

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	15/08/2019 15:46
Date Of Accident	15/08/2019 12:45
Exact Location Of Accident	AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD210R
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Insured/Policyholder

Name Of Registered Owner	SIANG HENG FISH MERCHANT PTE LTD
Co Reg No	199401555E
Email Address	SHFM17@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64523333

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEA01BR2SDEB (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	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	P1506565
Cover Note Number	

Driver

Name of Driver	TOH CHAI HONG
NRIC No	S1320170F
Date Of Birth	21/09/1958
Occupation	INDOOR
Date Of Driving Pass	14/04/1978
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94372917
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 9 SIMEI STREET 4 #02-07 SINGAPORE
Postcode	529865
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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 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	SHB2120T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

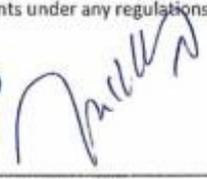
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

祥兴渔业私人有限公司
SIANG HENG FISH MERCHANT PTE LTD
No. 17 Kallasa Avenue, Singapore 789306
Bk 3017, Bedok North SIVS #04-05 Singapore 486121
Tel: 6444 4228, 6442 3333 Fax: 6444 4863
Email: shm17@singnet.com.sg
Policyholder's Signature
Date & Time:



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

15/8/19
3:40pm

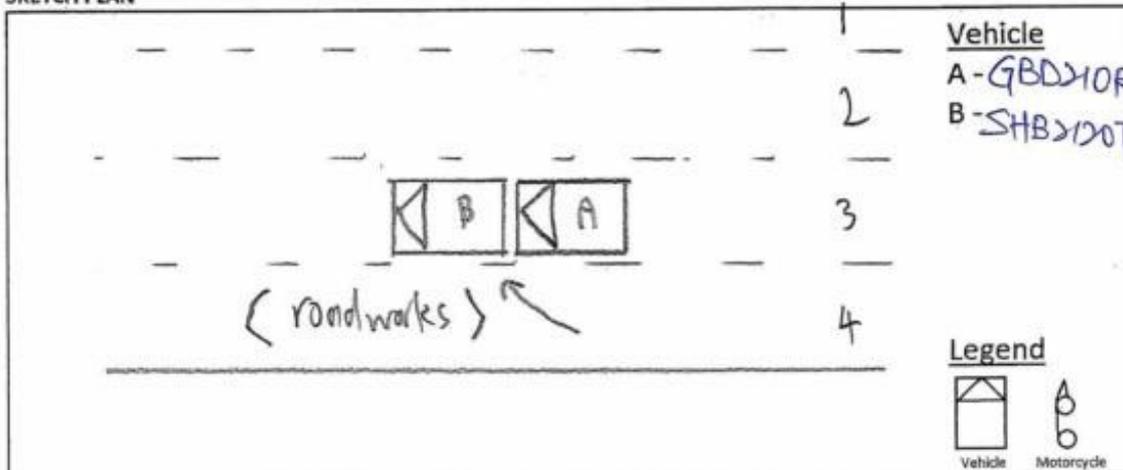


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

penan

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/8/2019, Around 12:45pm. I was driving my lorry along AYE. I was driving on lane 3. There was a taxi (SHB2120T) change lane from lane 4 to lane 3 as due to road works on lane 4. Taxi suddenly brake and I was unable to stop in time. I was driving my company lorry for delivery at the time of accident.

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 day of occurrence. Kindly check your policy for more details.

祥興區有限公司
SIANG HENG FISH MERCHANT PTE LTD
No. 17 Kalidasa Avenue, Singapore 769366
Bk 3017, Bedok North St 5 #04-05 Singapore 486121
Tel: 6444 4228, 6452 3333 Fax: 6444 4663
Email: shfm17@singnet.com.sg

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3:40pm
15/8/19

Reporting Centre Personnel's Signature
Name: *penan*
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: 15/8/19 Time: 1415 2 Exact location of accident: AYE		To be signed by BOTH drivers 3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage 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"/>		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: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) GBD10R

6 Insured / policyholder (see insurance cert.)
 Name: Siang Heng fish Merchant PL
 Address: 3017 Bedok North St 5 #04-05 S 48612
 NRIC / Passport no.: 199401B55E
 Tel no. (from 9am till 5pm): _____
 HP: 6452 3333 . Lee Choo

7 Vehicle: mit canter FEAO1SR > SDEB 2998ec

8 Insurance company: AXA TPFT TPO
 Does the policy cover damage to vehicle A? No Yes
 Policy No.: P1506565

9 Driver: Renc as Owner
 Name: Toh Chai Hong
 NRIC / Passport no.: S1320170F
 Class of licence: 3
 HP: 9427 2917
 Gender: Male Female

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

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Kerbside
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandals / (Damaged whilst Parked)
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

State TOTAL number of boxes marked with a cross: _____

Registration No. (VEHICLE B) SHB120T

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: 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: _____
 NRIC / Passport no.: _____
 Class of licence: _____
 HP: _____
 Gender: Male Female

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

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

Indicatively, please draw a reference line of the sketch on page 11

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A:

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)		Email: <u>denso228@gmail.com</u>	
Insured	1 Occupation (if more than one, state all)		
	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 <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 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 type="checkbox"/> No <input type="checkbox"/>	If no, state where it is at present _____ Tel no. _____	
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, state action to be taken <input type="checkbox"/> Third Party <input 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>21/9/58</u>	<u>Indoor</u> <u>Outdoor</u>	<u>14/4/78</u>
	Was vehicle driven with the insured's permission? 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			
Date		Offence	Penalty
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage
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 _____		
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"/> Others _____	
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____	
	16 Speed of vehicles	A _____ km/hr B _____ 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) _____			
Declaration			
I/We declare the foregoing particulars are true			
Policyholder's signature		<u>SIANG HENG FISH MERCHANT PTE LTD</u> No. 17 Kalidasa Avenue, Singapore 785396 Bk 3017, Boston North St 5 #04-05 Singapore 485121 Tel: 6446 4228, 6432 3333 Fax: 6446 4653 Email: shire17@singnet.com.sg	
Driver's signature (if driver is not the policyholder)		Date <u>15/8/19 3:05pm.</u>	

DRIVER NRIC & LICENSE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1320170F



Name
TOH CHAI HONG

卓財旺



Race
CHINESE
Date of birth
21-09-1958 Sex
M
Country/Place of birth
SINGAPORE

S1320170F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S1320170F

Name: TOH CHAI HONG

Sub Class: 21 Sep 1958

Issue Date: 19 Mar 2003

000302914D

6084286



NRIC No. S1320170F



Date of issue

APT BLK 9 SIMEY STREET 4 #02-07
SINGAPORE 529805
NRIC No. S1320170F Date: 03/01/2018
SINGAPORE 529805

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Apr 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	15 Jan 1980
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	04 Feb 1990

6084286A

6084286

License No. S1320170F

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



VEHICLE ESTABLISHED BY
MINISTRY OF TRANSPORT IN JAPAN

MAZDA MOTOR CORPORATION

CHASSIS NUMBER

FEA0HR4902118

U.W : 2400 KG

M.L.W : 2500 KG

TYRE : (F) 185 75R 15

SIZE : (R) 185 75R 15 D

PASSENGER CAPACITY : 1 DRIVER 2 OTHERS

Accident Photo

