

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	08/03/2019 16:31
Date Of Accident	07/03/2019 12:50
Exact Location Of Accident	LORNIE RD TWDS BRADDELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8738H
Insured/Policyholder	
Name Of Registered Owner	ISLAND RECOVERY SERVICES
Co Reg No	53120055L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91828211

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A R1

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	P1916177
Cover Note Number	

Driver

Name of Driver	LI ZHONGYU
NRIC No	G7792171R
Date Of Birth	22/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90217295
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 131 JALAN BUKIT MERAH #04-1599
 Postcode 160131
 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? 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 EUNOS NPP
 Police Station Address ROAD: 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: 470629, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190308/2088.

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 SJK3069G
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver LIM KHEE MING
 NRIC/Passport Number S1182523J
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LI ZHONGYU

Approximate Age

Injuries Sustain

Injured person in which vehicle? YN8736H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

VEHICLE: 1N8738P
 VEHICLE: SJK3069G
 Location: towards: Raffles Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report: 7/20190308/208

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.:



**SINGAPORE
POLICE FORCE**



T/20190308/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20190308/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 13:24	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: LI ZHONGYU	Address: APT BLK 131 JALAN BUKIT MERAH #04-1599 SINGAPORE 160131		
ID Type / ID No.: FIN NO / G7792171R	Contact No.: Home/Office: Mobile: 90217295		
Nationality: CHINESE	Email:		
Sex: Male	Age: 31	Date of Birth: 22/04/1987	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Other heavy truck and lorry drivers	Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 12:50	Type of Location: Straight Road
Location: Along Road 1 LORNIE ROAD TOWARDS BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK3069G	Car	MERCEDES BENZ	E200K	Grey	Slightly Damaged	0
YN8738H	Lorry	ISUZU	NHR85AUE4 A R1	Blue	Slightly Damaged	0

Details of Person Involved

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



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T/20190308/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20190308/2088

CONTINUATION OF REPORT

Driver			
Name	LIM KHEE MING		ID No. S1182523J
Related Vehicle	SJK3069G (Car)		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	LI ZHONGYU		ID No. G7792171R
Related Vehicle	YN8738H (Lorry)		Contact No. 90217295
Hospital/Clinic	GALILEE CLINIC		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	08/03/2019	Date Discharge	08/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/03/2019 at around 1252hrs, I was driving along Lornie Road towards Bradell road as I was transporting vehicles to the Traffic Police Compound on the third lane when I suddenly felt an impact from the rear. Due to the impact, my lorry was pushed to my right in lane 2 before I steer it back into lane 3 and that's when I saw one Grey vehicle passing by me on lane 3 and stopping at the road shoulder ahead. The driver of the car then alighted and apologized saying he lost control of the car. We then exchanged particulars and took photos of the scene before I reported the incident to my company. On 08/03/2019, I then visited the doctor as I felt unwell and was given 3 days MC. The insurance company then advised me to lodge a Police report. The vehicle that I am driving was damaged on the rear left portion and the nut controlling the movable platform is spoilt thus making it unusable now.



SINGAPORE
POLICE FORCE



T/20190308/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20190308/2088

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:

G /

Sgt 2 LIEW CHONG XIANG, VINCENT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

08/03/2019 13:24

Classification Of Case:

Authentication Stamp

NP168