

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 Actual 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 First Submission	29/08/2024 16:41 (SGT)
Reported by	Actual Driver
Date of Accident	28/08/2024 18:15 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	AT SLIP ROAD OF UPPER CHANGI ROAD TOWARDS PIE TUAS & TAMPINES TOWN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9539J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	XUE FANG TRADING SERVICES
Company Reg No	5XXXX594K
Email Address	XUEFANGTRADINGSERVICES@GMAIL.COM
Mobile Phone No	(Phone) +65-97371619
Alternative Phone No	-

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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	JN1SC2F24Z0857440
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZD00095

DRIVER

Name of Driver	CHUN CHENG HOCK
NRIC No	SXXXX364F
Date Of Birth	20/05/1956
Occupation	Indoor
Driving Pass Date	25/09/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	45 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97371619
Alt. Phone Number	-
Email Address	XUEFANGTRADINGSERVICES@GMAIL.COM
Address	148 SIMEI STREET 1 #04-117
Address complement	-
Postcode	520148
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME, I WAS DRIVING FROM UPPER CHANGI ROAD AT THE SLIP ROAD TOWARDS PIE (TUAS AND TAMPINES TOWN) WHILE I CHECKING ON MY RIGHT HAND SIDE ON COMING VEHICLE TRAFFIC SUDDENLY I FELT AN IMPACT FROM BEHIND AND REALIZED THAT VEHICLE B(SHB218J STRIDES PREMIER) HIT ONTO MY REAR PORTION OF MY VEHICLE CAUSED DAMAGED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB218J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR CHIA
Contact Number	(Phone) +65-91124300
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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6. This report will be forwarded by the insurers to 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.

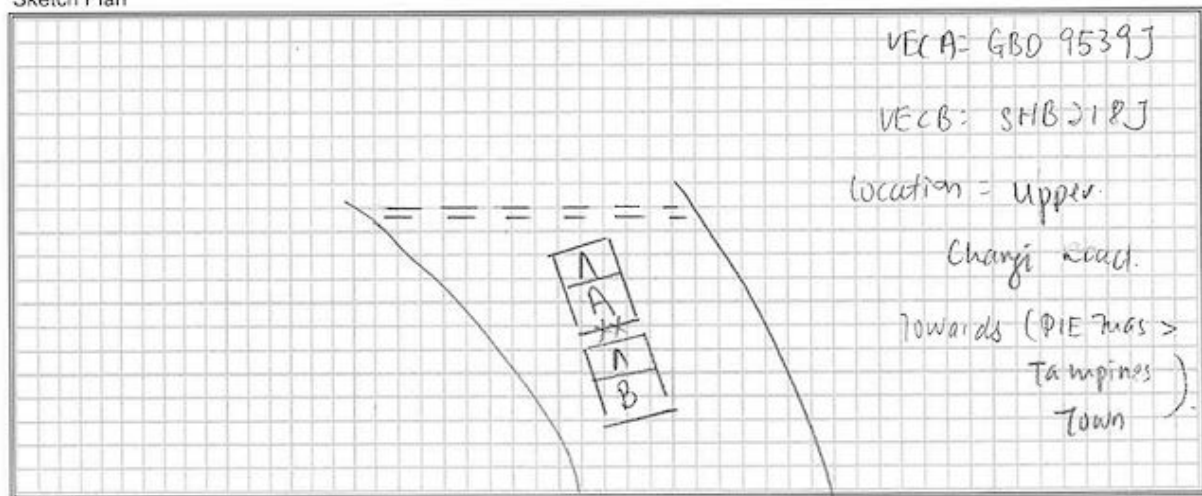
XUE FANG TRADING SERVICES
148 SIMEI STREET 1 #04-117
SINGAPORE 520148
TEL & FAX: 6226 1609 HP: 9737 1619
CO. REG. NO: 53226594K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident									
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">REFER TO GIA REPORT</div>									
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td>Reporting Only</td> </tr> <tr> <td style="text-align: center;">✓</td> <td>Claim OD</td> </tr> <tr> <td></td> <td>Claim TP</td> </tr> <tr> <td></td> <td>Claim OD/TP at other workshop</td> </tr> </table>		Reporting Only	✓	Claim OD		Claim TP		Claim OD/TP at other workshop
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✓	Claim OD								
	Claim TP								
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I/We declare the foregoing particulars are true in every respect.

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