

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	07/03/2020 13:28
Date Of Accident	06/03/2020 16:45
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2293H
Insured/Policyholder	
Name Of Registered Owner	TBSD PTE LTD
Co Reg No	201400089W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84338866

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1859646
Cover Note Number	

Driver

Name of Driver	LIM SIAK LENG
NRIC No	S7604567D
Date Of Birth	13/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2016
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84338866
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 4 JALAN MINYAK #12-318
Postcode	163004
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)	2
Passenger 1	NAME: : PAX 1 (WIFE) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SJD8179B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

	<p>Vehicle</p> <p>A - GBE2293H</p> <p>B - SJD8179B</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <small>Vehicle</small> </div> <div style="text-align: center;"> <small>Motorcycle</small> </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Clementi Avenue 6 at third lane. Vehicle B which was at second lane suddenly cut into my lane and collided onto front right portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your Insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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 #2

SKETCH PLAN

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

Driving License & NRIC


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7604567D**

Name
**LIM SIAK LENG
LIN CILONG**

Birth Date: **13 Feb 1976**
Issue Date: **08 Jan 2015**

0025169068



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7604567D**

Name
**LIM SIAK LENG
(LIN CILONG)**
林 賜 龙


Race
CHINESE

Date of birth
13-02-1976

Sex
M

Country of birth
SINGAPORE

3881524



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE
08 Jan 2015

NP 42BA

Licence No: S7604567D



3881524

NRIC No: **S7604567D**

GBH 6211C
8433 8866
AL Multi Service

Date of issue
07-05-2006

APT ELK 4 JALAN MINYAK #12-318
SINGAPORE 163004

S7604567D **23/10/2013 (R)**



Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1. Date of accident 06/03/2020	Time 1644	2. Exact location of accident Along Clementi Avenue 6	3. To be signed by BOTH drivers Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Material damage To vehicle other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5. Witness' name, address and tel. no. (to be undertaken if he/she is passenger in vehicle A or vehicle B)	Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) **GBE 2293H**

6. Insured / policyholder (see insurance cert.)
Name: **TBSD Pte Ltd**
(capital letters)
Address: **Blk 4 Jalan Pagar Masyar**
12-318 SL 163 004
NRIC / Passport no.: **201400089W**
Tel no. (from 9am till 5pm):
HP: **8433 8866**

7. Vehicle
Make, type: **Nissan NV 350 Panel Van 2.5 5mt 5DR Euro V**

8. Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No.: **P1859646**

9. Driver ☐ Same as Owner
Name: **Lim Siak Leng**
(capital letters)
NRIC / Passport no.: **S7604567D**
Class of licence: **3**
HP: **8433 8866**
Gender: Male ☒ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Chain Collision |
| <input type="checkbox"/> | Collided into Bicycle |
| <input type="checkbox"/> | Collided into Motorcycle |
| <input type="checkbox"/> | Collided into Parked Vehicle |
| <input type="checkbox"/> | Collided into Pedestrian |
| <input type="checkbox"/> | Collided into Property |
| <input type="checkbox"/> | Collision - Change/Cross Lane |
| <input type="checkbox"/> | Collision - Cross Junction |
| <input type="checkbox"/> | Collision - Head on Collision |
| <input type="checkbox"/> | Collision - Head to Rear |
| <input type="checkbox"/> | Collision - Major/Minor Rd |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Roundabout |
| <input type="checkbox"/> | Collision - U-Turn |
| <input type="checkbox"/> | Drink Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosion or Lightning |
| <input type="checkbox"/> | Flood |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Fallen Tree / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Side Swipe |
| <input type="checkbox"/> | Theft |

Registration No. (VEHICLE B) **SJD 8179B**

10. Insured / policyholder (see insurance cert.)
Name: _____
(capital letters)
Address: _____
NRIC / Passport no.: _____
Tel no. (from 9am till 5pm): _____
HP: _____

11. Vehicle
Make, type: _____

12. Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available): _____

13. Driver (See driving licence)
(if different from insured B above)
Name: _____
(capital letters)
NRIC / Passport no.: _____
Class of licence: _____
HP: _____
Gender: Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

14. Indicate the point of initial impact with an arrow (→)



15. Visible damage to vehicle A

16. My remarks

17. Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4:

18. Signatures of drivers

A

19. My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's individual statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop (Base) / For (H441) <i>Teamwork Garage</i>													
To be completed and submitted within 24 hours to your insurer or base or repairer/workshop (Use a separate sheet of paper where necessary)															
Insured	1. Occupation (If more than one, state all)		Email:												
	2. Vehicle registration no. <i>GBE2293H CC</i>		If commercial vehicle, state permissible carrying capacity												
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <i>Hirer</i>		State the vehicle number and name of insurer of driver's own vehicle (where applicable)												
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire														
	<input type="checkbox"/> Others - please specify														
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____														
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)														
	7. Date of birth	Occupation	Date of license pass												
	<i>13/02/1976</i>	<i>Indoor</i>	<i>08/01/2016</i>												
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability														
	9. Full details of all driving convictions including pending prosecutions in the last 36 months														
Driver or person in charge of vehicle at the time of accident (including insured)	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Date	Offence	Penalty									
	Date	Offence	Penalty												
	Injured persons	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle											
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If yes, please state which Police station														
Accident details	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If yes, against whom?														
	14. Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>													
	15. Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>													
	16. Speed of vehicles	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr													
	17. What warnings were given by driver or other party?														
Declaration	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19. What lights were displayed on your vehicle/the other vehicle(s)?														
	20. If your vehicle is commercial, state weight of load carried at time of accident														
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached)														
	22. State number of Passengers (including Driver) <i>02</i>														
	I/We declare the foregoing particulars are true in every respect														
Policyholder's signature	Date														
	Driver's signature (if driver is not the policyholder)														

Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO: JN1MC2E26Z0004954

U.L.W : 1800 KGS

M.L.W : 3300 KGS

P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00

TYRE SIZE : F: 195 x 15R 8PLY
R: 195 x 15R 8PLY(S)

Accident Photo

