

## 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	17/06/2019 15:12
Date Of Accident	16/06/2019 00:30
Exact Location Of Accident	76 BEDOK NORTH ROAD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT441Y
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#### Insured/Policyholder

Name Of Registered Owner	HENG HUP ALUMINIUM & RENOVATION CONSTRUCTION
Co Reg No	NA
Email Address	HENG_HUP@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67436344

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 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	REPORTING ONLY
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Vehicle Category	COMMERCIAL VEHICLE
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#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2100421747-03
Cover Note Number	

#### Driver

Name of Driver	ONG CHOON HENG
Work Permit No	S1710759C
Date Of Birth	20/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	06/04/1987
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90276632
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	76 BEDOK NORTH ROAD
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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

PLEASE REFER TO ATTACHED. STATEMENT RECORDED BY DARYL - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

#### 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	SKM471A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident 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, 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.

HENG HUP ALUMINIUM &  
RENOVATION CONSTRUCTION

Blk 3006, #02-378 Ubi Road 1

Singapore 408700

Tel: 7435391

Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17/06/14



1500hrs

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

## Accident Sketch Plan

### SKETCH PLAN

Vehicle  
A - GT 441Y  
B - SKM 471A

Legend  
 Vehicle  
 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The vehicle was used for private purpose,  
I was on the way home.

I accidentally reverse into the other vehicle  
SKM 471A.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your return may be assessed within (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.

**HENG HUP ALUMINIUM &  
RENOVATION CONSTRUCTION**  
Bldg 0008, #02-378 Ubi Road 1  
Singapore 408700  
Tel: 7436344 Fax: 7435391

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

1500 hrs  
17/06/19

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: Dany 7.



# 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

<b>1 Date of accident</b> Time <b>16/06/19 10030</b>		<b>2 Exact location of accident</b> <b>Bedok North Rd, Bk 76 Carpark.</b>	<b>To be signed by BOTH drivers</b> <b>3 Injuries even if slight</b> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
<b>4 Material damage</b> 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"/>	<b>5 Witness' name, address and tel no.</b> (to be underlined if he/she 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)** **GT 441 Y**

**6 Insured / policyholder (see insurance cert.)**  
**Name** **HENRY HUP ALUMINIUM**  
 (capital letters) **RENOVATION CONSTRUCTION**  
**Address** \_\_\_\_\_  
**NRIC / Passport no.** \_\_\_\_\_  
**Tel no. (from 9am till 5pm)** **67435341**  
**HP** **6743 6344**

**7 Vehicle**  
**Make, type** **Toyota Dyna 150D 1.9**  
**7on**

**8 Insurance company**  
**AXA** ☐ C ☐ TPFT ☒ TPO  
 Does the policy cover damage to vehicle A?  
 No ☒ Yes ☐  
**Policy No.** **2100421747-03**

**9 Driver** ☐ Same as Owner  
**Name** **ONG HOON HENG**  
 (capital letters)  
**NRIC / Passport no.** **S1710759C**  
**Class of licence** **3**  
**HP** **90176632**  
**Gender** Male ☒ Female ☐

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

<input type="checkbox"/> 1 Chain Collision
<input type="checkbox"/> 2 Collided into Bicyclist
<input type="checkbox"/> 3 Collided into Motorcyclist
<input type="checkbox"/> 4 Collided into Parked Vehicle
<input type="checkbox"/> 5 Collided into Pedestrian
<input type="checkbox"/> 6 Collided into Property
<input type="checkbox"/> 7 Collision - Change/Cross Lane
<input type="checkbox"/> 8 Collision - Cross Junction
<input type="checkbox"/> 9 Collision - Head on Collision
<input type="checkbox"/> 10 Collision - Head to Rear
<input type="checkbox"/> 11 Collision - Major/Minor Rd
<input type="checkbox"/> 12 Collision - Opening Door of Vehicle
<input type="checkbox"/> 13 Collision - Roundabout
<input type="checkbox"/> 14 Collision - U-Turn
<input type="checkbox"/> 15 Drunk Driving / Drug Influence
<input type="checkbox"/> 16 Fire, Explosion or Lightning
<input type="checkbox"/> 17 Flood
<input type="checkbox"/> 18 Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/> 19 Hit by Fallen Tree / Other Objects
<input type="checkbox"/> 20 No Collision
<input type="checkbox"/> 21 Side Swipe
<input type="checkbox"/> 22 Theft

**Registration No. (VEHICLE B)** **SKM 471 A**

**6 Insured / policyholder (see insurance cert.)**  
**Name** \_\_\_\_\_  
 (capital letters)  
**Address** \_\_\_\_\_  
**NRIC / Passport no.** \_\_\_\_\_  
**Tel no. (from 9am till 5pm)** \_\_\_\_\_  
**HP** \_\_\_\_\_

**7 Vehicle**  
**Make, type** \_\_\_\_\_

**8 Insurance company**  
☐ C ☐ TPFT ☐ TPO  
 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 the point of initial impact with an arrow (→)**

**11 Visible damage to vehicle A**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14 My remarks**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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**

**HENG HUP ALUMINIUM & RENOVATION CONSTRUCTION**  
**BA 3006, #02-378 Ubi Road 1**  
**Singapore 408700**  
**Tel: 7436344 Fax: 7435391**

**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 persons or property, do not alter anything in the statement after signing to vehicles A and B, give information overleaf. Subsequently, each driver should take one copy.

