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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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	ACCIDENT STATEMENT
Date Of Report	18/05/2020 10:41
Date Of Accident	04/05/2020 15:00
Exact Location Of Accident	ALONG EAST COAST PARKWAY TWDS CHANGI
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD1249M
Insured/Policyholder	
Name Of Registered Owner	JIN QUAN ENGINEERING PTE. LTD.
Co Reg No	200806112N
Email Address	JINQUANMOTOR@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-90608676
Vehicle Particulars	
Manufacturer	ISUZU
Model	EXR52E-15.7 D (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P1565403
Cover Note Number	

Driver

Name of Driver CHAN HON SUM
NRIC No S6867053E
Date Of Birth 26/06/1968
Occupation OUTDOOR
Date Of Driving Pass 20/07/1998

Driving Experience 21 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97673823

Fax Number
Contact Number

EMail Address NOEMAIL

17 JALAN MUTIARA EMAS 9/2 TMN MOUNT AUSTIN Address

JB MALAYSIA

Postcode 81100

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

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 JURONG NPP

ROAD: 158 YUNG LOH ROAD #01-58, **POSTCODE**: 610158, **COUNTRY**: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 14

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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:
 - 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.

ENGINEERING ONLY WAS ARRESTED TO

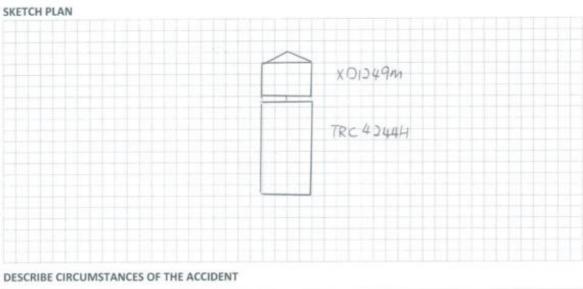
Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2



- Refer to the pelice report 7/20000515/2016 my pine mover XD1249M was attached with trailer TRC 4244H at the fine of accident.

DECLARATION

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

Policyholder's signat Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GUURAS SketchPlanForm, V.

Police Report





1 of 3 Report No. T/20200515/2016

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

REPORT OF A TRAFFIC ACCIDENT

the out of a figure and a figur				
Date/Time Report Made:	Vide Report No.:	Station Diary No.:		
15/05/2020 12:20	THE RESIDENCE OF THE PARTY OF T	7		

15/05/2020 12:20		Constant Development Constant	7		
Informa	nt's Partici	ulars	STATISTICS OF STREET		
Name of Informant: CHAN HON SUM		Address: 17 JALAN MUTIARA EMAS 9/2 TMN MOUNT AUSTIN 81100 JB MALAYSIA			
ID Type / ID No.: NRIC NO / S6867053E			Contact No.: Home/Office: Mobile: 97673823		
Nationality: MALAYSIAN		Email:			
Sex: Male	Age: 51	Date of Birth: 26/06/1968	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: TRAILER DRIVER		Driving Licence Information: Class: 2B,3,4 Date of Expiry:			

Seneral Inform	mation of the Accide	nt				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2020 15:00		Type of Location EXPRESSWAY	
Location: Along Road 1 EAST COAS						
Weather:		Road Surface: Dry	The state of the s		Road Speed Limit:	
Traffic Flow: Traf		Traffic Control:	ffic Control:		Traffic Volume: Light	
Type of Collision: no collision					one conveyed by oulance:	

Details of V	ehicle Involve	ed				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
XD1249M	TRAILER				No Damage	0

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

Police Report





Report No. T/20200515/2016

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

CONTINUATION OF REPORT

Driver							
Name	CHAN HON SUM		ID No	-	S6867053E		
Related Vehicle	XD1249M (TRAILER)		XD1249M (TRAILER)		Conta	ct No.	97673823
Hospital/Clinic	NIL		Class Drivin Licend Expin	g	Class: 2B,3,4 Date of Expiry: NIL		
Date Treatment			Date Disc	charge	NIL		
No. of Days granted Medical Leave NIL			Degree o	f Injury	NIL		

Brief Details.

On 04/05/2020 at about 1500hrs, I was driving along East Coast Parkway, heading towards Changi. I was driving on the 3rd lane and the traffic flow was light. I was not aware of anything that had happened.

On 15/05/2020 at about 1015hrs, a taxi company's insurance personnel came to my company and spoke to me and showed me a video.

While I was driving, my rear left tyre got punctured. Furthermore, the tyre's rubber came out and flew away, and hit onto a taxi which was driving behind my trailer. I continued driving as per normal as I was not aware of anything that happened.

I also received a letter from Traffic Police through my company and I was advised to lodge a traffic accident report. Thus, I am lodging this report.

I do not know if the taxi was damaged as no one showed me any pictures of it, and I do not know if the taxi driver was injured. There are no damages on my vehicle.

Police Report





3 of 3

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999

Report No. T/20200515/2016

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: J / Sgt 3 GUNASEELAN RAVESADRAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2020 12:20
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp Singapore Police Form	

Identification Card



Driving License









