

## 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	07/08/2019 10:19
Date Of Accident	01/08/2019 13:30
Exact Location Of Accident	UPPER THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4719D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEE SONG FOOD CORPORATION (S) PTE LTD
Co Reg No	198701006E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96217751

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB71ER4SDEC (CBU) (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
Vehicle Category	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	VFX/P2293194
Cover Note Number	

### Driver

Name of Driver	KONG YANJUN
Passport No/FIN	G2615482R
Date Of Birth	04/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82359527
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
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	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?	
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

On 01/08/2019 @ 13:30hrs, I was driving my lorry YP4719D along Upp. Thomson Road when the traffic light turn amber & a car SKH3201U in front of me braked & I could not brake fully in time & hit onto the car.

#### Attachment(s)

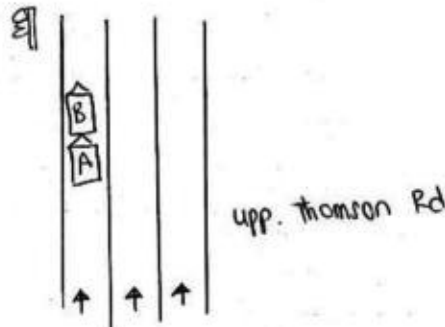
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH3201U
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)	

# Sketch Plan

## SKETCH PLAN



A= YP4719D

B= SKH 3201U

upp. Thomson Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/08/2019 @ 13:30hrs, I was driving my lorry YP4719D along Up. Thomson Road when the traffic light turn amber & a car SKH 3201U in front of me braked & I could not brake fully in time & hit onto the car.

## DECLARATION

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

Lim Zi Xuan  
Connect3

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.:



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## Sketch Plan #2

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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.

Lim Zi Xuan  
Connect3

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.:



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**Section II: The Policyholder Acknowledgement Form**

To: Owner of Vehicle Number: YP4719D

The following has been advised to you via your workshop, Connect3  
by their staff, Lim Zi Xuan

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There may be delay to your vehicle repair due to the unavailability of spare parts locally and the parts may have to be sourced from overseas.
- ☒ There will be **no cancellation/withdrawal** of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to claim including the costs of procured spare parts, towing charges and other benefits and incidental paid under the policy.
- ☐ ( ) The estimated waiting time for the spare parts to arrive is approximately \_\_\_\_\_ days/months. The estimated waiting time does not include the repair period.
- ☐ ( ) You have been advised by the mechanic/workshop personnel that the vehicle is **not** road worthy and should **not** be removed from the workshop. Any further damage/losses arising from the use of the vehicle thereafter will be excluded from the insurance claim.
- ☐ ( ) For vehicles below Three (3) years old, AXA Insurance Pte Ltd (hereon referred to as AXA) will use only original parts to repair your vehicle.  
  
For vehicles above Three (3) years old, AXA will be carrying out repairs using Original Equipment Manufacturer (hereon referred to as OEM) parts or **any combination** of original parts and/or OEM parts.
- ☐ ( ) You had been advised by the workshop on the Twelve (12) months warranty for Own Damage claim related to the accident.
- ☐ ( ) Others \_\_\_\_\_





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### COMMERCIAL MOTOR CLAIMS FORM (CMCF)

This form is meant to be signed between the claimant and the workshop. It contains 3 sections broken down as:

- 1) **The Authorization Form:** Meant for the Policyholder/Employer/Hirer/any equivalent authorized person to attest that the driver/employee at the time of the accident was authorized to drive the damaged vehicle and has the right to make the accident reporting.
- 2) **The Policyholder Acknowledgement Form:** This section covers all mandatory information that workshop must share with the claimant with regards to the claim process.
- 3) **The Lump Sum Repair Form:** Meant to acknowledge that the workshop has duly advised the claimant on the lump sum repair and that claimant is accepting the conditions.

The authorized signatory **must** mark and complete all Sections he/she acknowledges and must sign the relevant Sections, where applicable. **If Section 3 is acknowledged subsequently, the signatory must state the date at the dedicated field and counter sign thereat.**

#### Section I: Authorization from Policyholder/Employer/Hirer

I Kee Song Food Corporation (S) Pte Ltd hereby confirm that Mr/Ms Kong YanJun

NRIC No./FIN No./Passport No. G2615482R, is an employee of

Kee Song Food Corporation (S) Pte Ltd, and he/she was authorized to drive the insured vehicle

bearing registration no. YP4719D during the time of the accident on

1/8/2019 (Date).

I hereby further confirm that he/she is authorized to make the accident report on behalf of the Company.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

