

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	02/03/2018 17:52
Date Of Accident	01/03/2018 11:50
Exact Location Of Accident	107 MENG SUAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2680T
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Insured/Policyholder

Name Of Registered Owner	SOON YONG METAL INDUSTRIES PTE LTD
Co Reg No	200008621M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62682668

Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52T-15.7 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P0954415
Cover Note Number	

Driver

Name of Driver	CHIN SEOW BENG
NRIC No	S2153024G
Date Of Birth	12/09/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1981
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91080648
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 119 HO CHING RD #06-121
Postcode	610119
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	COLLIDED INTO PARKED VEHICLE
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)	0

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 01/03/2018 @ ABT 1150HRS. I WAS DRIVING MY COMPANY LORRY & GOING TO MENG SUAN ROAD TO PUT DOWN MY BIN. DUE TO THERE WAS FUNERAL AT MENG SUAN ROAD SO THERE IS A LOT OF VEHICLE WAS PARKED AT THE SIDE ROAD & CAUSING THE ROAD VERY NARROW. WHEN I REACH THERE, I THEN STOP MY LORRY & I SAW THERE IS A VEHICLE IN FRONT OF ME I SCARED MY VEHICLE WILL GRAZED INTO THE SAID VEHICLE SO I PULL MY HANDBRAKE & WENT DOWN FROM MY LORRY & GO TO FIND THE OWNER & INTEND TO ASK THE OWNER TO SWIFT THE VEHICLE. WHEN I WAS FINDING THE OWNER, SUDDENLY MY LORRY ROLL BACK & KNOCKED ONTO A PARKED VEHICLE (SGH3611S) AT REAR RIGHT PORTION & A WAITING TAXI (SHC8764R) AT LEFT SIDE. NO ONE WAS INJURED. THAT'S ALL.

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	SHC8764R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

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.
- (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.

Soon Yong Metal Industries Pte Ltd
No. 2 Chin Bee Road
Singapore 619818
Tel: 6268 2668 Fax: 6265 7505

Policyholder's Signature
Date & Time:

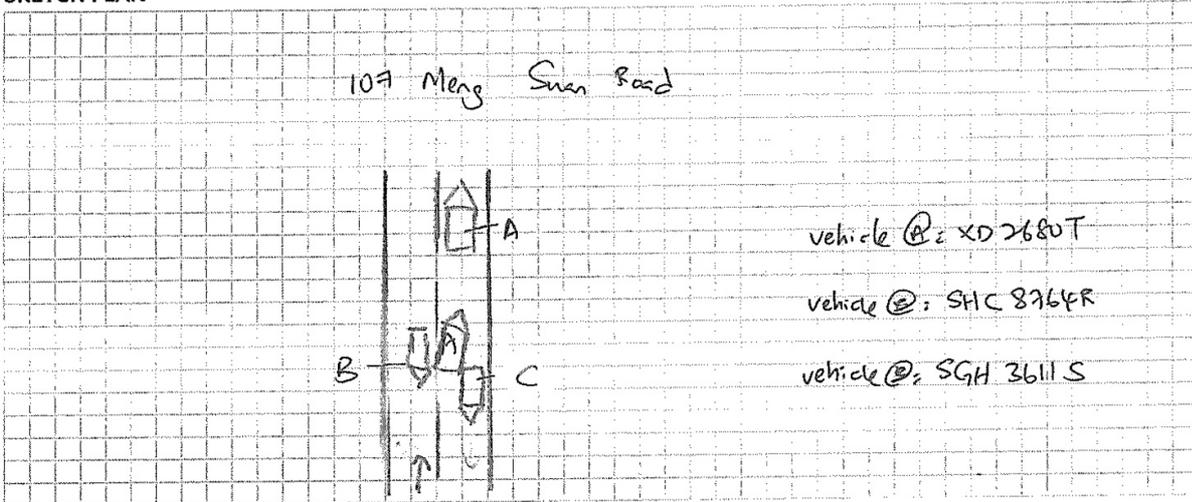
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

I AM AWARED THAT MY IN SURER 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 Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/03/2018 @ abt 1150hrs

Refer to circumstances of accident

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

Policy No. P0954415
 Insurer AXA (F) Veh.No. XD 2680T

DECLARATION

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

No. 2 Chin Bee Road
 Singapore 619818
 Tel: 6268 2668 Fax: 6265 760

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.: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo

