

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 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	21/02/2018 17:05
Date Of Accident	13/02/2018 17:00
Exact Location Of Accident	PSA BUILDING @ ANSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB9150X
Insured/Policyholder	
Name Of Registered Owner	UBTS PTE LTD
Co Reg No	198103195N
Email Address	GINATAY@UBTS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62681122

Vehicle Particulars

Manufacturer	SCANIA
Model	P124LA4X2NA
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	THIRD PARTY
Fleet Policy	YES
Policy Number	P1192733
Cover Note Number	

Driver

Name of Driver	ZHAN HAIDUN
Passport No/FIN	G3062729L
Date Of Birth	04/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93536223
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

AS PER INDIVIDUAL STATEMENT

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	SLU2782K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AW YANG HONG
NRIC/Passport Number	S8436060J
Contact Number	96264710
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

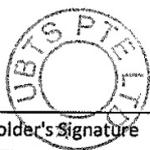
SKETCH PLAN

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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.
- (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.



Policyholder's Signature
Date & Time:

Zhan Han dan

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

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

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.

SKETCH PLAN

Refer to Attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Attachment

Claim own policy
 Claim third party
 Claim OD / TP at other works hop _____
 For record purpose

Policy No. _____
Insurer _____ Veh.No. _____

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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



ACCIDENT STATEMENT

To be completed by the employee)

Exact Location where accident occurred: PSA BUILDING		Employer's Premises Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Job Site Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date of Accident/Injury: 13/02/2018
Full Name of Person Involved/Injured: ZHAN HAI DUN		<input type="checkbox"/> Employee NRIC/ID: G3082729L <input type="checkbox"/> Non Employee	Time of Accident/Injury: 1700 TT
Job Title or Occupation: PM DRIVER	Length of time with company:	Name of Dept assigned to: OPR	Vehicle No: XB 9150X
List what is damaged? SLU 2782K - LEFT SIDE (BACK)		<input checked="" type="checkbox"/> Company property <input type="checkbox"/> Others	Chassis No: NIL

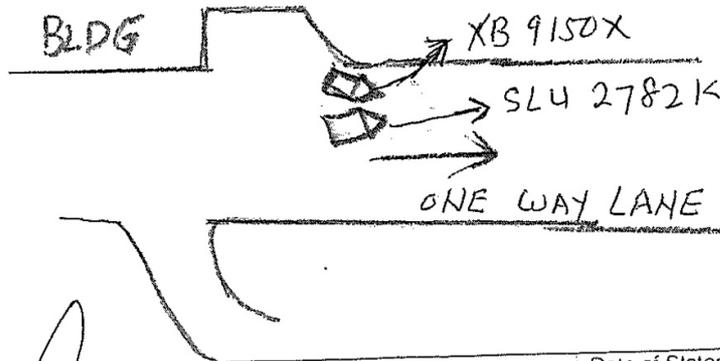
Briefly describe how did accident happen?

ON 13/2 @ 1700 PLUS, I, ZHAN HAI DUN WAS DRIVING XB 9150X. I WENT TO PSA BUILDING TO GET MY I-PAD REPAIR. AFTER REPAIR, I GOED UP MY PM & START MY ENGINE & SEE A SILVER CAR COMING PAST. SUDDENLY I HEARD A LOUD SOUND AT MY RIGHT SIDE & SAW A CAR SLU 2782K (SILVER COLOUR) WAS QUITE A DISTANCE IN FRONT OF MY PM. THE DRIVER COMES FORWARD & SHOUT & ASK MY TO SIGN PAPER TO ADMIT MY MISTAKE. I DID NOT SIGN. WE THEN EXCHANGE PARTICULAR.

