

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	21/06/2018 10:05
Date Of Accident	09/06/2018 08:20
Exact Location Of Accident	ALONG THE 387 ST TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8025X
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Insured/Policyholder

Name Of Registered Owner	AAK LOISTICS SERVICES PTE LTD
Co Reg No	VCX/P2033651
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66650190

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO-7.5 D FM65FM2RDEB (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	201325787
Cover Note Number	

Driver

Name of Driver	TAN YEYAN
NRIC No	G2043666U
Date Of Birth	01/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86780188
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NO
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 - HEAD TO REAR
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

REFERS TO SKETCH PLAN

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	GY4240Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

A — YP 8025 X

B — GY 4240 Z

Along 387 ST
TIMAH RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the date 09/06/2018 about 0823 hrs, I was driving my vehicle A (YP 8025 X) along 387 ST TIMAH RD. I from vehicle B (GY 4240 Z) Collided the rear of vehicle B.

DECLARATION

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

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 #2

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:


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

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

Driving License

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS 3 Motor cars with unladen weight not exceeding 2000kg with not more than 2 axles and not more than 4 wheels and a total mass not exceeding 3500kg

CLASS 4 Motor vehicles with unladen weight not exceeding 2000kg with not more than 2 axles and not more than 4 wheels and a total mass not exceeding 3500kg

EXPIRY DATE 22 May 2012

EXPIRY DATE 02 Dec 2012

MP 4284

License No: G2043668U

VISIT PASS
Immigration Regulations

Name
TAN YETAN

Photo

Date of Birth 01-09-1970
Sex M
Age 41
Date of Issue 15-10-2011
Valid Until 02-10-2016

Multiple Entries YES

Remarks THIS PASS IS VALID FOR VISIT ONLY. IT IS CANCELLED ON ARRIVAL IN THE REPUBLIC OF SINGAPORE.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: G2043668U

Name TAN YETAN

Date of Birth 01 Sep 1970

Valid Until 12 May 2017

Valid For 2204/2002

WORK PERMIT
Employment of Foreign Manpower and Chapter 81A
Republic of Singapore

Employer H&M SERVICE SERVICES PTE. LTD.
TEL: +95 88650193

Worker TANG YETAN
Occupation LOGISTICS TRUCK DRIVER

Date of Issuance 01-10-2011
Valid Until 01-10-2016
Class of Permit 01-10-2016

Worker Photo

Employer Photo

Remarks L541 9508

Accident Photo



Accident Photo



Accident Photo



Accident Photo

