

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	11/12/2017 16:16
Date Of Accident	09/12/2017 19:00
Exact Location Of Accident	GEYLANG LORONG 16 ONE WAY TRAFFIC ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD779S
Insured/Policyholder	
Name Of Registered Owner	FELICITY ENGINEERING PTE LTD
Co Reg No	199701363W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65430281

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L200
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA214453/1
Cover Note Number	

Driver

Name of Driver	CHOO HOCK SENG
NRIC No	S1368340I
Date Of Birth	21/12/1959
Occupation	INDOOR
Date Of Driving Pass	17/02/1987
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82626999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 176D EDGEFIELD PLAINS #06-190
Postcode	824176
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)	2

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

I WAS TURNING INTO GEYLANG LORONG 16 FROM GUILLEMARD ROAD. VEHICLE B TRY TO SQUEEZE THROUGH MY VEHICLE FROM LEFT AND HIT ONTO MY VEHICLE.

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	SGG4564T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
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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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.

PRIMA ASSURANCE PTE. LTD.
No. 7 Abingdon Road
Bik 3 Workshop Complex
#01-0313 Singapore 408931
Tel: 6543 0281 Fax: 6543 0520



Policyholder's Signature: _____
Date & Time: _____

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

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

SKETCH PLAN

REFER TO ATTACHED.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS TURNING INTO GE'LANG WONG 16 FROM GILMER RD. VEHICLE
B TRY TO SQUEEZE THROUGH MY VEHICLE FROM LEFT AND HIT onto my
VEHICLE.

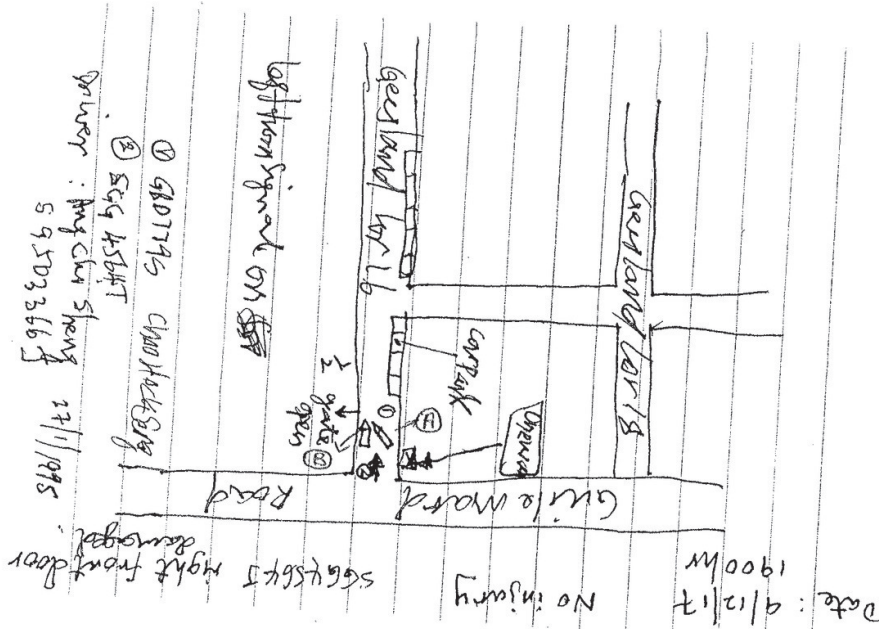
DECLARATION BY POLICYHOLDER

I/We declare that the foregoing particulars are true in every respect.
No. 7 Abingdon Road
Blk 3 Workshop Complex
#01-0313 Singapore 489931
Tel: 6543 0281 Fax: 6543 0520

Policyholder's Signature
Date & Time:

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

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



Annex E

NOTICE OF REPORTING

This is to confirm that CHOO HOCK SENG Number: 82626999
NRIC/FIN S1368340I residing at Blk 176D EDGEFIELD PLAINS #06-190,
has reported to the Police a non-injury traffic accident which occurred at on
09/12/2017 at 1900hrs involving the following vehicles: GBD779S AND
SGG4564T. Location along GEYLANG LORONG 16 ONE WAY TRAFFIC
ROAD.

2 If this accident was reported to the Police within 24 hours of its occurrence,
then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Muhd Firdaus

Date: 09/12/2017

Time: 2013hrs

S/D Ref:

Police Post/Unit: TAMPINES NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

LETTER OF UNDERTAKING

I/We, FELICITY ENGINEERING PTE LTD, the owner of vehicle no. GBD7792

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

FELICITY ENGINEERING PTE LTD
No. 7 Abingdon Road
Bik 3 Workshop Complex
01-0313 Singapore 433931
Tel. 6543 0281 Fax: 6543 0520


Nric no. and signature of policyholder

Company Stamp

Date

11/12/2017

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S13683401



Name
CHOO HOCK SENG
周福成

Race
CHINESE

Date of birth
21-12-1959

Sex
M

Country of birth
SINGAPORE

S13683401

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S13683401


Name
CHOO HOCK SENG

Birth Date: 21 Dec 1959


Issue Date: 19 Aug 2008

001639164B

4573160



NRIC No. S13683401



Date of issue
13-05-2010

Address
APT BLK 176D EDGEFIELD PLAINS
#06-190
SINGAPORE 824176

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 17 Feb 1987

NP 428A

Licence No: S13683401