

## 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	08/10/2019 13:38
Date Of Accident	07/10/2019 16:15
Exact Location Of Accident	CTE TOWARDS PIE CHANGI BEFORE ERP GANTRY 20-30M
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6080M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHINING ENTERTAINMENT INVESTMENT PTE LTD
Co Reg No	.
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84025174
Alternative Phone No	OFFICE-84025174

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA501844
Cover Note Number	

### Driver

Name of Driver	KONG YAI LEONG DENO
NRIC No	S6803775A
Date Of Birth	31/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84025174
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 128A CANBERRA STREET #07-506
Postcode	751128
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	10 UBI AVE 3
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ATTACHED POLICE REPORT NO. T/20191007/2164

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS3506X
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEK LAY LECK
NRIC/Passport Number	S1511267J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

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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. 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.

X

Policyholder's Signature  
Date & Time:



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


08/10/19



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

# SKETCH PLAN

CTE Towards PIE charging



A - Sky 6080 M

B - SL5 3506X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report no. T/20191007/2164

## DECLARATION

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

x

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.:



# SINGAPORE POLICE FORCE



T/20191007/2164

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20191007/2164

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/10/2019 19:02		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KONG YAI LEONG DENO			Address: APT BLK 62 UBI ROAD 1 #04-05 OXLEY BIZHUB 2 SINGAPORE 408734		
ID Type / ID No.: NRIC NO / S6803775A			Contact No.: Home/Office: Mobile: 84025174		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 31/01/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/10/2019 16:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  TOWARDS PIE CHANGI BEFORE ERP GANTRY 20-30M				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU6080M	Car	TOYOTA	VELLFIRE ELEGANCE MOONROO F (AUTO)		Slightly Damaged	0
SLS3506X	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG		Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20191007/2164

Police Station Of Origin:  
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10 Ubi Avenue 3 SINGAPORE 408865  
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2 of 3

Report No. T/20191007/2164

**CONTINUATION OF REPORT**

**Brief Details.**

At the above mention date time and location,

i was travelling along CTE towards PIE on my way back to office, Everyone was going at about 30- 40 kmph, i was at the most left lane. when suddenly car from the right hit my right rear and over took me and go to the front. We then got off our vehicle to exchange particulars. LTA soon arrive and checked the other driver to see if his drunk or not.



SINGAPORE  
POLICE FORCE



T/20191007/2164

3 of 3

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Tel No: 65470000

Report No. T/20191007/2164

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:  
TP /  
SM NAYKIB SYAWAL BIN NAZMUL HASSAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/10/2019 19:02

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature: