

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	13/01/2020 15:53
Date Of Accident	13/01/2020 09:25
Exact Location Of Accident	WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ3346P
Insured/Policyholder	
Name Of Registered Owner	MS CARZ LEASING PTE LTD
Co Reg No	2XXXXX066R
Email Address	JERRY@MSGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-83877137
Alternative Phone No	OFFICE-83877137

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 GF CVT (A)
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	CN066638
Cover Note Number	11/11/2019 - 10/11/2020

Driver

Name of Driver	ALVIN CHEN ZUO SHENG
NRIC No	SXXXX807J
Date Of Birth	13/03/1973
Occupation	INDOOR
Date Of Driving Pass	10/11/1995
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83877137
Fax Number	
Contact Number	OTHERS-83877137
Email Address	ALVINCHAN472@YAHOO.COM.SG

Address	350 ANCHORVALE ROAD #08-117
Postcode	540350
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 - 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?	YES
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: : YE CAIYAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5129K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ALVIN CHEN ZUO SHENG
Approximate Age
Injuries Sustain BODY UNWELL
Injured person in which vehicle? SMQ3346P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name YE CAIYAN
Approximate Age
Injuries Sustain BODY UNWELL
Injured person in which vehicle? SMQ3346P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

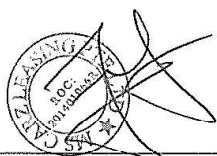
SKETCH PLAN


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. 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.

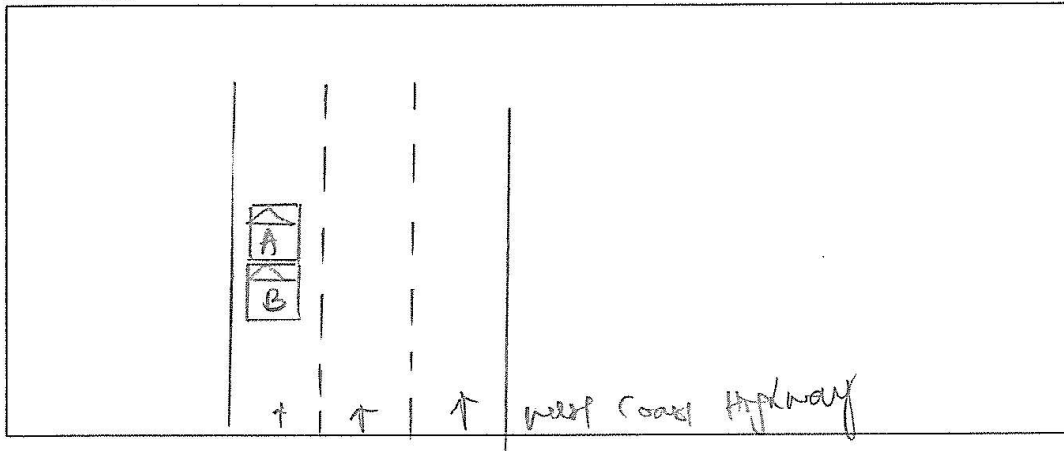

 Policyholder's Signature
 Date & Time:


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


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

Sketch Plan Pg. 2

Date of accident: 13/01/2020 Time: 09:25 hrs Location: West Coast Highway
 My Vehicle A: SMQ 3346P Vehicle B: GBD 5129K Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/01/2020 at about 09.25hrs,
 I was travelling along West Coast Highway
 towards Alexandra direction on the extreme
 left lane. Vehicle ahead of me slowed down
 I followed. Suddenly, I felt an impact
 from behind hitting my vehicle (SMQ3346P)
 I alighted and realised that a lorry (GBD 5129K)
 had hit onto my vehicle rear portion.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Optima Hertz Pte Ltd

Email address: sharon@ow.sg

& myself: Jerry@wgroup.com.sg

Email address: _____

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.:

AH LIM MOTOR COMPANY

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MAA120005642 Vehicle Registration No: SMQ3346P
Name (as shown in NRIC) : Alvin Chen Zuo Sheng NRIC/FIN/Passport No : S730807J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 350 Anchorvale Road, #08-117 Singapore 140350
Contact (Tel) : - Mobile No.: 83877137
Email Address : alvinchan472@yahoo.com.sg
Date of Accident : 13/01/2020 Time of Accident : 09:25
Place of Accident : West Coast Highway
Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

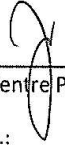
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to add on Police Report
L120200114/7026

* Amend Passenger -> Female.



Policyholder / Driver's Signature
Date:



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



**SINGAPORE
POLICE FORCE**



L/20200114/7026

1 of 2

POLICE REPORT (NP299)

Report No. L/20200114/7026

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 14/01/2020 14:31	Vide Report No.	Station Diary No.
Name Of Informant ALVIN CHEN ZUO SHENG	Address 350 ANCHORVALE ROAD #08-117 SINGAPORE 540350	
ID Type / ID No. NRIC NO / S7308807J	Contact No. Home/Office:	Mobile: 83877137
Nationality SINGAPORE CITIZEN	Email Address ALVINCHAN472@YAHOO.COM.SG	
Occupation Driving instructor/tester	Sex Male	Age 46
Institution/School Name	Date of Birth 13/03/1973	Race Chinese
Date/Time Of Incident 13/01/2020 09:29 - 13/01/2020 09:29	Location Of Incident WEST COAST HIGHWAY	

Brief details.

i was the driver at that time and was driving my car SMQ3346P along west coast hightway toward pasir panjang dropping off my passenger . suddendly a lorry GBD5129K bang on my back .after the incident i go to my family clinic to see a doctor n was given 4days medical leave which start from 13/01/2020 to 16/01/2020.and my passenger Ms YE CAIYAN IC S7375309J was given 3days medical leave from 14/01/2020 to 16/01/2020 .

Subjects Involved	
Victim	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2020 14:31
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



L/20200114/7026

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200114/7026

Person Name	YE CAIYAN		
ID Type	NRIC NO	ID No	S7375309J
Gender	Unknown	Age	46
Race	Chinese	Language	Chinese
Mobile No	92716589	Relation To Informant	stranger
Person Name	ALVIN CHEN ZUO SHENG		
ID Type	NRIC NO	ID No	S7308807J
Gender	Male	Age	46
Race	Chinese	Language	English
Occupation	Driving instructor/tester	Address	350 ANCHORVALE ROAD #08-117 SINGAPORE 540350
Mobile No	83877137	Is Informant A Victim?	Yes
Person Name	ALVIN CHEN ZUO SHENG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

14/01/2020 14:31

Classification Of Case: