

# 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 ..... 13/10/2021 16:14 (SGT)  
Date of Accident ..... 03/08/2021 10:50 (SGT)  
Exact Location of Accident ..... 37 Chin Bee Cres, Singapore 619903  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP5824B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DNKH LOGISTICS PTE LTD  
Company Reg No ..... 200822335M  
Email Address ..... tpt@dnkh-logistics.com  
Mobile Phone No ..... (Phone) +65-82919528  
Alternative Phone No ..... (Office) +65-64170683

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fuso  
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? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 4500

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... GA567386/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE CHOON CHAI

Date Of Birth .....	07/11/1957
Occupation .....	Outdoor
Date Of Driving Pass .....	07/12/2007
Driving experience .....	13 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82919528
Alt. Phone Number .....	-
Email Address .....	tpt@dnkh-logistics.com
Address .....	BLK 722 WOODLANDS AVE 6 #11-542
Address complement .....	-
Postcode .....	730722
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? .....	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 .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT AND SKETCH

#### 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 .....	GBL1355H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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) .....	-

1/30/2020

Protected By Symantec


SKETCH PLANIMPORTANT 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 revoke 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. The 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 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: 17/9/2021  
 0930

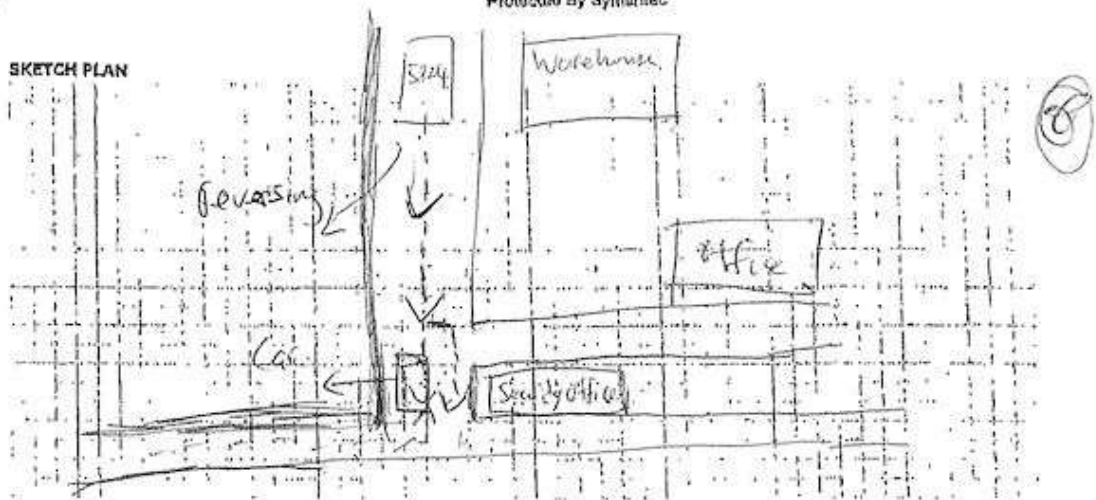
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 17/9/2021  
 1430PM

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

5/31/2020

Protected By Symantec

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1050 05/08/2021, while reversing My Lorry,  
 VP 5824 B, I checked for the back and blind spot before  
 mounting up my vehicle and get ready to reverse.  
 As I am reversing I saw a car from my rear side  
 mirror, I tried to avoid by reversing right, no indication  
 or sound that alert me that I had actually bump  
 into a car. I am after <sup>office</sup> received a letter stating  
 I hit & run at 32<sup>nd</sup> Chis Bcr Crescent hence  
 I am reporting in a accident report to the insurance

DECLARATION

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

Policyholder's Signature  
 Date & Time:

*[Signature]* 12/9/2021  
 0930

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

*[Signature]* 14/30 PM

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

*[Signature]* 15/10/21

DNKH

DNKH Logistics Pte Ltd  
No. 27, Penjuru Lane, Phrase II  
#02-02 Singapore 609195  
Tel: 64170683 Fax: 64170687

Authorization Letter

DATE: 17/09/2021

To whom it may concern:

I, Tan Ping Hien Elvis, Company Reg No: 200822335M, hereby like to authorized Lee Choon Chai,

IC: S2704628B to make accident report on behalf of company

Your sincerely,



A handwritten signature in black ink, appearing to be 'Tan Ping Hien Elvis'.

ELVIS  
92783832  
DNKH Logistics Pte Ltd



redefining / insurance

AXA Insurance Pte Ltd  
 ☎ 1800 890 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 📠 (65) 6880 4740  
 ✉ customer.cmo@axa.com.sg  
 🌐 www.axa.com.sg

date  
 09/03/2021

policy number  
 6A567386

## Certificate of Insurance

Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 180) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Road Transport Act, 1987 (Malaysia)) - Commercial Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

### Policy details

Policyholder name	BNKH LOGISTICS PTE LTD	Certificate number	6A567386 / 1
Cover	Third Party, Fire & Theft	RCD	15%
Engine number	6M60221873	Chassis number	FM65FMA30198
Vehicle Registration number	YP68248		
Period of Insurance	from 13/03/2021 to 12/03/2022 (both dates inclusive)		
Sum Insured	Market Value at Time of Loss		
Finance Loan Company	Nil		

### Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's behalf 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.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 180) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### Excess

An additional excess is applicable as follows:

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) is 16 years old to 21 years old and/or
- b) is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license.

Date: 4/10/2021

To: Owner of Vehicle Number: YP 5824 B

( ) You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

( ) You had been advised by the workshop on the liability and merits of the case accordingly.

( ) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.

- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
- if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.

( ) You have agreed to let AXA assign a **workshop** for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:

- \$200 off on your Basic Own Damage Excess or
- \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
- Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit

( ) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.

( ) There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.

( ) The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.

( ) You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.

( ) For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.

For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.

( ) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

( ) For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

( ) Others

Signed and acknowledge

Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp




















<b>CHASSIS NO</b>	:	FM65FMA30198	
<b>UNLADEN WT</b>	:	0341 5940	<b>KG</b>
<b>MAX LADEN WT</b>	:	16000	<b>KG</b>
<b>PASSENGER CAP</b>	:	1 DRIVER	2 OTHER
<b>TYRE SIZE</b>	:	(F) 11R22.5	
		(R) 11R22.5(M)	



**SINGAPORE  
POLICE FORCE**



T/20210823/2085

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20210823/2085

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/08/2021 17:22	Vide Report No.:	Station Diary No.: 95
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LEE CHOON CHAI			Address: APT BLK 722 WOODLANDS AVENUE 6 #11-542 SINGAPORE 730722		
ID Type / ID No.: NRIC NO / S2704628B			Contact No.: Home/Office: Mobile: 82919528		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 63	Date of Birth: 07/11/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,3,4A,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/08/2021 10:50	Type of Location: Straight Road
Location:  CHIN BEE CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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	Condition	No of Passenger
YP5824B	Lorry				No Damage	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210823/2085

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20210823/2085

**CONTINUATION OF REPORT**

Driver			
Name	LEE CHOON CHAI	ID No.	S2704628B
Related Vehicle	YP5824B (Lorry)	Contact No.	82919528
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4A,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/08/2021 at 1050hrs, I was driving my lorry YP5824B along Chin Bee Crescent. I remember I was sending goods to a Four Leaves Pte Ltd, along 37 Chin Bee Crescent. I do not know if I have had an accident at the main road. I remember while I was reversing to exit Four Leaves, I saw a vehicle directly behind me. I remember doing my blind spot check before reversing. I did not feel any bump or my vehicle hitting anything, hence I did not come down from the vehicle to make a check with the car behind me. My vehicle does not have any in-vehicle camera installed. Because I did not feel like I have caused an accident, I drove off, thinking that nothing was wrong and that no security guard approached me to come down from my vehicle. I received a letter to make a traffic police report on 11/08/2021, hence my purpose of lodging this report is to state that I was unaware that I have caused an accident.



**SINGAPORE  
POLICE FORCE**



T/20210823/2085

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No. T/20210823/2085

**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 2 KELVIN PNG WEI CHEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No: 65478151

Signature Of Informant:

Date/Time:  
23/08/2021 17:22

Classification Of Case:

Authentication Stamp

NP/68

