

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	17/07/2018 16:09
Date Of Accident	05/07/2018 20:15
Exact Location Of Accident	SENTOSA GATEWAY (EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8875U
Insured/Policyholder	
Name Of Registered Owner	FRONTIER TOURS PTE. LTD.
Co Reg No	201614649E
Email Address	FRONTIERCOACH888@GMIAL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-87686299

Vehicle Particulars

Manufacturer	VOLVO
Model	B7R AUTO
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	BUS

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	0
Cover Note Number	

Driver

Name of Driver	AMIR RUDDIN BIN AB RAHMAN
NRIC No	S1177687F
Date Of Birth	16/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1988
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98077381
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 106A CANBERRA STREET #13-431
Postcode	751106
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 - CHANGE/CROSS LANE
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)	24

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

-

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	SHA4398B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

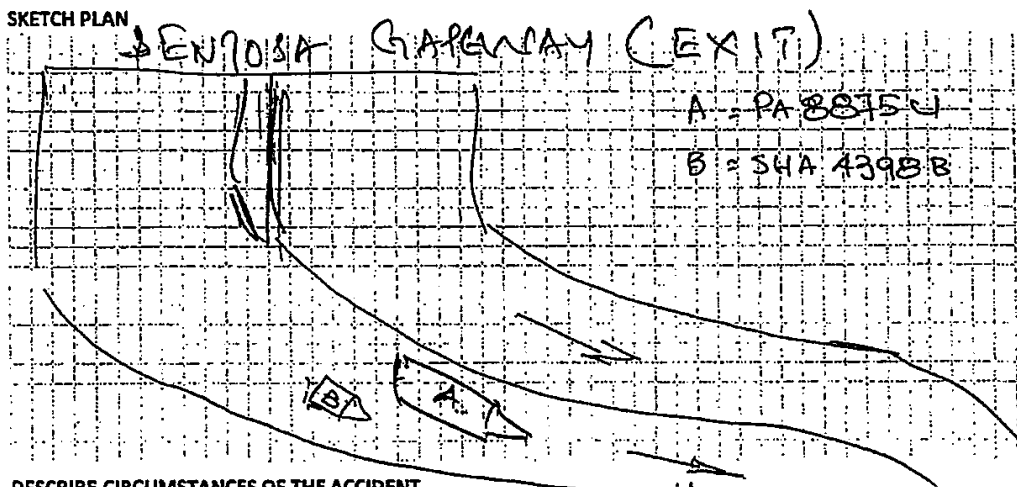
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 18/7/2018


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: PA 8875 U	ACCIDENT DATE & TIME: 05/07 2018 HRS
CONTACT NUMBER: 98077381	E-MAIL ADDRESS:
LOCATION: BENTONIA GATEWAY (EXIT)	
<p>WHILE I WAS TRAVELING OUT OF BENTONIA TOWARDS VIVO MALL I DID SEE THIS VEHICLE (TAXI) ON MY RIGHT TRYING TO SQUEEZE THROUGH TO OVERTAKE ME. UNFORTUNATELY THE TAXI CANNOT SQUEEZE THEN THE TAXI FLASH THE LIGHT. I STOP AND WAIT FOR HIS APPROACH. HE DID CLAIM I HIT HIS TAXI AND I TOLD HIM DON'T LIE BECAUSE I CAN SEE CLEARLY FROM MY MIRROR THAT HE QUITE FAR BETWEEN MY BUS AND THE TAXI. ANYWAY I TOLD HIM YOU GOT CAMERA AND MY BUS TOO. AFTER I DROP MY GUEST AT THE HOTEL AND I DRIVE STRAIGHT TO MY PARKING PLACE AND TAKE PHOTO.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

DECLARATION

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

Policyholder's Signature
Date & Time: 18/7/2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/7/2018 HRS

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

Signature of Reporting Officer

Driving License



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		EFFECTIVE DATE
Class 25	Motorcycles up to 250 cc	04 Apr 1998
Class 24	Motorcycles between 251 cc and 400 cc	04 Apr 1998
Class 3	Motor cars with unladen weight not exceeding 2,000 kg, passengers, exclusive of driver, and other motor vehicles with a laden weight up to 3,500 kg	25 Feb 1998
Class 4	Motor vehicles which are constructed to carry not more than 9 passengers and the unladen weight is 25,000 kg	04 Apr 1998
Class 6	Motor vehicles not constructed to carry any load and the unladen weight is 12,000 kg	05 Mar 1998

RF 4155



Accident Photo



Accident Photo



Accident Photo



Accident Photo

