MPA220096938 / Progressive Car Care Pte Ltd - HQ
ENTRY DATE & TIME: 02/11/2020 09:35
SUBMITTED BY: Ng Pei Wen

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 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.

ACCIDENT STATEMENT	
Date Of Report	02/11/2020 09:35
Date Of Accident	31/10/2020 17:35
Exact Location Of Accident	CTE BEFORE MOULMEIN EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFL34T
Insured/Policyholder	
Name Of Registered Owner	LEE KANG KIAN
NRIC No	SXXXX232E
Email Address	KANGKIANL@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82888216
Alternative Phone No	OTHERS-82888216
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER-2.4 (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	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	GA038574
Cover Note Number	
Driver	
Name of Driver	LEE KANG KIAN
NRIC No	SXXXX232E
Date Of Birth	07/09/1972
Occupation	INDOOR
Date Of Driving Pass	06/07/1994
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82888216
Fax Number	
Contact Number	OTHERS-82888216
EMail Address	KANGKIANL@YAHOO.COM.SG

Address	BLK 387 TAMPINES STREET 32 #10-85 SINGAPORE
Postcode	520387
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	RAINING
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE633Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH WEI JIE
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

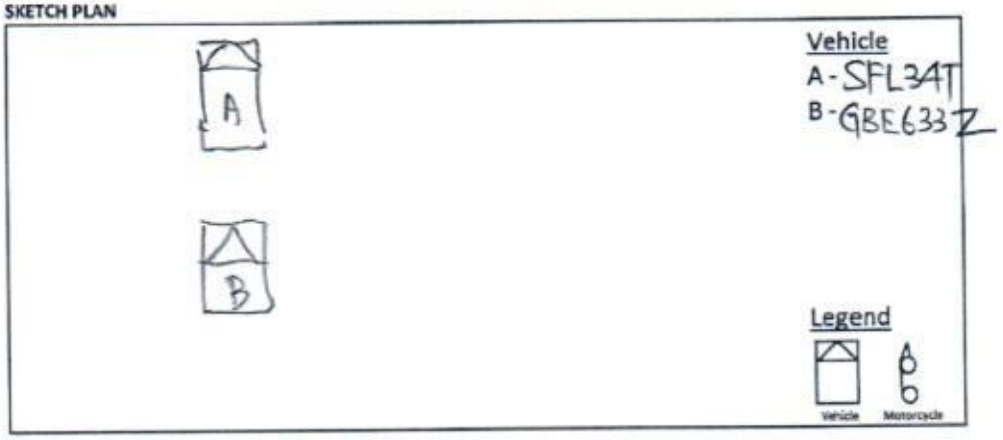
      (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

      (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 2/11/2020 9am	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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

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:
2/11/2020
9pm.

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

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

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

To be signed by BOTH drivers

1 Date of accident: 31/10/2020 Time: 1735

2 Exact location of accident: CTE

3 Injuries even if slight: No ☐ Yes ☐

4 Material damage
To vehicles other than vehicles A and B: No ☐ Yes ☐
To objects other than vehicles: No ☐ Yes ☐

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Vehicle Video Camera Available: No ☐ Yes ☐

Registration No. (VEHICLE A) SFL34T

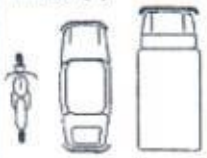
6 Insured / policyholder (see insurance cert.)
Name (capital letters): Lee Kang Kian
Address: B387 Kampong St #10-85 S 52387
NRIC / Passport no.: S7231232E
Tel no. (from 9am till 5pm):
HP: 82888216

7 Vehicle
Make, type: Toyota Harrier 2.4A

8 Insurance company: AXA ☐C ☐TPFT ☐TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. GA038574

9 Driver ☐ Same as Owner
Name (capital letters):
NRIC / Passport no.:
Class of licence: 3
HP:
Gender: Male ☐ Female ☐

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



11 Visible damage to vehicle A

14 My remarks

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

A		B
☐1	Over-Turning	☐10
☐2	Collided into Bicyclist	☐11
☒3	Collided into Motorcyclist	☐12
☐4	Collided into Parked Vehicle	☐13
☐5	Collided into Pedestrian	☐14
☐6	Collided into Property	☐15
☐7	Collision – Change/Cross Lane	☐16
☐8	Collision – Cross Junction	☐17
☐9	Collision – Head on Collision	☐18
☐10	Collision – Head to Rear	☐19
☐11	Collision – Major/Minor Rd	☐20
☐12	Collision – Opening Door of Vehicle	☐21
☐13	Collision – Roundabout	☐22
☐14	Collision – U Turn	
☐15	Drink Driving / Drug Influence	
☐16	Fire, Explosion or Lightning	
☐17	Flood	
☐18	Hit and Run / Vandalism / Damaged whilst Parked	
☐19	Hit by Fallen Tree / Other Objects	
☐20	No Collision	
☐21	Side Swipe	
☐22	Theft	

