N**

Date of Birth: **13-05-1980** Sex: **M**

Nationality: **CHINESE**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA219029811 Vehicle Registration No: 9BL7891J
Name (as shown in NRIC) : Geng Ye NRIC/FIN/Passport No : G 534920N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 85587633
Email Address : _____
Date of Accident : 4/3/19 Time of Accident : 1115hrs
Place of Accident : Pioneer Rd.
Insurance Company : AXA Ins

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach sketch plan.



Policyholder / Driver's Signature
Date:


PROGRESSIVE CAR CARE PTE LTD
Blk 3022A Ubi Road 1 # 01-45/46
Singapore 408716
Tel: 6741 5338 Fax: 6741 7208
Email: reporting@progressivecarcare.com.sg

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