

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 Submission -
Date of Accident 15/05/2021 14:15 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information AYE towards Tanjong Pagar
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD2552E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Hong Fong Logistic Pte. Ltd.
Company Reg No 2XXXXX331K
Email Address team@hongfonglog.com
Mobile Phone No (Phone) +65-68978768
Alternative Phone No (Office) +65-68978768

VEHICLE PARTICULARS

Manufacturer Nissan
Model Gkb45clbhn
Variant -
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 13074

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number VFX/P1569374
Cover Note Number -

DRIVER

Name of Driver Wu Bin
Passport No/FIN GXXXX443M

(Draft)

Date Of Birth 10/10/1989
Occupation Outdoor
Date Of Driving Pass 24/11/2017
Driving experience 3 YEARS AND 6 MONTHS
Gender Male
Mobile Number (Phone) +65-81803492
Alt. Phone Number -
Email Address team@hongfonglog.com
Address 77 Yunnan Drive 3
Address complement -
Postcode 637959
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Employee
Does Driver Own Other Vehicles? No
Vehicle Registration Number of Other Vehicle Owned by Driver -
Insurance Company of Other Vehicle Owned by Driver -

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 the accident? No
Number of vehicles involved in the accident 2
Was anybody injured in the Accident? Yes
Was any injured conveyed to hospital by ambulance? Yes
Was any other material or property damaged? Yes
Number of Passengers (Including Driver) 1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Jurong West Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18002689999
Alt. Police Station Phone No (Fax) +65-62672438
Police Station Address 700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Refer to the attached police report.

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 XE3056J
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle

(Draft)

Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Wu Bin
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? XD2552E
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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.



[Handwritten Signature]

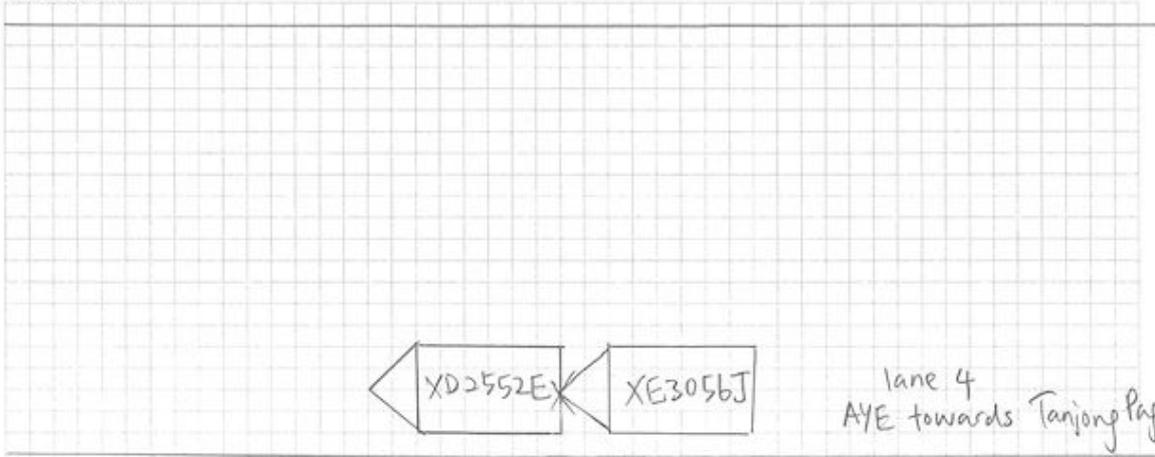
Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attached police report.

Additional point: My prime mover XD2552E was coupled with trailer TRB8476J and container, inside my container is carry goods. My prime mover, trailer, container and goods inside the container were damaged due to the accident.



DECLARATION

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

Tan Sui Kiat

Policyholder's Signature
Date & Time:

WUBIN 12/3/21

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

[Signature]

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







































**SINGAPORE
POLICE FORCE**



T/20210517/2014

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20210517/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2021 10:58	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars			
Name of Informant: WU BIN		Address: 77 YUNNAN DRIVE 3 SINGAPORE 637959	
ID Type / ID No.: FIN NO / G8519443M		Contact No.: Home/Office: Mobile: 81803492	
Nationality: CHINESE		Email:	
Sex: Male	Age: 31	Date of Birth: 10/10/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TRAILER TRUCK DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2021 14:15	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD2552E	Trailer-Truck Driver	NISSAN	GKB45CLBH NB	White	Seriously Damaged	0

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



**SINGAPORE
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Tel No: 1800-2689999

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Report No. T/20210517/2014

CONTINUATION OF REPORT

Driver			
Name	WU BIN	ID No.	G8519443M
Related Vehicle	XD2552E (Trailer-Truck Driver)	Contact No.	81803492
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	15/05/2021	Date Discharge	16/05/2021
No. of Days granted Medical Leave	17	Degree of Injury	Slight

Brief Details.

On the 15/05/2021 at about 1415hrs, I was working and driving trailer-truck XD2552E on lane 4 of AYE towards Tanjong Pagar area to unload containers.

As I was driving at about 50KM/H on lane 4, I then heard loud explosion noises coming from the rear left tyre area and I then suspected that my tyre was punctured. I then immediately stopped on lane 4 and went down to make a check and discovered that 2 out of 4 tyres on the rear is punctured.

I then immediately went back to my driver side area as I wanted to place break-down sign at my vehicle rear to warn others, I then climbed up my driver seat however felt a strong impact from the rear and fel unconscious.

I then woke up in National University Hospital and felt pain to my head, shoulder area and both my legs. I was then discharged the next day on 16/05/2021 and was given 17 days of Medical Leave.

I wish to state that I am unsure what happened at scene as I was already conveyed to hospital. That's all.



**SINGAPORE
POLICE FORCE**



T/20210517/2014

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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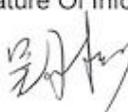
Report No. T/20210517/2014

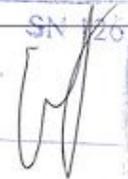
CONTINUATION OF REPORT

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 GOH WEI JIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2021 10:58
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NG BEIFENG Contact No.: 65476845	Classification Of Case:

Authentication Stamp
 NP168
 Signature: 
 Singapore Police Force



AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel:1800 8804888 Fax:-
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)		
CERTIFICATE NO.	: VFX/P1569374	Account No. : 04437
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: HONG FONG LOGISTIC PTE LTD	
Vehicle Registration No.	: XD2552E	
Period of Insurance	: From 24/03/2020 To 31/12/2020 (Both Dates Inclusive)	
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*		
Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
LIMITATIONS AS TO USE*		
(a) Use in connection with the Policyholder's business (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business (c) Use for social, domestic and pleasure purposes This Policy does not cover (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing (b) Use whilst drawing a greater number of trailers in all than is permitted by Law		
(06)		
EXCESS :		
Sect I - Used In S'pore Only	: SGD 1,500.00	
Sect II-Used In Singapore Only	: SGD 1,000.00	
Windscreen Excess	: SGD 300.00	
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD



Authorized Signature

Issued by - SGOVKRS2 on 16/04/2020

IMPORTANT :
 Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

FOR INDIVIDUAL CUSTOMERS :Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS :Please refer to the Premium Warranty Clause on the policy