## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	26/12/2017 16:18	
Date Of Accident	22/12/2017 10:45	
Exact Location Of Accident	HOUGANG AVE 3 & AIRPORT RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	XB7761X	
Insured/Policyholder		
Name Of Registered Owner	MCS LOGISTICS PTE LTD	
Co Reg No	199702210D	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-67453313	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	FUSO	
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	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AXA INSURANCE PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	P1405878	
Cover Note Number		
Driver		

Name of Driver

SAMIYA GOBI

NRIC No

F7939364U

Date Of Birth

13/09/1970

Occupation

INDOOR

Date Of Driving Pass

10/04/2015

Driving Experience 2 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91324794

Fax Number
Contact Number

EMail 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 **COLLISION - U-TURN** 

Weather Conditions **CLEAR** Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

1

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

# **Circumstances of Accident**

REFER TO ATTACH.

# Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGE5875A

Vehicle Make/Model/Colour

**Details Of Properties** VEHICLE B PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 10

#### 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 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.

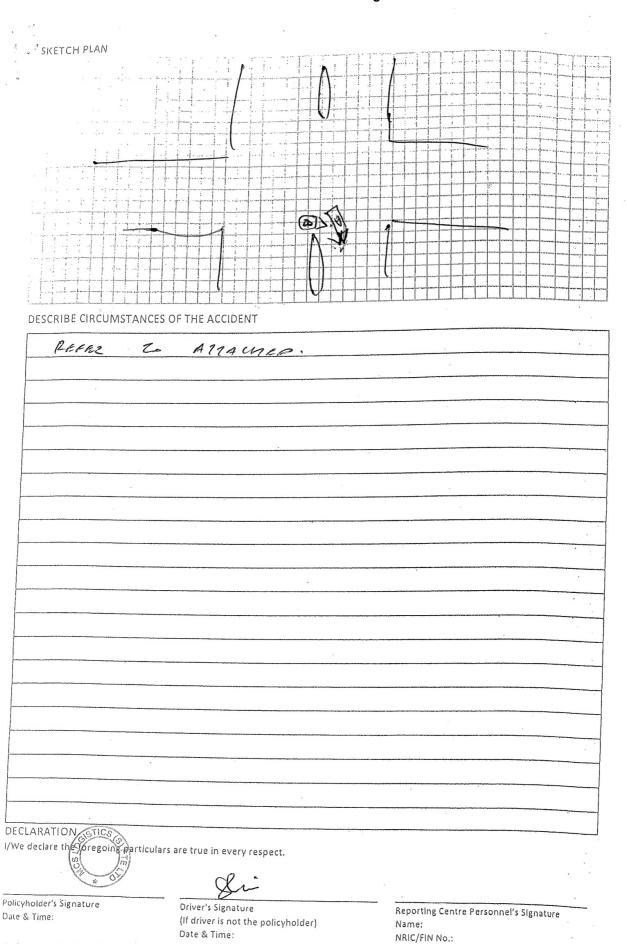
Date & Time:

STICE (SO OTHER)

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

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

# Sketch Plan #2 Pg. 1



Page 4 of 10

.1

# Sketch Plan #3 Pg. 1

# LETTER OF UNDERTAKING

	1	XB 7761 X
J/We, MCG LOGISTICS PTECTO	, the owner of vehicle no.	
My/Our Insurance is under M/s AXA Insur to claim under my/our Policy or against the claim to M/s AXA Insurance Singapore Pte 14(fourteen) days of occurrence or di	ance Singapore Pte Ltd, I/we Third Party and if the forme Ltd with all relevant facts an scovery of damage.	shall decide whether are shall submit such a
My/Our Third Party claim is handle by my/ou	nr preferred workshop,	
My/Our Third Party Claim is Manare by		
Signed and Acknowledge by:	STOS (S Q)	
Nric no. and signature of policyholder	Company Stamp	26 (1) (20 (7) Date

## Sketch Plan #4 Pg. 1

Accident on 22 December 2017 around 1045hr.

Location: Cross junction of Hougang Avenue 3 & Airport Road

Weather: Dry & Clear

Our Policy Reference: AXA VCC/P1405878

Our prime mover: XB7761X

Driver: Samiya Gobi FIN: F7939364U

Other party: SGE5875A Driver: Seow Koon Cheng

NRIC: S1160220G

Our driver, Samiya Gobi, was travelling along Hougang Ave 3. He has just trucked out an empty container from Defu Lane Ave 12 and was heading towards Penjuru. He was on the second right lane and the other party was on his right on the first lane.

Both parties were doing a U turn at the cross junction.

While turning, our driver heard a bang sound and saw from his right side mirror that SGE5875A has hit the trailer, TR8673Z on the right side. He then pulled over on the left side.

Nobody is injured in the accident.

Shi SAMIYA GOBI



XB7761X Accident on 22 Dec 2017