NO BODY WAS INJURED & NO RAINING

RPT TO SING AH TEE FOR RECORDING

Sketch of accident location



Interviewed by:

[Signature]

Employee's Signature:

[Signature]

Date of Statement:

9/3/2018

Designation:

Contact No:

ZHAN HAI DUN

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



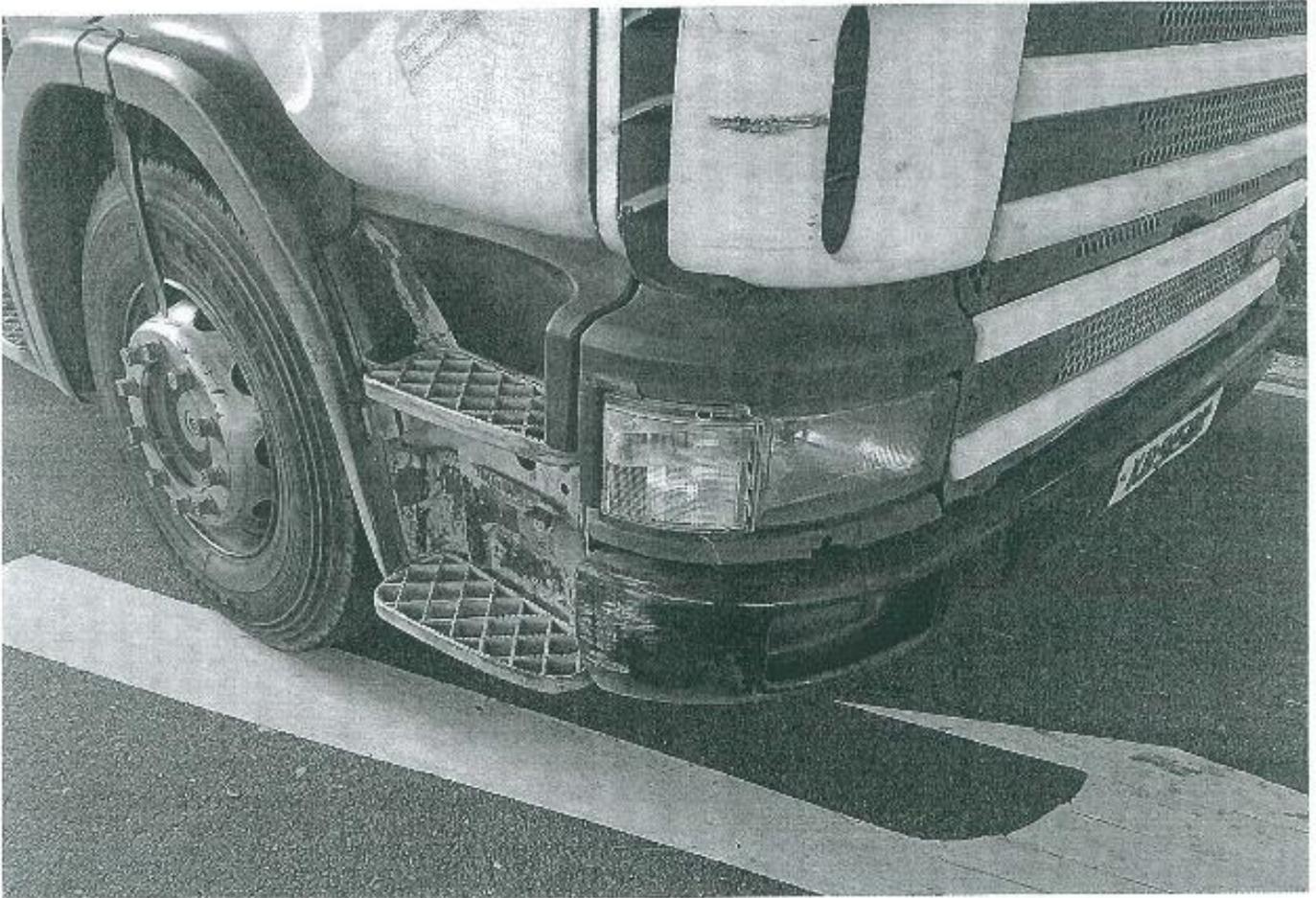
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