

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	30/09/2020 13:50
Date Of Accident	26/09/2020 23:30
Exact Location Of Accident	CROSS JUNCTION OF BRAS BASAH ROAD & QUEEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6525H
Insured/Policyholder	
Name Of Registered Owner	FOODGNOSTIC PTE LTD
Co Reg No	2XXXXX360E
Email Address	SALES@FOODGNOSTIC.COM
Mobile Phone No	(LOCAL) +65-97541049
Alternative Phone No	OFFICE-62870709
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER4SDEB (CBU) (M)
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	GA543810/1
Cover Note Number	
Driver	
Name of Driver	LIXON CHAO MIN FAN
NRIC No	SXXXX921G
Date Of Birth	15/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	19/08/2015
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98895351
Fax Number	
Contact Number	
Email Address	LIXONCHAU@GNMAIL.COM

Address BLK. 749 PASIR RIS ST. 71
#11-66
Postcode 510749
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 COLLISION - CROSS JUNCTION
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? 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) 2
Passenger 1 NAME: : GUOK JIA YING
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name ALJUNIED NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 13 JOO SENG ROAD , POSTCODE: 360013 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2809999 - FAX NO: 62815960
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20200928/2084

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: KEEP BY TRAFFIC POLICE OFFICER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMH5260L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver GOH WANG KIM
NRIC/Passport Number SXXXX229G

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GUOK JIA YING
Approximate Age
Injuries Sustain
Injured person in which vehicle? YP6525H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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: 29/9/20

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



進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
Registered Office: 100, Telok Ayer St, #01-01, Singapore 068961
Name: Singapore
Tel: 6778 1199 (Singapore) Fax: 6778 1199

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report no. T/20200928/2020

DECLARATION

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

Policyholder's Signature
Date & Time: 27/07/20

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



進友威汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Estate, East 1
Repairs & Car Wash
Name: Singapore 3577002
Tel: 6749 2000 (10 lines) Fax: 6749 2006
MRC/IN No.



**SINGAPORE
POLICE FORCE**



T/20200928/2084

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

1 of 4

Report No. T/20200928/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2020 17:12	Vide Report No.: T/20200927/2005	Station Diary No.: 16
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Informant's Particulars

Name of Informant: LIXON CHAU MIN FAN			Address: APT BLK 655 YISHUN AVENUE 4 #04-389 SINGAPORE 760655	
ID Type / ID No.: NRIC NO / S9646921G			Contact No.: Home/Office: Mobile: 98895351	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 23	Date of Birth: 15/12/1996	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/09/2020 23:30	Type of Location: X-Junction
Location: BRAS BASAH ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH5260L	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	White		0
YP6525H	Lorry	MITSUBISHI	CANTER FEB21CR3S DEB	White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20200928/2084

2 of 4

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

Report No. T/20200928/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH WANG KIM	ID No.	S1737229G
Related Vehicle	SMH5260L (Car)	Contact No.	NIL
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
Passenger			
Name	GUOK JIA YING	ID No.	G2800027N
Related Vehicle	YP6525H (Lorry)	Contact No.	NIL
Hospital/Clinic	WHITECOAT MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	LIXON CHAU MIN FAN	ID No.	S9646921G
Related Vehicle	NIL	Contact No.	98895351
Hospital/Clinic	NIL	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 26/09/2020 at about 2330hrs, I was driving my company's lorry bearing vehicle registration plate number (YP6525H) along lane 3 of Queen Street. I stopped at the X-Junction of Queen Street and Bras Basah Road for the traffic light. As the traffic light turned green, I proceeded straight and that was when there was a car bearing vehicle registration plate number (SMH5260L) had hit onto the left side of my vehicle. My vehicle then swerved towards the right side and hit onto a traffic lamp post and a "Bras Basah Bugis" directory. There was traffic police attended to us vide to T/20200927/2005. I followed the traffic police to their HQ at Ubi for Sec 67(1)(b) Cap. 276 under Traffic Police Investigation Officer Tang Siew Ping. I am lodging this report for insurance and for traffic police's follow up investigation.



**SINGAPORE
POLICE FORCE**



T/20200928/2084

Police Station Of Origin:
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3 of 4
Report No. T/20200928/2084

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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360013
Tel No: 1800-2809999



T/20200928/2084

4 of 4

Report No. T/20200928/2084

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:

E /

Sgt 2 TEO JUN AN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Contact No.: 65476224

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

28/09/2020 17:12

Classification Of Case: