

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	13/02/2020 11:36
Date Of Accident	12/02/2020 14:30
Exact Location Of Accident	T-JUNCTION OF SENOKO AVE AND SENOKO WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2595G
Insured/Policyholder	
Name Of Registered Owner	KEE SONG FOOD CORPORATION (S) PTE LTD
Co Reg No	1XXXXX006E
Email Address	DERRICK.LEE@KEESONG.COM
Mobile Phone No	(LOCAL) +65-90238858
Alternative Phone No	OFFICE-90238858

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO-1.3 D SX CARGO (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	VFX/P2293194
Cover Note Number	

Driver

Name of Driver	KONG YONG KEONG
NRIC No	SXXXX617F
Date Of Birth	08/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	28/02/1997
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83380125
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	451 TAMPINES STREET 42 #12-224
Postcode	520451
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	WET

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	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE1849L
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)

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.

Policyholder's Signature
Date & Time



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

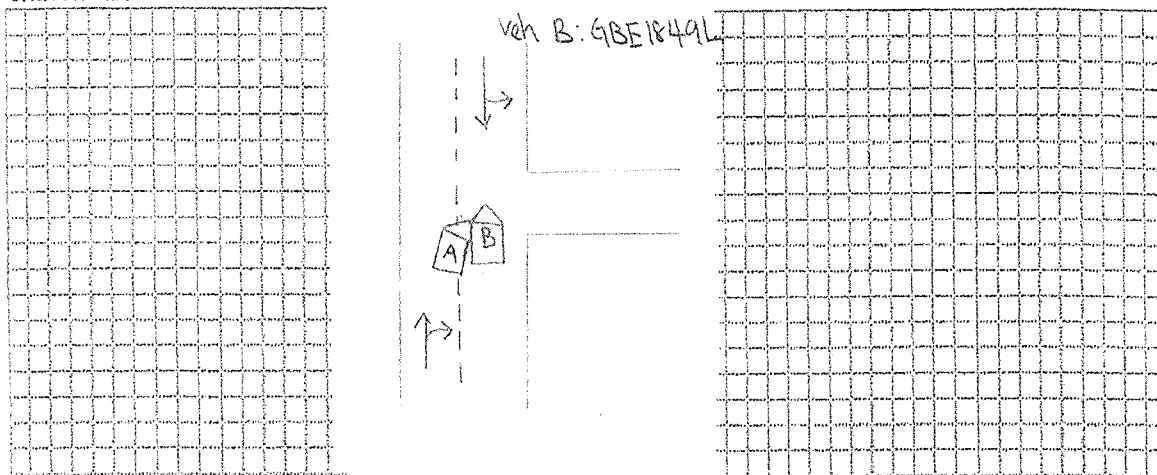
[Handwritten Signature]

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



KOH YIN SIOW

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 14 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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: Kon Yin Siew
NRIC / Fin No:



**SINGAPORE
POLICE FORCE**



T/20200212/2116

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20200212/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2020 16:33		Vide Report No.:		Station Diary No.: 95	
Informant's Particulars					
Name of Informant: KONG YONG KEONG			Address: APT BLK 451 TAMPINES STREET 42 #12-224 SINGAPORE 520451		
ID Type / ID No.: NRIC NO / S7343617F			Contact No.: Home/Office: Mobile: 83380125		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 08/11/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALESPERSON			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/02/2020 14:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 SENOKO AVENUE SENOKO WAY T junction of Senoko Avenue and Senoko way.				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBE1849L	Lorry					0
GBF2595G	Van				Slightly Damaged	1

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



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Report No. T/20200212/2116

CONTINUATION OF REPORT

Driver			
Name	KONG YONG KEONG		ID No. S7343617F
Related Vehicle	GBE1849L (Lorry) GBF2595C (VAN)		Contact No. 83380125
Hospital/Clinic	NIL SEMBAWANG NPC 4 Sembawang Crescent Singapore 757633 Tel: 1800-554 9999 Fax: 67564934		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

Brief Details.

On 12/02/2020 at about 1427hrs, I was heading back to my office and was driving at the T-junction of Senoko Way and Senoko Avenue. Before I made a right turn into Senoko way, I saw a lorry coming from the same direction, it hit onto my right side of the vehicle and drove away. I was shocked as the lorry was driving against the traffic from opposite direction. My right side mirror was damaged and there are scratches and dents near the right side of the bumper. I was not injured.

My company tried to look for the driver around the vicinity however to no avail.



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T/20200212/2116

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Tel No: 1800-5549999

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Report No. T/20200212/2116

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: L / Sgt 2 WOOL ZHAO HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2020 16:33
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476209	Classification Of Case: SN 085
Authentication Stamp NP168	Signature: Singapore Police Force