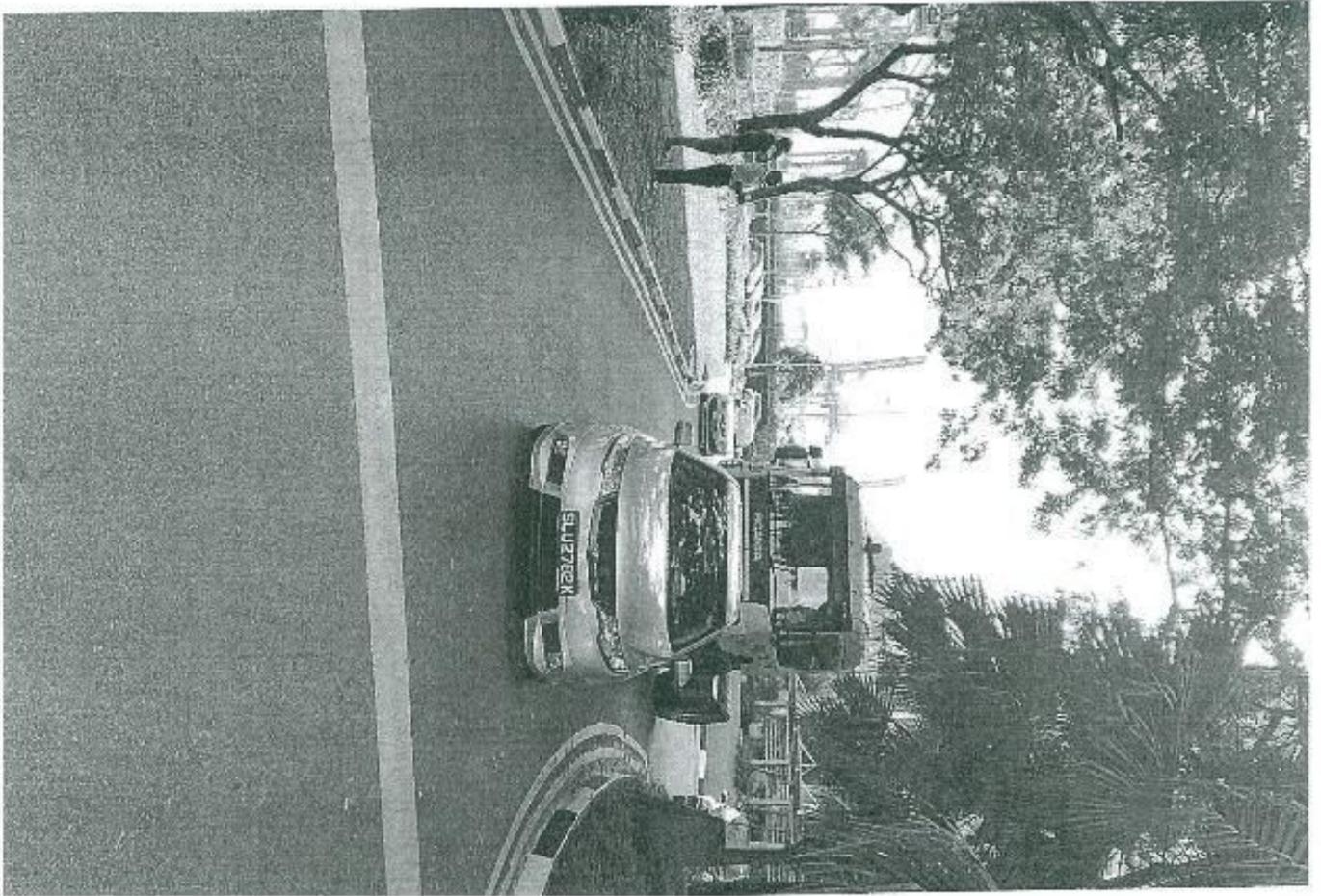
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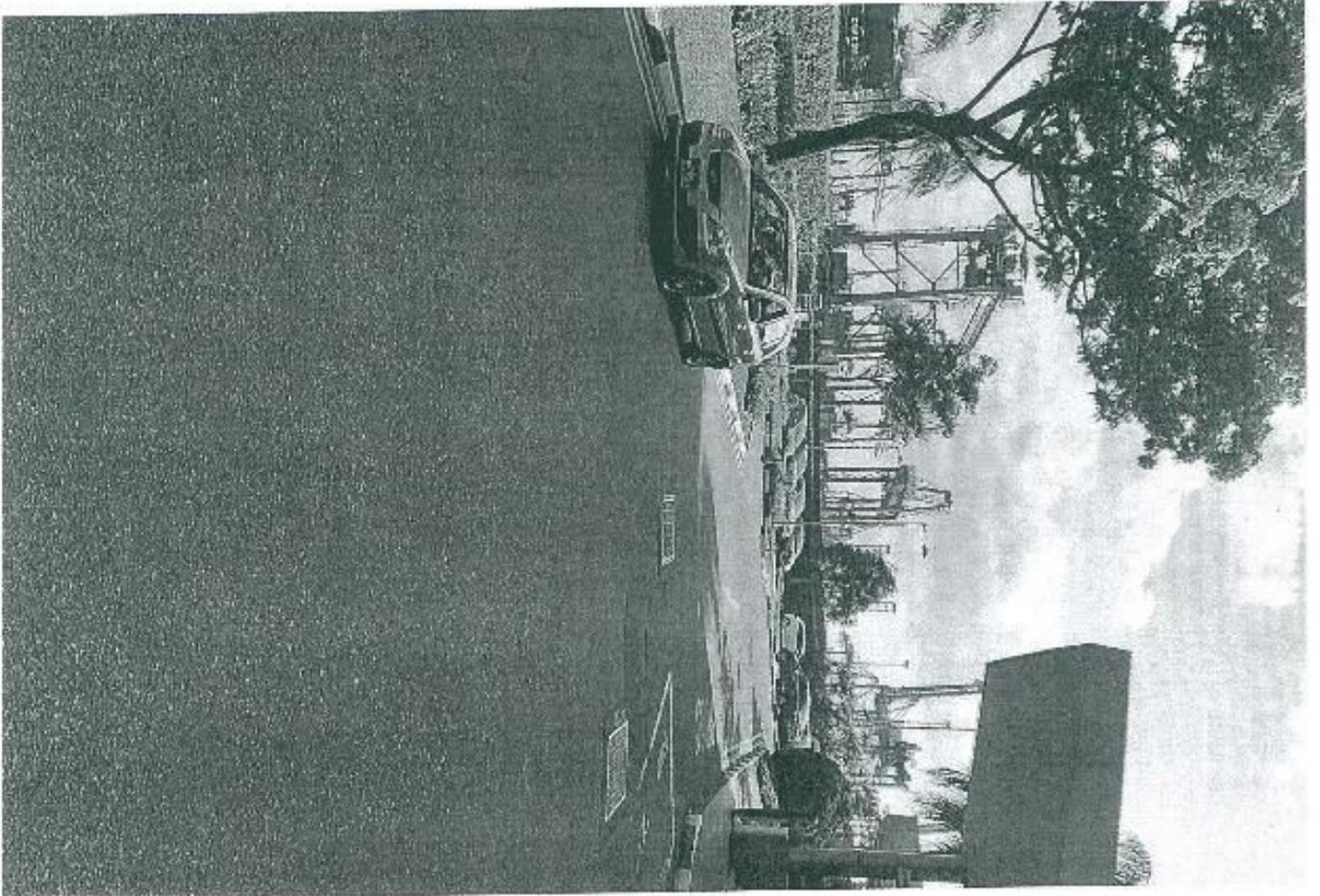
Accident Photo



Accident Photo



Accident Photo



Accident Photo

