

## 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	06/05/2019 13:29
Date Of Accident	02/05/2019 12:30
Exact Location Of Accident	UBI AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9903E
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#### Insured/Policyholder

Name Of Registered Owner	BAKERS AND CHEFS FOOD EQUIPMENT PTE LTD
Co Reg No	201077271E
Email Address	CHANBOON.LAU@BAKERSANDCHEFS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67490012

#### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	GA355410
Cover Note Number	

#### Driver

Name of Driver	SHI WENCAI
Passport No/FIN	G3322658L
Date Of Birth	08/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97316335
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	C/O 469 MACPHERSON ROAD #01-01
Postcode	368186
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)	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

VEH A REVERSE & HIT VEH B 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	GBG7279C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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.

  
Policyholder's Signature  
Date & Time: 

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 6/9/14

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

## Sketch Plan #2

### SKETCH PLAN

**Vehicle**  
A - GBF9903E  
B - GBG727C

**Legend**  
  
Vehicle  
  
Motorcycle

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was reversing, my rear ~~left~~ hit the rear left 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 date of the accident. Kindly check your policy for more details.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 6/5/19.

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

1 Date of accident Time 2 Exact location of accident

3 Injuries even if slight

4 Material damage To vehicles other than vehicles A and B To objects other than vehicles

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Vehicle Video Camera Available

Registration No. (VEHICLE A) GBF 9903E

6 Insured / policyholder (see insurance cert.)

Name Bakers And

Address 469 Macpherson Rd

NRIC / Passport no. 201017271E

Tel no. (from 9am till 5pm) 67490012

HP 67490012

7 Vehicle

Make, type Nissan Celerio 3.0

8 Insurance company AXA

Does the policy cover damage to vehicle A? No Yes

Policy No. GA 355410

9 Driver Same as Owner

Name Shi Wun Cai

NRIC / Passport no. G33226581

Class of licence 3

HP 92316335

Gender Male Female

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES

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

Chain Collision

Collided into Bicyclist

Collided into Motorcyclist

Collided into Parked 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 Rd

Collision - Opening Door of Vehicle

Collision - Roundabout

Collision - U-Turn

Dink Driving / Drug Influence

Fire, Explosion or Lightning

Flood

Hit and Run / Vandalism / Damaged whilst Parked

Hit by Fallen Tree / Other Objects

No Collision

Side Swipe

Truck

State TOTAL number of boxes marked with a cross

13 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

Alternatively, please make reference to one of the sketches on page 4

15 Signatures of drivers

A

B

Registration No. (VEHICLE B) G06 7279C

6 Insured / policyholder (see insurance cert.)

Name

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle

Make, type

8 Insurance company

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

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 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 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, state Relationship of Driver with owner											
	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		state the vehicle number and name of insurer of driver's own vehicle (where applicable)											
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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"/>													
Of which vehicle are you the owner?	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)													
	7 Date of birth	Occupation	Date of license pass											
	8/4/24	Indoor	21/1/19											
	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													
	<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												
Driver or person in charge of vehicle at the time of accident (including insured)	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle											
Injured persons	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage											
Damage to property & vehicles (other than vehicles A and B)	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>											
	If yes, please state which Police station		Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>											
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
	If yes, against whom?													
Police action	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>												
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>												
	16 Speed of vehicles	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr												
	17 What warnings were given by driver or other party?													
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input 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) <input type="checkbox"/> Pax male													
Accident details	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 _____													

# Driving License & WP Pg. 1

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**BAKERS AND CHEFS FOOD EQUIPMENT PTE. LTD.**

Name  
**SHI WENCAI**

Work Permit No.  
**0 77275169**

Sector:  
**SERVICE**

**K0238968**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number  
**G3322658L**

Name  
**SHI WENCAI**

Birth Date: **08 Apr 1984**  
Issue Date: **17 Aug 2016**  
Valid Till: **16/08/2023**

**002836168H**

**VISIT PASS**  
Immigration Regulations

04-04-2016

Name  
**SHI WENCAI**

FIN  
**G3322658L**

Date of Birth: **08-04-1984** 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**

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

**EFFECTIVE DATE**

CI Class 3 Motor cars <= 3800 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg 21 Jan 2019

**G3322658L**

**S / No.9000288164**

**NP 428A**

**Licence No: G3322658L**



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

