

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	19/07/2018 15:56
Date Of Accident	18/07/2018 14:00
Exact Location Of Accident	AT 50 BT BATOK EAST AVE 3 (CALTEx PETROL STATION)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL9274H
Insured/Policyholder	
Name Of Registered Owner	MONZONE AIR-CONDITIONING PTE LTD
Co Reg No	200102928W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63651315

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE639C6SRDEA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/1852064
Cover Note Number	

Driver

Name of Driver	SUN SHOUWEN
Passport No/FIN	G5997387N
Date Of Birth	11/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	19/05/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94672612
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address -
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY
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? YES
If Yes, Please state which Police Station
Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT

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
Vehicle Make/Model/Colour
Details Of Properties PETROL BIN & PUMP
Vehicle Category NA/UNKNOWN
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

SKETCH PLAN

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6. The 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 lodgment 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.
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:

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

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

No. Of Passenger (Including Driver)

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report J/20180719/2060

DECLARATION

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


Policyholder's Signature
Date & Time:

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

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

Police Form 100 (Rev. 1/2017)



**SINGAPORE
POLICE FORCE**



J/20180719/2060

1 of 1

POLICE REPORT (NP299)

Report No. J/20180719/2060

Police Station Of Origin
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Date/Time Report Made 19/07/2018 13:45	Vide Report No.	Station Diary No. 62
Name Of Informant SUN SHOUWEN	Address 23 BALAM ROAD #03-10 BALAM GARDENS SINGAPORE 370023	
ID Type / ID No. FIN NO / G5997387N	Contact No. Home/Office Mobile 94672612	
Nationality CHINESE	Email Address	
Occupation DRIVER	Sex Male	Age 41
Institution/School Name	Date of Birth 11/12/1976	Race Chinese
Date/Time Of Incident 18/07/2018 14:00	Language English	
	Location Of Incident 50 BUKIT BATOK EAST AVENUE 3 CALTEX BUKIT BATOK SINGAPORE 659879	

Brief details.

On 18/07/2018 at about 1400hrs, when I was driving my company vehicle, YL9274H, I went to Caltex Petrol Kiosk. After topping up fuel at pump 2, I started moving off. While moving off, I hit onto the pump 2. No one was injured. The Caltex bin and one of the pump were slightly damaged.
I am lodging this report for insurance claim.

Signature Of Officer Recording The Report: J / Staff Sgt MOHAMED NASRUDIN BIN SHAHUL HAMEED
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Staff Sgt OMAR BIN YAMMOIDEEN Contact No.: 67910000

Signature Of Informant: Sun Shou Wen
Date/Time: 19/07/2018 13:45
Classification Of Case:

Authentication Stamp

