

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	16/09/2019 18:49
Date Of Accident	13/09/2019 22:30
Exact Location Of Accident	KENSINGTON PARK ROAD TOWARDS PORTCHESTER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5196D
Insured/Policyholder	
Name Of Registered Owner	J7 AUTOMOBILE ENTERPRISE
Co Reg No	53351011B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90356388

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	P2315918
Cover Note Number	

Driver

Name of Driver	KOH HWEE KUANG
NRIC No	S1229908G
Date Of Birth	08/03/1957
Occupation	INDOOR
Date Of Driving Pass	03/01/1978
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83999307
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 685C CHOA CHU KANG CRESCENT #02-208
Postcode	683685
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN & POLICE REPORT.

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	SJV2970C
Vehicle Make/Model/Colour	SUBARU IMPREZA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CAO SHENGLIANG
NRIC/Passport Number	S8340752B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.



[Signature]

[Signature]



[Signature]

Policyholder's Signature
Date & Time:

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

16/11/2012-157m

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

SKETCH PLAN



B: SJV > 970 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

* TP : repair at other workshop *

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/9/19 @ 12.15 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20190914/2012

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190914/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2019 02:16	Vide Report No.:	Station Diary No. 11
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Informant's Particulars

Name of Informant: KOH HWEE KUANG	Address: APT BLK 685C CHOA CHU KANG CRESCENT #02-208 SINGAPORE 683685		
ID Type / ID No.: NRIC NO / S1229908G	Contact No.: Home/Office: Mobile: 83999307		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 62	Date of Birth: 08/03/1957	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: GO JEK DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/09/2019 22:30	Type of Location: T-Junction
Location: Along Road 1 KENSINGTON PARK ROAD Next to carpark lot 18.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL5196D	Car				Slightly Damaged	0
SJV2970C	Car				Slightly Damaged	1

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20190914/2012

2 of 3

Report No. T/20190914/2012

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	KOH HWEE KUANG	ID No.	S1229908G
Related Vehicle	NIL	Contact No.	83999307
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CAO SHENG LIANG	ID No.	S8340752B
Related Vehicle	NIL	Contact No.	84818228
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

Brief Details.

On the 13/09/2019 at about 2230hrs. I was driving along Kensington Park Road towards Portchester Avenue. at about 20metres before the stop line I slowed down. Out of a sudden, I heard a loud bang and therefore I immediately stop me car and I realized one vehicle hit the left side front bumper. I alighted from my car and both the driver and myself took pictures of the accident and we parked our vehicles to the side and subsequently we exchanged particulars. I wish to state that the driver, his daughter and myself are not injured. I am lodging this report for insurance claims.



SINGAPORE
POLICE FORCE



T/20190914/2012

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20190914/2012

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:
J /
Sgt 3 NUR HASSAN BIN MOHAMED RAFFIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/09/2019 02:16

Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Classification Of Case:

Authentication Stamp
NP168

Signature

Singapore Police Force