## **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 witholding 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.

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   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 13/06/2024 19:32 (SGT) Reported by **Actual Driver** Date of Accident 13/06/2024 06:50 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG BKE TOWARDS WOODLANDS Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YM7103B INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **BIG-FOOT LOGISTIC PTE LTD** Company Reg No 1XXXXXX061H **Email Address** Sanjay.ram@bigfoot.com.sg Mobile Phone No (Phone) +65-97307902 Alternative Phone No (Office) +65-63505050

VEHICLE PARTICULARS

Manufacturer Nissan Model PKC37BNHNP 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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto

CC 2488

**INSURANCE COMPANY** 

Name of Insurance Company Allied World Assurance Company, Ltd Policy Number / Cover Note Number BVFCSB0013872302

DRIVER

Name of Driver **XU ZHONGXIAO** Work Permit No GXXXX708U Date Of Birth

Occupation Outdoor Driving Pass Date 06/08/2019 Driving experience 4 YEARS AND 10 MONTHS Gender Mobile Number Alt. Phone Number Email Address Address 8 JOO KOON ROAD Address complement Postcode 628972 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I was traveling along BKE towards woodlands it was a 4 lane traffic and my vehicle was positioned in the 4th lane suddenly third party vehicle which was on the 3rd lane made a lane change to the 4th and collided onto my vehicle right rear area. No injuries involved. I was using my vehicle for work purpose during the time of accident. 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

SHF68D

#### Vehicle Manufacturer Toyota Vehicle Model Prius Vehicle Variant

Vehicle Colour Red Vehicle Category Taxi

Name of Driver	SU JUNDA
Contact Number	
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

### WITNESS DETAILS

WITNESS 1

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' law yers/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.

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- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	N 7/1001	Mohamed Saifullah S/O Syed Masood
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 13 June 2024	e Witnessed by Reporting Centre Personnel
Sketch Plan		

# Describe Circumstances of the Accident I was traveling along BKE towards woodlands it was a 4 lane traffic and my vehicle was positioned in the 4th lane suddenly third party vehicle which was on the 3rd lane made a lane change to the 4th and collided onto my vehicle right rear area. No injuries involved. I was using my vehicle for work purpose during the time of accident. Declaration VWe declare the foregoing particulars are true in every respect.

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

& Time 13 June 2024

Accident report SA1D246D0002

Policyholder's Signature / Date &

Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood

Witnessed by Reporting Centre















































































