

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	27/06/2018 10:18
Date Of Accident	26/06/2018 16:05
Exact Location Of Accident	PIE EXITING TOWARDS JURONG WEST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE9103C
Insured/Policyholder	
Name Of Registered Owner	SUNWARD PHARMACEUTICAL PTE LTD
Co Reg No	A196800189K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96725680
Alternative Phone No	Office-62656022

Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100463105-02
Cover Note Number	

Driver	
Name of Driver	LOW HIN KOON
NRIC No	S1431126B
Date Of Birth	14/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1997
Driving Experience	20 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98271644
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 551, JURONG WEST STREET 42 #10-247
Postcode	640551
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	HALF WET

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

I WAS EXITING FROM PIE TRAVELLING TOWARDS JURONG WEST AVE 2. THE VEHICLE IN FRONT OF ME SLOW DOWN AND STOP DUE TO RED LIGHT AHEAD. I APPLY BRAKE IMMEDIATELY BUT UNABLE TO BRAKE IN TIME AND HIT ONTO THE REAR OF THE LORRY.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5384P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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


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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.

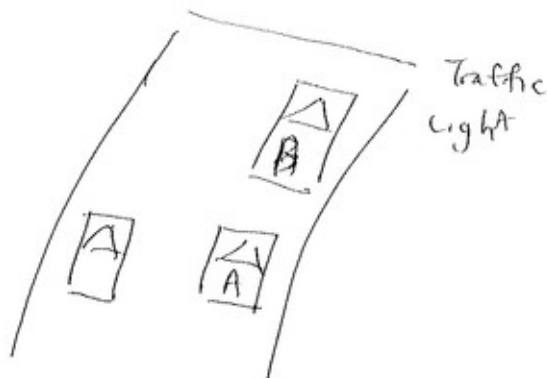

Policyholder's Signature
Date & Time: _____


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


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

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628089
TEL: 6282 2212
FAX: 6282 3682

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting from P2K travelling towards
Jung West Ave 2. The vehicle in front of me
slow down and stop due to red light ahead.
I apply brake immediately but unable to brake
in time and hit onto the rear of the lorry.

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:

TC AutoLock Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 129088
TEL: 6292 2212
FAX: 6292 3002

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

Common Statement

This is NOT an admission of blame / liability but a summary of what happened and facts which will speed up the settlement of claims.

1 Date of accident: 26/6/18 Time: 1605 2 Road location of accident: PZ2 exiting towards Junry West Ave 2

To be signed by BOTH drivers:

3 Injuries even if slight
No ☒ Yes ☐

4 Material damage

To vehicle other than vehicle A and B
No ☒ Yes ☐

To object to other than vehicle A
No ☒ Yes ☐

5 Witness' name, address and tel no. (to be provided if helpful)
Please enter in vehicle A or vehicle B

Registration No. (Vehicle A) 6B69103C

6 Insured / policyholder (see insurance card)

Name: Sunward Pharmaceutical Pte Ltd

(capital letters)

Address: 11 Wan Lee Rd

NRIC / Passport no. A19680182K

Tel no. (from 9am till 5pm)

HP: 62656022 / 18271644

96725835 (Mr Tan)

7 Vehicle

Make, type: Nissan NV350

8 Insurance company

A2G

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. (if available): 2102463105

9 Driver (See driving licence)

(if different from insured A above)

Name: Low HIN Koon

(capital letters)

NRIC / Passport no. S14106 B

Class of licence: class 3

12 CIRCUMSTANCES

1 parked / stopped (at the roadside)

2 leaving a parking space / opening the door (at the roadside)

3 entering a parking space (at the roadside)

4 emerging from a car park, from private grounds, from a minor road

5 entering a car park, private grounds, a minor road

6 entering a roundabout or similar traffic system

7 circulating in a roundabout or similar traffic system

8 striking the rear of the other vehicle while going in the same direction and in the same lane

9 going in the same direction but different lane

10 changing lanes

11 overtaking

12 turning to the right, making a U-turn (official U-turn)

13 turning to the left

14 reversing

15 encroaching in the opposite traffic lane

16 coming from the right (at road junctions)

17 not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. (Vehicle B) YN5384P

6 Insured / policyholder (see insurance card)

Name

(capital letters)

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle

Make, type

8 Insurance company

Does the policy cover damage to vehicle B?

No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence)

(if different from insured B above)

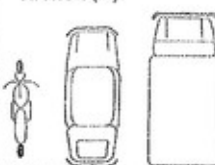
Name

(capital letters)

NRIC / Passport no.

Class of licence

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

12 My remarks

13 Sketch of accident when impact occurred

14 My remarks

15 Signatures of drivers

16 My remarks

17 Signatures of drivers

18 My remarks

19 Signatures of drivers

20 My remarks

21 Signatures of drivers

22 My remarks

23 Signatures of drivers

24 My remarks

25 Signatures of drivers

26 My remarks

27 Signatures of drivers

28 My remarks

29 Signatures of drivers

30 My remarks

31 Signatures of drivers

32 My remarks

33 Signatures of drivers

34 My remarks

35 Signatures of drivers

36 My remarks

37 Signatures of drivers

38 My remarks

39 Signatures of drivers

40 My remarks

41 Signatures of drivers

42 My remarks

43 Signatures of drivers

44 My remarks

45 Signatures of drivers

46 My remarks

47 Signatures of drivers

48 My remarks

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

PERSONAL STATEMENT

To be completed and submitted within 24 hours to your insurer or to an appointed workshop (Use a separate sheet of paper where necessary)

Insured

1 Occupation (if more than one, state all) _____ **First** **No email**

2 Vehicle registration no. **GBR 9103C** If commercial vehicle, state permit/other carrying capacity _____

3 Is driver the owner? ☒ Yes ☐ No If no, state the vehicle number and name of owner(s) of vehicle (over which insurance applies) _____

Of which vehicle are you the owner?

4 Exact purpose for which vehicle was being used at time of accident ☐ Private use ☐ Business use ☐ Hire & reward

☐ Others - please specify _____

5 Is the vehicle still in use? ☒ Yes ☐ No If no, state where it is at present _____

6 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☐ No If no, state action to be taken _____

Driver or person in charge of vehicle at time of accident (including insured)

7 Date of birth **14/11/1962** Occupation (if more than one, state all) **out door** Years of driving experience **12/11/1997** Was vehicle driven with the insured's permission? ☒ Yes ☐ No Was driver an employee of the insured's company? ☐ Yes ☐ No

8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____

9 Full details of all driving convictions including pending ones within the last 36 months

Date	Offence	Penalty

Injured persons

10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Damage to property & vehicles (other than vehicles A and B)

11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Injured's name and address (if known)

Police action

12 Was the accident reported to the Police? ☒ Yes ☐ No If yes, please state which Police station _____

13 Was notice of intended prosecution given? ☒ Yes ☐ No If yes, against whom? _____

Accident details

14 Weather conditions ☒ Clear ☐ Raining ☐ Others _____

15 Road surface ☒ Wet ☐ Dry ☐ Others **Half wet**

16 Speed of vehicles A **50** km/hr B _____ km/hr

17 What warnings were given by driver or other party? _____

18 Were street lights illuminated? ☒ Yes ☐ No

19 What lights were displayed on your vehicle/the other vehicle(s)? _____

20 If your vehicle is commercial, state weight of load carried at time of accident _____

21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)

Declaration

I/We declare the foregoing particulars are true in every respect **Pa C**

Policyholder's signature _____ Date _____

Driver's signature (if driver is not the policyholder) **John**

Pharmaceutical Pte Ltd

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

