

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 14:36
Date Of Accident	04/03/2019 11:20
Exact Location Of Accident	ALONG RD 1 SOUTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP1546T
Insured/Policyholder	
Name Of Registered Owner	ENGRO CORPORATION LTD
Co Reg No	197302229H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97569682

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT-1.6 (A)
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	YES
Policy Number	GA319570/1
Cover Note Number	

Driver

Name of Driver	PAE CHENG SIONG
NRIC No	S1216945J
Date Of Birth	14/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1984
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97569682
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 114 TECK WHYE LANE #10-682 SINGAPORE 680114
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	SIDE SWIPE
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 [OTHER]	700 CORPORATION RD SINGAPORE 649818
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT

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	FB6113L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	GARY FOO FEI LEONG
NRIC/Passport Number	S7913791Z
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:

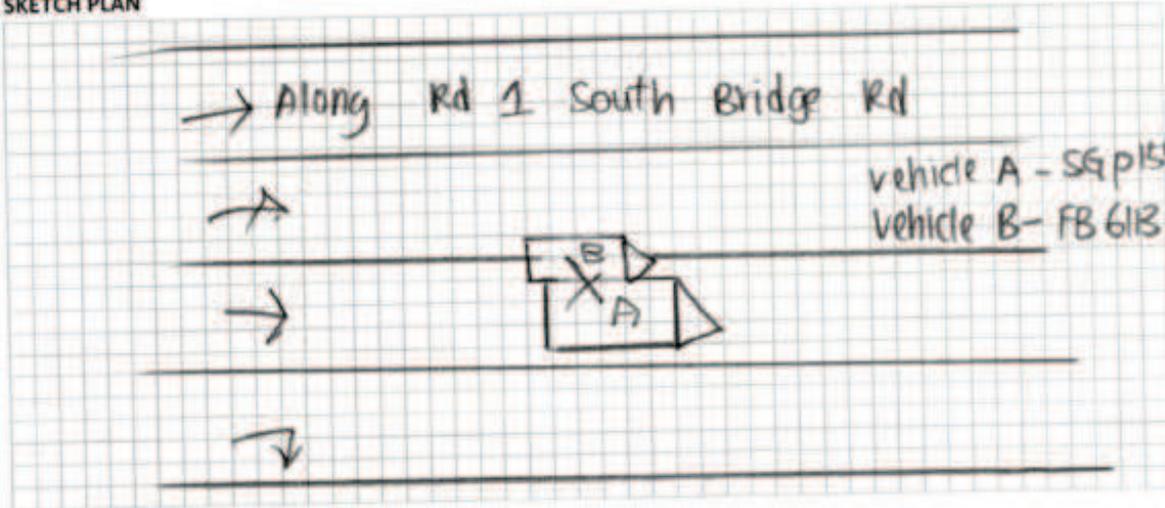



Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to sketch plan

DECLARATION

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

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.:

20200301 - Sketch Plan Form - V3

Driving License

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1216945J



NAME
 PAE CHENG SIONG

種 族
 CHINESE

Sex
 M

Date of Birth
 14-11-1956

Place of Birth
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number S1216945J

PAE CHENG SIONG

Sex M

Date of Birth 14 Nov 1956

Valid From 13 Sep 2001




5492045



Identity Number S1216945J



Sex M

Date of Birth 14 Nov 1956

NAME
 PAE CHENG SIONG

種 族
 CHINESE

Date of Birth
 14-11-1956

Place of Birth
 SINGAPORE

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Date
Class 2A	Motorcycles and mopeds	27 Aug 2002
Class 2B	Motorcycles having a net weight of 200 kg or less	27 Aug 2002
Class 3	Motor Cycles and Motor Tricycles the weight of which do not exceed 200 kg	27 Aug 2002
Class 4	Motor Cycles and Motor Tricycles the weight of which do not exceed 200 kg	27 Oct 2002
Class 5	Heavy Motor Cycles and Motor Tricycles the weight of which do not exceed 200 kg	27 Oct 2002
Class 6	Motor Vehicles which are not constructed in accordance with the design and the weight prescribed in the Motor Vehicle Regulations	27 Oct 2002



MP4285

Police Report



**SINGAPORE
POLICE FORCE**



T120/30304/2105

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649618
Tel No: 1900-2689999

Form
Report No: T120/30304/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2019 16:01	Video Report No : A20190304/0051	Station Duty No: 115
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Informant's Particulars			
Name of Informant: PAC CHENG SIONG		Address: APT BLK 114 TECK WHYE LANE #10 B82 SINGAPORE 690114	
ID Type / ID No.: NRIC NO / S121694LJ		Contact No: Home/Office	Mobile: 97560662
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 14/11/1956	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Working proprietor (transport, storage and courier)		Driving Licence Information: Class: 2B 2A 2,3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance:	Drink Drive: No	Date/Time of Accident: 04/03/2019 11:20	Type of Location: Straight Road
Location: Along Road 1 SOUTH BRIDGE ROAD				
Near to Junction of South Bridge Road and Mosque St				
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 - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE113L	Motorcycle				Seriously Damaged	0
SGP1548T	Car				Slightly Damaged	0

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

Police Report



**SINGAPORE
POLICE FORCE**



T:20130204/2165

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2899899

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Report No: T20190004/2105

CONTINUATION OF REPORT

Rider			
Name	GARY FOO FEI LEONG	ID No.	S79157912
Related Vehicle	FB8113L (Motorcycle)	Contact No.	NIL
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
Driver			
Name	PAE CHENG SIONG	ID No.	S1215945J
Related Vehicle	SGP1546T (Car)	Contact No.	87568682
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,6 Date of Expiry: NIL
Date treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 04/03/2019 at about 1120hrs, I was driving my vehicle: SGP1546T, along South Bridge Road, on the second on from the light. As Traffic Light indicated green light, I proceed to pass the Junction of South Bridge Road and Cross St. Suddenly, a motorcycle, FB8113L, came from my left thus side swipe with my vehicle. Due to the impacted, the motorcycle moved towards the extreme right lane and stopped before Mosque St. I managed to exchanged particular with the rider however I didn't exchanged particular with the passenger.

There scratches on my vehicle front left side of the vehicle. I noticed there was damages to the motorcycle and believe it might have side hit onto the boulder at the side of the road after colliding with my vehicle.

Traffic Police and Ambulance arrived at scene. The rider and his passenger were conveyed by ambulance.

In-Charge of Case TP IO Husrul Taufiq did: 6547 8358

Police Report



**SINGAPORE
POLICE FORCE**



T201903042105

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 849618
Tel No. 1800-2889999

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Report No. T201903042105

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 J/ Sgt 1 BRAHIM BIN ROSLI	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time: 04/03/2019 16:01
Officer In Charge Of Case: TP / GIT / Staff Sgt. MOHAMED HUSNUL TALFIC BIN MD YUSOF Contact No.: 65476358	Classification Of Case: SN 126
Authentication Stamp MF18	 Signature: Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

