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 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.	on to the distincting of the report at the control and to copies of the report being made available						
	ACCIDENT STATEMENT						
Date Of Report	12/02/2018 09:22						
Date Of Accident	09/02/2018 14:40						
Exact Location Of Accident	ALONG SLE TOWARDS WOODLANDS						
Country/State of Loss	SINGAPORE						
D	ETAILS OF OWN VEHICLE						
Vehicle Registration Number	CB7021Y						
Insured/Policyholder							
Name Of Registered Owner	TAN HUI HONG TRANSPORT SERVICE						
Co Reg No	46528900B						
Email Address	NOEMAIL						
Mobile Phone No							
Alternative Phone No	OFFICE-97872967						
Vehicle Particulars							
Manufacturer	KING LONG						
Model	XMQ6117K AUTO						
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL						
Are you claiming under your own insurance policy for repair to your vehicle?	YES						
If No, Please state action to be taken							
Vehicle Category	BUS						
Insurance Company							
Name of Insurance Company	AXA INSURANCE PTE LTD						
Type Of Coverage	COMPREHENSIVE						
Fleet Policy	NO						
Policy Number	VFX/P1923589						
Cover Note Number							
Driver							

Name of Driver HU NAIGANG
Passport No/FIN G6371473P
Date Of Birth 01/09/1966
Occupation OUTDOOR
Date Of Driving Pass 12/06/2010

Driving Experience 7 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84279688

Fax Number
Contact Number

EMail Address NOEMAIL

16 YISHUN AVENUE 9 #04-24 Address

NINE RESIDENCES

Postcode 768896

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

NO

NO

General Information of the Accident

CHAIN COLLISION Type Of Accident

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 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? NO

If Yes, against whom?

Circumstances of Accident

AS PER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

XD2058R

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YN2016Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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)

1 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:
 - 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.

Tan Hui Hong Transport Service

16 Yishun Ave 9 #04-24 Nine Residences Singapore 768896

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Jeneer NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

SLE L - YN 2016Y

On	09/0	2/20	18 G	14:40	hrs, I	was	deivi	ng My	bus	
LB	70217	alon	g SL	E when	a v	ehicle	X D 20	58 R	intront	of
me	break	ag	and	I could	not	stop	in tin	ne an	d hit	onte
the	said	ve	hicle.							·
			*		·					
		·					***************************************			
						·····				
			· · · · · · · · · · · · · · · · · · ·							
		······································	<u> </u>	<u></u>						
CLARA e decla Hui F	re the foreg	oing part	SETVE	rue in every res	pect.					
shun A	ve 9 #04-24 Singapore	4 Nine R	esidences	-7.	0	11	Y	20-		

Policyholder's Signature

Date & Time:

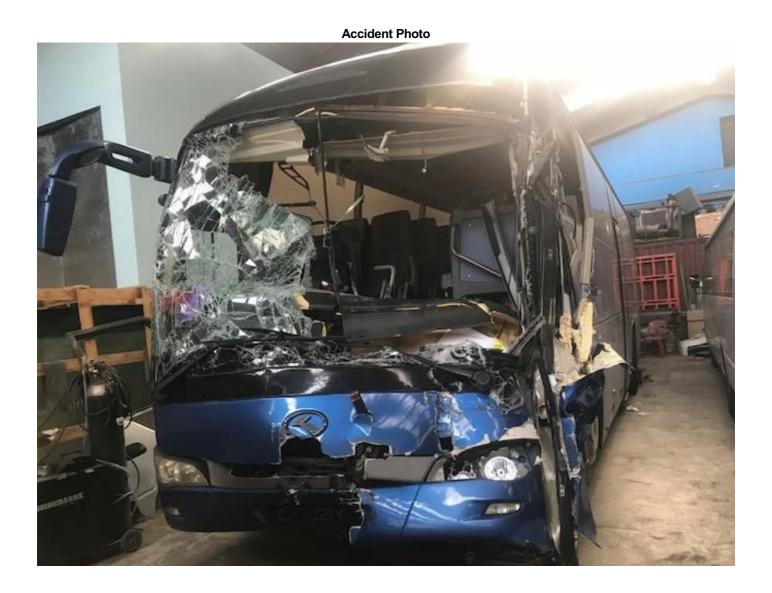
Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Julium

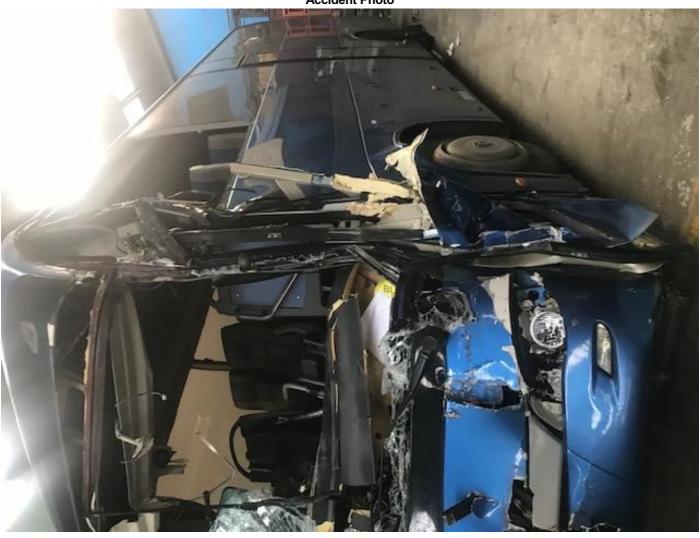
NRIC/FIN No.:







Accident Photo

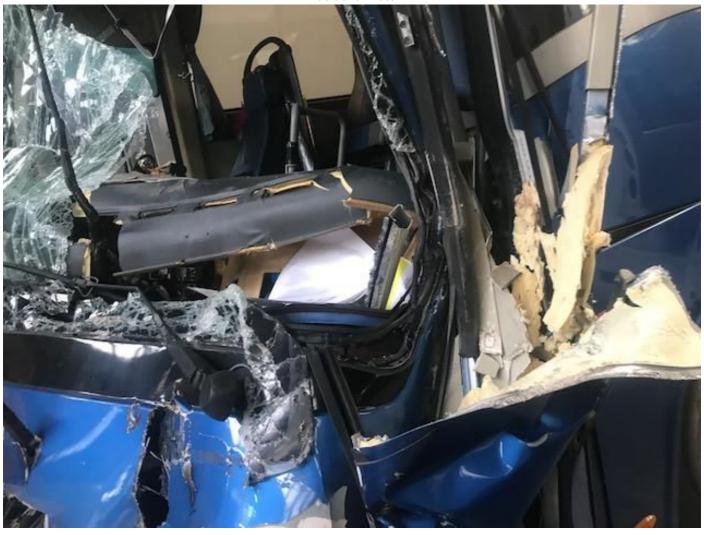


Accident Photo





Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66S50020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MHH118020795 _____Vehicle Registration No: ___CB7021Y Name(as shownin NRIC): HU NAIGANG _NRIC/FIN/Passport No: _G6371473P (*Vehicle Driver / Wehicle Owner) (*) Please delete as appropriate Address _Singapore(Contact (Tel) _____Mobile No. : 84279688 **Email Address** : 09/02/2018 Date of Accident __Time of Accident : ____14:40 Place of Accident : <u>ALONG SLE TOWARDS WOODLANDS</u> Insurance Company: __AXA INSURANCE PTE LTD (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Driving pass date should be 12 June 2010 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: Jerleen NRIC/FINNo.:

Date:

CIARMC addendumform_V3