

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	07/11/2020 15:02
Date Of Accident	05/11/2020 14:00
Exact Location Of Accident	BRICKLAND ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2359L
Insured/Policyholder	
Name Of Registered Owner	CHIANG YANBIN
NRIC No	SXXXX584E
Email Address	BENJAMINCHIANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91864605
Alternative Phone No	OFFICE-91864605

Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH-1.5 (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	GA426444
Cover Note Number	

Driver

Name of Driver	CHIANG EE KOON
NRIC No	SXXXX479B
Date Of Birth	22/08/1948
Occupation	INDOOR
Date Of Driving Pass	10/09/1968
Driving Experience	52 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98389547
Fax Number	
Contact Number	OFFICE-91864605
Email Address	BENJAMINCHIANG@HOTMAIL.COM

Address	BLK 401 PANDAN GARDENS #16-01
Postcode	600401
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20201106/2062.

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	GBD3301S
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
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	CHIANG EE KOON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKB2359L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

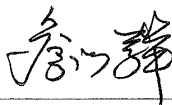
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

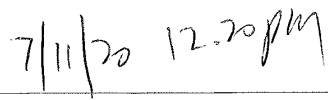
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



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

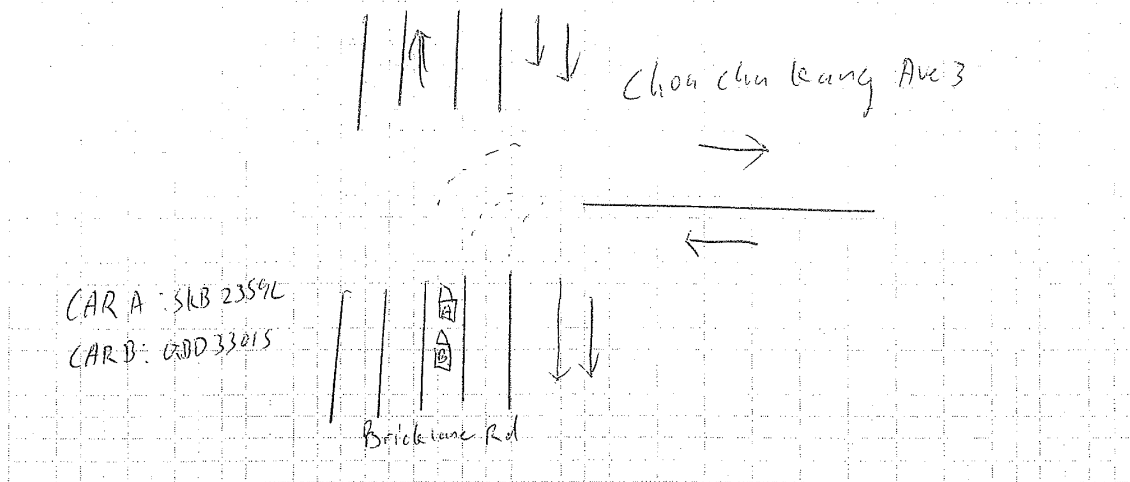


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Fixmak pte Ltd

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

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) 1

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201106/2062

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20201106/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 15:19		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: CHIANG EE KOON			Address: APT BLK 401 PANDAN GARDENS #16-01 SINGAPORE 600401		
ID Type / ID No.: NRIC NO / S0298479B			Contact No.: Home/Office: Mobile: 98389547		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 22/08/1948	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/11/2020 14:00	Type of Location: T-Junction
Location: BRICKLAND ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3301S	Van	TOYOTA	HIACE	Black		0
SKB2359L	Car	TOYOTA	RUSH	Blue	Slightly Damaged	0

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201106/2062

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20201106/2062

CONTINUATION OF REPORT

Driver			
Name	Siew Kim Kee		ID No. S1737813I
Related Vehicle	GBD3301S (Van)		Contact No. 84056118
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHIANG EE KOON		ID No. S0298479B
Related Vehicle	SKB2359L (Car)		Contact No. 98389547
Hospital/Clinic	PANDAN CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	06/11/2020		Date Discharge 06/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time. I was at the T-Junction of Brickland Road towards Choa Chu Kang Avenue 3. I was waiting for the Traffic Light to signal green in order to make a right turn towards Choa Chu Kang Avenue 3. I wish to mention that I was stationary. Suddenly, I felt an impact from the rear. A black Toyota Hiace collided onto the rear body of my vehicle causing my neck to feel strained.

I then exchange particulars with the other party. I noticed the rear body of my vehicle was heavily damaged due to the impact.

On 6/11/2020, I seek medical at Pandan Clinic due to discomfort at my neck and was given 3 days of Medical Leave.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20201106/2062

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20201106/2062

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:
G /
Sgt 2 TAN LI JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/11/2020 15:19

Classification Of Case:


LETTER OF UNDERTAKING

I/We, CHIANG YANBIN, the owner of vehicle no. SKD 2359L

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Fixmate Pte Ltd

Signed and Acknowledge by:

58117584E 

.....
Nric no. & signature of policyholder

.....
Company stamp

.....
Date



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 📠 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

CHIANG YANBIN (ZHAN YANBIN)
 BLK 432A YISHUN AVENUE 1
 #13-519 VISTA SPRING @ YISHUN
 SINGAPORE 761432

Renewal

date
24/12/2019

your servicing distributor
META AGENCY PTE LTD / 15277

your servicing distributor contact
63346210

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	CHIANG YANBIN (ZHAN YANBIN)	Policy number	VA1 / GA426444
Cover	Comprehensive	FIN / NRIC	S8117584E
Period of Insurance	from 12/01/2020 to 11/01/2021 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 701.90
Total Discounts	- SGD 37.42
7% GST	SGD 46.51
Final Premium	SGD 710.99

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on Benefits

- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	TOYOTA RUSH 1.5	Year of manufacture	2008
Vehicle registration number	SKB2359L	Type of Use	Private use
Body type	STATWG	Engine capacity (c.c.)	1495
Seating capacity (excl driver)	4	Engine number	3SZ2089150
Off-Peak car	No	Chassis number	J200E0021112

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

Excess applicable (refer to Policy Wording for other applicable Excesses)

Windscreen Excess	SGD 100.00
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Drivers details

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1

GENERAL
INSURANCE
ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: S66SS0020G / 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 : MMME00078429 Vehicle Registration No: SKB 2359L
Name(as shown in NRIC) : CHIAN CHUAN BOON NRIC/FIN/Passport No : 479B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 401 JANDAN GARDENS #16-01 Singapore 602409
Contact (Tel) : _____ Mobile No. : 91864605
Email Address : BENJAMINCHIAN@HOTMAIL.COM
Date of Accident : _____ Time of Accident : 14:00
Place of Accident : 04/11/20
Insurance Company : BRICKLAND ROAD

(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 correct my accident date to 5 NOV 2020.

Policyholder / Driver's Signature

Date: 13/11/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: