

☐ Scene Pic  
☐ Auth Letter

☐ Owner  
☒ Driver

## ACCIDENT STATEMENT

Total 5 → Chap 8  
mgp

Date of Accident: 20 09 2021  
Time (24 HRS): 1525 HRS  
Location of Accident: Kaki Bukit Ave 4

Vehicle Registration Number: GBC 9353H  
Name of Policyholder: M&L INTERIOR DESIGN & CREATION  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): ROC: 53209412 C  
Address: 8 KAKI BUKIT AVE 4 #01-08  
Address: L8 PREMIER @ KAKI BUKIT S(415875)  
Contact Number: Tel: Hp: 9655 1763 (MR LEE)  
(MUST WRITE) - Email Address (compulsory)\* \* MG.LEE.SG@GMAIL.COM

Vehicle Make / Model:   
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:   
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks:   
Vehicle category: ☐ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle

Name of Insurance Company: AXA  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number:

Name of Driver: Lee Ju Kang  
NRIC/ FIN/ Passport: S9974584C  
Date of Birth: 03 10 1999  
Driving Pass Date: 04 09 2020  
Gender: ☒ Male ☐ Female  
Contact Number: Tel: Hp: 9641 6026  
Address: 126 GEYLANG EAST AVENUE 1 # 05-73 SINGAPORE 381126  
Address:  
(MUST WRITE) - Email Address (compulsory)\*

Was driver an employee of the Insured's Company? ☒ Yes ☐ No

If No, relationship of Driver with the Insured.

No. of Passenger in vehicle (including Driver)

Please state Passenger Names:

Name: NIL

Name:

Name:

(including Driver)

Gender:

Gender:

Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

### GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions: ☒ Clear ☐ Raining ☐ Others:  
Road Surface: ☐ Wet ☒ Dry ☐ Others:

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☐ No

☒ Yes

Ambulance (Yes/No)

Was any other vehicle(s) or property damaged?

☐ No

☒ Yes

Was there any video captured? (in-car camera in YOUR CAR)

☐ No

☒ Yes

(saved).

### DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☐ No

☒ Yes

If Yes, please state which police station.

Was notice of intended Prosecution given?

☒ No

☐ Yes

If Yes, against whom?

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT.

REPORTING FOR NOW (PER MR LEE BOSS OF COMPANY).

I WAS ON THE WAY BACK TO OFFICE TO DROP COMPANY GOODS.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

21/9  
13:38  
[Signature]

[Signature]

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

21/9 @ 12:10p



Witnessed by Reporting Centre Personnel



OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Vehicle Registration Number FBE 800 H  
Make/ Model/ Others \_\_\_\_\_  
Vehicle category ☐ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle  
Name of Driver \_\_\_\_\_  
NRIC/ FIN/ Passport \_\_\_\_\_  
Contact Number \_\_\_\_\_

Vehicle Registration Number \_\_\_\_\_  
Make/ Model/ Others \_\_\_\_\_  
Vehicle category ☐ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle  
Name of Driver \_\_\_\_\_  
NRIC/ FIN/ Passport \_\_\_\_\_  
Contact Number \_\_\_\_\_

Name \_\_\_\_\_  
Phone / Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Injuries Sustained \_\_\_\_\_  
If Vehicle Occupants, state in which vehicle? \_\_\_\_\_  
Were Seat Belts Worn? ☐ Yes ☐ No  
Was Injured conveyed to hospital by ambulance? ☒ Yes ☐ No

Name \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Injuries Sustained \_\_\_\_\_  
If Vehicle Occupants, state in which vehicle? \_\_\_\_\_  
Were Seat Belts Worn? ☐ Yes ☐ No  
Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder  
(Company Chop if applicable)

Date & Time 21/9/21 13:38

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time 21/9 @ 12:09

## SKETCH PLAN

### 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. 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 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.

### 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.



Policyholder's Signature / Date & Time

21/9  
13:38

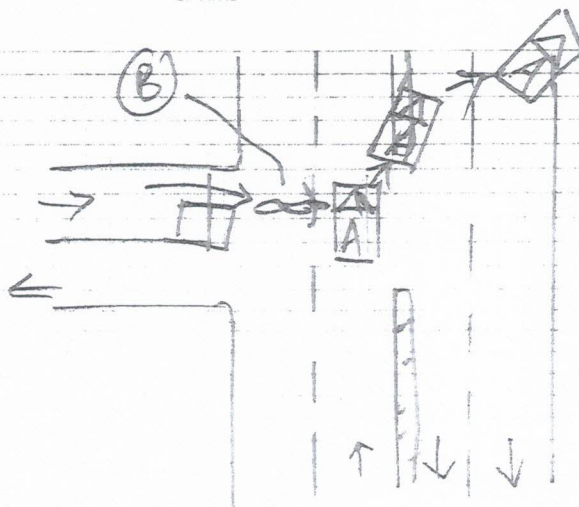
Driver's Signature (If driver is not the policyholder) / Date & Time

21/9@  
12:10P



Witnessed by Reporting Centre Personnel

### Sketch Plan



A: GBC 9353 H  
B: FBE 800 H



Date: 21.9.2021

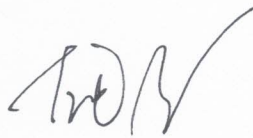
To Whom It May Concern

Dear Sir/ Madam

This is authorize my employee, Name Lee Ju Kang of  
NRIC/ID No. SXXXXX584C to drive, report and/or claim for the accident dated  
20-9-2021 for vehicle number GBC 9353H.







Sign & Chop

Name of Manager/ In Charge/ Owner

LEE HON BENG (MR)

Designation:

BOSS



### POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 21.9.2021

To: Owner of Vehicle Number: GBC 9353 H

The following has been advised to you via your workshop, K. Kim Hin Auto Pte Ltd through their staff, SANDRA. Please tick the applicable box if you had been advised on any of the following:

- ☒ 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 REPORTING ONLY.

Signed and acknowledged by:

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

\*authorized driver to enter 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



**SINGAPORE  
POLICE FORCE**



T/20210920/7043

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20210920/7043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/09/2021 17:22	Vide Report No.: G/20210920/0135	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LEE JU KANG			Address: 126 GEYLANG EAST AVENUE 1 #03-73 SINGAPORE 381126		
ID Type / ID No.: NRIC NO / S9974584C			Contact No.: Home/Office: Mobile: 96146026		
Nationality: MALAYSIAN			Email: JUKANG398@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 03/10/1999	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Carpenter			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: 20/09/2021 15:25	Type of Location: Straight Road
Location:  KAKI BUKIT AVENUE 1				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC9353H	Lorry					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210920/7043

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20210920/7043

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LEE JU KANG		ID No.	S9974584C
Related Vehicle	GBC9353H (Lorry)		Contact No.	96146026
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight

Brief Details.

On 20/09/21 at about 0321 pm I was driving my Lorry GBC9353H along the road 8 Kaki Bukit Ave 4 beside Premier building back to factory then suddenly got one motorbike dash out, then my vehicle cannot brake on time so I hit in front of the motorbike. Then my lorry also hit to the opposite of the road after that I come down to check the motorcycle got any injury, After that got ppl start to call the ambulance and TP. Around 15-20 min then ambulance reached then I.O David also reach the incident place





**SINGAPORE  
POLICE FORCE**



T/20210920/7043

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210920/7043

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
DAVID YAP  
Contact No.: 65476138

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
20/09/2021 17:22

Classification Of Case: