

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	25/11/2019 11:39
Date Of Accident	22/11/2019 11:30
Exact Location Of Accident	JURONG WEST AVE 2 X CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9730L
Insured/Policyholder	
Name Of Registered Owner	ASIAGROUP LEASING PTE LTD
Co Reg No	198900734N
Email Address	OPERATION@ASIAGROUP.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63632288

Vehicle Particulars

Manufacturer	SCANIA
Model	P440LA4X2HSZ
Exact Purpose for which vehicle was being used at time of accident	WORKS
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0009064-MVA-R005
Cover Note Number	

Driver

Name of Driver	LOW JIAN XIANG
NRIC No	S8903065Z
Date Of Birth	25/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97408368
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 223 YISHUN ST 21 #06-459
Postcode	760368
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. L/20191122/2076 ATTACHED.

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	SHD6741P
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

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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.



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.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report No

4/20191122/2076

attached

DECLARATION

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

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.:

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



L/20191122/2076

1 of 2

POLICE REPORT (NP299)

Report No. L/20191122/2076

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Date/Time Report Made 22/11/2019 20:12	Vide Report No.	Station Diary No. 85
Name Of Informant LOW JIAN XIANG	Address APT BLK 223 YISHUN STREET 21 #06-459 SINGAPORE 760223	
ID Type / ID No. NRIC NO / S8903065Z	Contact No. Home/Office Mobile 97408368	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Trailer-truck driver	Sex Male	Age 30
Institution/School Name	Date of Birth 25/01/1989	Race Chinese
Date/Time Of Incident 22/11/2019 11:30	Location Of Incident CORPORATION ROAD SINGAPORE JURONG WEST AVE 2 TOWARDS CORPORATION RD	

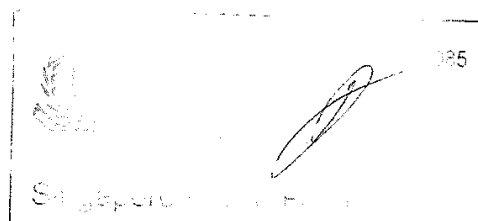
Brief details.

On 22/11/2019, at around 11.30am, I was driving my company's trailer, a Scania P440 bearing registration no.: XD 9730L, along Jurong West Ave 2 towards Corporation Road's junction.

I was driving on the third lane and there was a blue ComfortDelgro taxi bearing registration no.: SHD 6741P in front of me. I was approaching a traffic junction and the traffic light was still green. Suddenly, the taxi applied his brakes and stopped. Due to this, I collided lightly with the taxi's rear bumper.

Signature Of Officer Recording The Report: L / Sgt 2 MUHAMAD SYABIL BIN SALLEH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2019 20:12
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / ASP TAN TENG HONG, COLIN Contact No.:	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



L/20191122/2076

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191122/2076

I exited the vehicle and proceeded to make a check. The taxi had 3 passengers, 2 of which were sitting behind. I asked them if they were injured and I observed that there were no visible injuries. However, 2 of the passengers sitting behind had hit the front passenger seat and the centre air-condition compartment due to the impact. I also did not sustain any injuries.

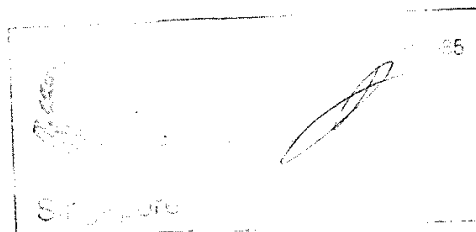
My trailer and his taxi had no damage from this accident.

The passengers refused to be conveyed to the hospital. Both the taxi driver and myself agreed for a private insurance settlement.

I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report: L / Sgt 2 MUHAMAD SYABIL BIN SALLEH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2019 20:12
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / ASP TAN TENG HONG, COLIN Contact No.:	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo

