

## 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 ability.
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 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 Report	16/11/2017 12:58
Date Of Accident	15/11/2017 17:30
Exact Location Of Accident	EXIT OF FAR EAST PLAZA TOWARDS SCOTTS RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN4260U
Insured/Policyholder	
Name Of Registered Owner	SATS BR F FOOD PTE. LTD.
Co Reg No	201510244D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68700295
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5AC-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1742514
Cover Note Number	
Driver	
Name of Driver	ZHOU FENGQI
NRIC No	G2345407L
Date Of Birth	21/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	28/06/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82514109
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

ON 15/11/2017 AT ABOUT 1730 HRS. WHILE I WAS COME OUT FROM FAR EAST PLAZA TOWARDS SCOTTS ROAD. VEHICLE B IS ON MY LEFT HAND. WHEN MY VEHICLE COME OUT FROM THE EXIT TOWARDS SCOTTS ROAD. I FEELING AN IMPACT FROM REAR OF MY VEHICLE. I NOTICED THAT MY VEHICLE HAVE TOUCH ONTO SIDE OF VEHICLE B .

#### 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 SLG6755L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver TIAN SEOW LIANG

NRIC/Passport Number S1573895B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

## Sketch Plan Pg. 1

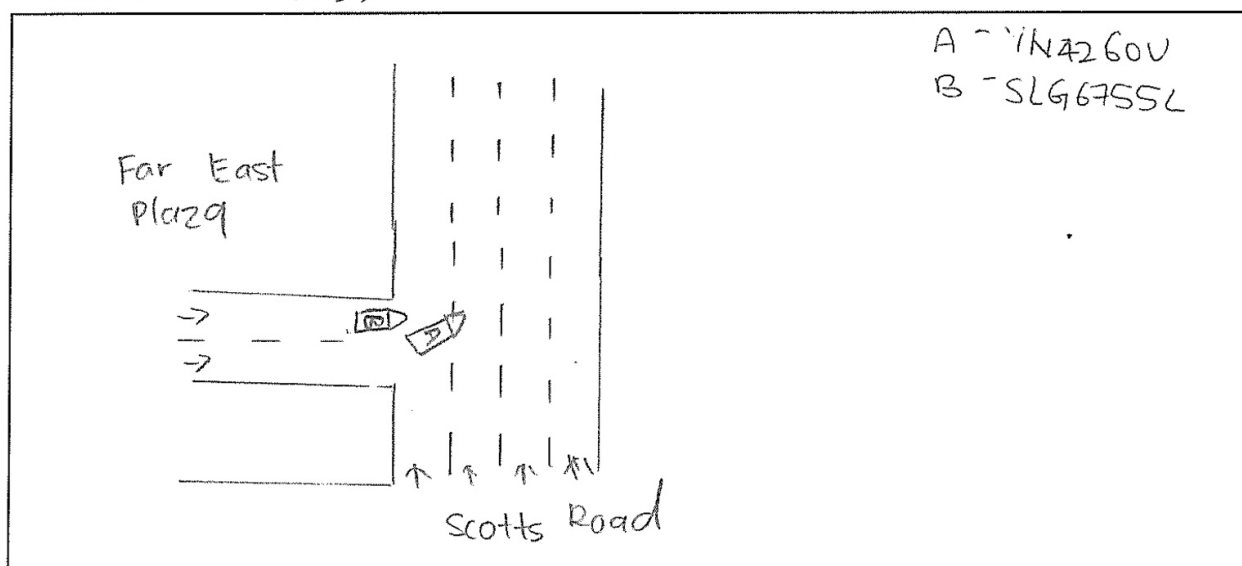
### SKETCH PLAN

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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.

I AM AWARED 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.

X SATS BRF FOOD PTE. LTD. *John Feng*  
Policyholder's Signature / Date & 234 PANDAN LOOP SINGAPORE 128422  
Driver's Signature (If driver is not the policyholder) / Date  
Witnessed by Reporting Centre  
Sketch Plan 96681563



# Sketch Plan Pg. 2

Describe Circumstances of the Accident

Refer to circumstances

Declaration

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

☐ Claim own policy  
☐ Claim third party  
☐ Claim OD / TP at other workshop \_\_\_\_\_  
☒ For record purpose  
 Policy No. P1742514  
 Insurer AXA Veh.No. YN42600

SATS/BRF FOOD PTE. LTD.

(Regn. No.: 201510244D)  
 Policyholder's Signature & Date &  
 Time SINGAPORE 128422  
 96681567

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

Witnessed by Reporting Centre  
 Personnel

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