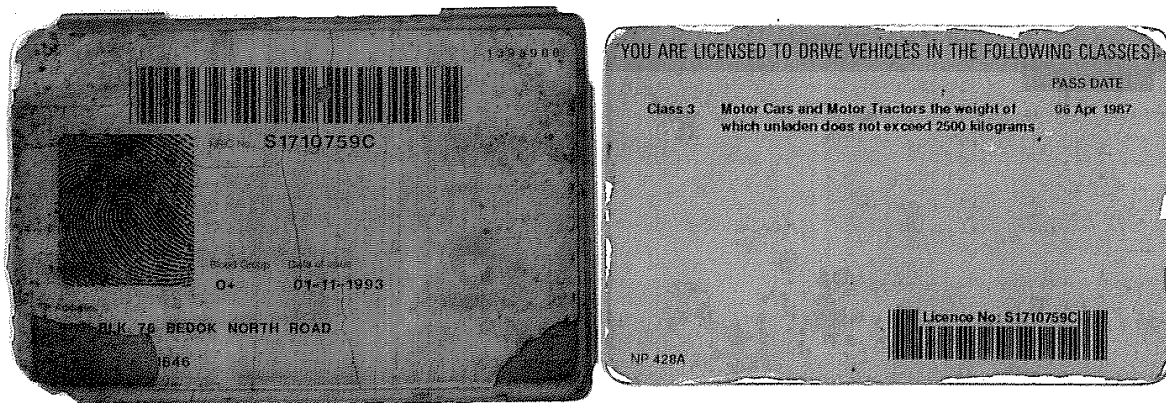
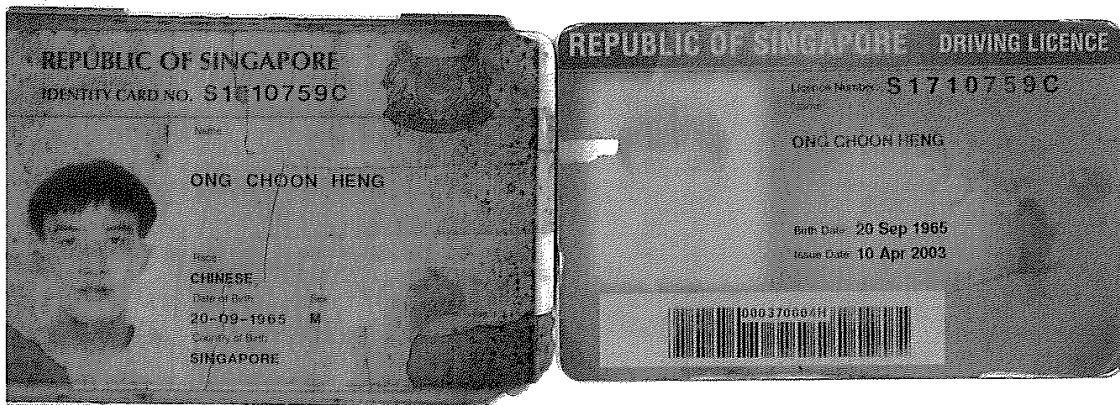
For insured's Individual Statement (Part II) see overleaf →

# 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)														
Of which vehicle are you the owner?	2 Vehicle registration no.	C.C.	Email: <u>heng-hup@ya1100.com.sg</u>												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>employee</u> 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 checked="" type="checkbox"/> Private use <input 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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.														
A	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	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)														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass												
	<u>20/09/1965</u>	<u>Indoor</u>	<u>Outdoor</u> <input checked="" type="checkbox"/> <u>06/04/1987</u>												
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
	Was driver an employee of the insured's company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
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													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
			Insurer's name and address (if known)												
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If yes, please state which Police station														
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If yes, against whom?														
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>												
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>												
	16 Speed of vehicles	A <input type="text"/> km/hr	B <input type="text"/> 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) <u>1</u>														
	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 <u>17/06/19</u>													

HENG HUP ALUMINIUM &  
RENOVATION CONSTRUCTION  
Blk 3006, #02-378 Ubi Road 1  
Singapore 408700  
Tel: 7436344 Fax: 7435500



**Identification Card Pg. 1**

Accident Photo





## Driving License



Accident Photo



CHASSIS NUMBER





## 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: S66550020G / 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 : MPA 219078711 Vehicle Registration No: 67 441 Y  
Name (as shown in NRIC) : Daryl NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9785 9229  
Email Address : daryl@procarcare.com.sg  
Date of Accident : 16/06/19 Time of Accident : 0030  
Place of Accident : Bedok North RD  
Insurance Company : AXA


#### (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:

Typo to number plate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Daryl  
NRIC/FIN No.: \_\_\_\_\_  
Date: 17/06/19



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
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### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA 219078711 Vehicle Registration No : GT441Y  
Name (as shown in NRIC) : Org Choon Heng NRIC/FIN/Passport No : S1710759C  
(\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90276632  
Email Address : \_\_\_\_\_  
Date of Accident : 16/6/19 Time of Accident : 0030  
Place of Accident : 76 Bedok North Road C/P  
Insurance Company : AG

#### (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:

Insurance Company should be "AIG Insurance"

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date: 29/6/19

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