

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	18/09/2021 14:31 (SGT)
Date of Accident	17/09/2021 09:40 (SGT)
Exact Location of Accident	27 Keppel Bay View, Singapore 098416
Additional Location Information	REFLECTIONS AT KEPPEL BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL8552L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HENG CHOON LOGISTICS PTE LTD
Company Reg No	200812988W
Email Address	HENGCHOON@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-91260715
Alternative Phone No	+65-91260715

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3153

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	VFX/P2412457
Cover Note Number	-

DRIVER

Name of Driver	LEONG YING LIAT
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Date Of Birth	06/05/1983
Occupation	Outdoor
Date Of Driving Pass	27/04/2011
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91260715
Alt. Phone Number	-
Email Address	HENGCHOON@SINGNET.COM.SG
Address	BLK 687A CHOA CHU KANG DR #17-398
Address complement	-
Postcode	681687
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. J/20210918/2016

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

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

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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



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.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 1/2020918/2016

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)
Date & Time:

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

☐ Claim own policy
☐ Claim third party
☐ Claim OO / TP at other workshop
☒ For record purpose
 Policy No. VCA/P2032610
 Insurer ACA Veh. No. YL8552L








**SINGAPORE
POLICE FORCE**


J/20210918/2016

1 of 2

POLICE REPORT (NP299)

Report No. J/20210918/2016

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made 18/09/2021 10:54	Vide Report No.	Station Diary No. 17
Name Of Informant LEONG YING LIAT	Address APT BLK 687A CHOA CHU KANG DRIVE #17-398 SINGAPORE 681687	
ID Type / ID No. NRIC NO / S8313816E	Contact No. Home/Office Mobile 91260715	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DELIVERY DRIVER	Sex Male	Age 38
Institution/School Name	Date of Birth 06/05/1983	Race Chinese
Date/Time Of Incident 17/09/2021 09:40	Location Of Incident 27 KEPPEL BAY VIEW REFLECTIONS AT KEPPEL BAY SINGAPORE 098416 Along the road towards Telok Blangah	

Brief details.

I am working as a delivery driver for this company namely "Heng Choon Logistics Pte Ltd". It is an external company who delivers air conditioner.

On the 17/9/2021 at about 0942hrs, I was driving my lorry out of Sentosa and driving along the road towards Telok Blangah when I smelled a smoke coming from the outside. I looked out from my side

Signature Of Officer Recording The Report:

 J / Sgt 2 SHARIFFUDIN BIN
ROSMAN

 SINGAPORE
POLICE FORCE
LIFE SAVING SERVICE

Signature Of Interpreter:
Not applicable

SIGNATURE

Signature Of Informant:
Date/Time:
18/09/2021 10:54

Officer In-Charge Of Case:
J / Jurong Police Divisional
Investigation Branch /
ASP CHONG YIH PIN
Contact No.: 63167398

Classification Of Case:

Authentication Stamp

**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



Jr20210918/2016

2 of 2

Report No. Jr20210918/2016

mirror and saw smoke engulfed from the goods at the back of my lorry. I quickly stopped my vehicle and called my boss about it. Afterwards, the air conditioner started to burn and passerby helped to call for SCDF assistance.

Due to the burning of the air conditioner the lorry was damaged and the insurance company requires a police report for it. No one was injured except damages to the vehicle.

I am lodging a police report for insurance purposes.

Vehicle Brand: Nissan Cabstar

Vehicle Plate No: YL8552L

Signature Of Officer Recording The Report:

J / Sgt 2 SHARIFFUDIN BIN
ROSMAN

**SINGAPORE
POLICE FORCE**

Signature Of Interpreter:
Not applicable

SIGNATURE

Officer In-Charge Of Case:
J / Jurong Police Divisional
Investigation Branch /
ASP CHONG YIH PIN
Contact No.: 63167398

Authentication Stamp

Signature Of Informant:

Date/Time:
18/09/2021 10:54

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

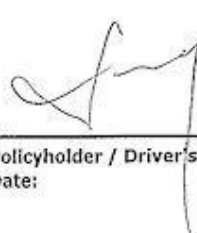
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: YL8552L
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 17/09/2021 Time of Accident: 0940
 Place of Accident: _____
 Insurance Company: _____

(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:

- Reposting change to own damage claim
- Policy coverage should be Third Party Fire & Theft
- Policy number VFX/P2412457


 Policyholder / Driver's Signature
 Date: _____



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