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) GBE6332

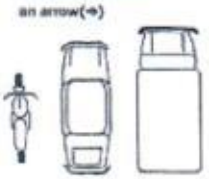
6 Insured / policyholder (see insurance cert.)
Name (capital letters):
Address:
NRIC / Passport no.:
Tel no. (from 9am till 5pm):
HP:

7 Vehicle
Make, type:

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

9 Driver (Sole driving licence) (if different from insured's name)
Name (capital letters): Joh Wei Jie
NRIC / Passport no.:
Class of licence:
HP:
Gender: Male ☐ Female ☐

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



11 Visible damage to vehicle B

14 My remarks

13 Sketch of accident when impact occurred 13
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: ☐

15 Signatures of drivers 15

A

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 (Part II)

Own Workshop Email / Fax (If any) _____

To be completed and submitted within 24 hours to your Insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured

1 Occupation (If more than one, state all) _____ Email: _____

2 Vehicle registration no. | C.C. | If commercial vehicle, state permissible carrying capacity

Of which vehicle are you the owner?

☐ A

☐ B

3 Is driver the owner? Yes ☐ No ☐ If no, State Relationship of Driver with owner | 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 ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ Private Hire

☐ Others - please specify _____

5 Is the vehicle still in use? Yes ☐ No ☐ If no, state where it is at present _____ Tel no. _____

6 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ No ☐

If no, state action to be taken ☐ Third Party ☐ Reporting Only ☐ Third Party (Own Workshop)

Driver or person in charge of vehicle at the time of accident (including Insured)

7 Date of birth	Occupation		Date of license pass	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?	
7/9/72	Indoor	Outdoor	6/7/94	Yes ✓	No	Yes	No ✓

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

Date	Offence	Penalty

Injured persons

10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?		Was injured conveyed to hospital by ambulance?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

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	Insurer's name and address (if known)

Police action

12 Was the accident reported to the Police? Yes ☐ No ☐ TPHQ

If yes, please state which Police station _____

13 Was notice of intended prosecution given? Yes ☐ No ☐

If yes, against whom? _____

Accident details

14 Weather conditions: Clear ☐ Raining ☐ Others ☐

15 Road surface: Wet ☐ Dry ☐ Others ☐

16 Speed of vehicles: A ☐ km/hr B ☐ km/hr

17 What warnings were given by driver or other party? _____

18 Were street lights illuminated? Yes ☐ No ☐

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) 2

Declaration

I/We declare the foregoing particulars true in every respect

Policyholder's signature _____ **Date** _____

Driver's signature (If driver is not the policyholder) _____ **Date** _____

SINGAPORE POLICE FORCE

T/20201101/7004

Report No: T/20201101/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
01/11/2020 09:29		

Informant's Particulars

Name of Informant: LEE KANG KIAN			Address: 387 TAMPINES STREET 32 #10-85 SINGAPORE 520387	
ID Type / ID No.: NRIC NO / S7231232E			Contact No.: Home/Office:	Mobile: 82888216
Nationality: SINGAPORE CITIZEN			Email: kangkianl@yahoo.com.sg	
Sex: Male	Age: 48	Date of Birth: 07/09/1972	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/10/2020 17:35	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE633Z	Van	NISSAN				0
SFL34T	Car	TOYOTA	HARRIER 2.4 A	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20201101/7004

Report No. T/20201101/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFL34T	AXA INSURANCE SINGAPORE PTE LTD	GA038574	13/12/2019	12/12/2020

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LEE KANG KIAN		ID No.	S7231232E	
Related Vehicle	SFL34T (Car)		Contact No.	82888216	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	
Driver					
Name	TOH WEI JIE		ID No.	NIL	
Related Vehicle	NIL		Contact No.	NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	

Brief Details

I (vehicle driver of SFL34T) was driving along CTE, passed Orchard, northwards towards the PIE Changi direction.
In the CTE Tunnel before Moulmein exit, a van (GBE633Z) hit my car from the back.
It happened about 5.35pm last evening (Saturday).

It was raining and I slowed down to keep a safe distance from the front car,
Just soon after, the van hit my car and we both stopped and on the hazard light.
While exchanged contact and took so quick pictures, a policeman on Police bike stopped in between our vehicle and asked if any parties injured.
We said no and he told us to quickly drive off to aside a safe place and not to obstruct the traffic.

I understand that the Van vehicle driver has made a police report last night.

SINGAPORE POLICE FORCE

T/20201101/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201101/7004

CONTINUATION OF REPORT

I will go to the workshop on coming Monday (tomorrow) when they are opened.

For your kind info. Thank you.

SINGAPORE POLICE FORCE

T/20201101/7004

Report No. T/20201101/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch

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: 01/11/2020 09:29
Officer In Charge Of Case: TP / TPIB / VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:

Authentication Stamp
NP168