

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 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	09/06/2016 13:54
Date Of Accident	09/06/2016 11:30
Exact Location Of Accident	11 JALAN TERUSAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2448Z
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Insured/Policyholder

Name Of Registered Owner	THYE TRANSPORT COMPANY
Co Reg No	07603600J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62651944

Vehicle Particulars

Manufacturer	NISSAN
Model	GKB45CLBHNB
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE SINGAPORE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1501708
Cover Note Number	

Driver

Name of Driver	PANG KOK KIONG
NRIC No	S1475602G
Date Of Birth	01/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1984
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97120550
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 855 JURONG WEST STREET 81 #14-526
Postcode	S640822
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	UNKNOWN - REFER TO THE SKETCH PLAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	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

REFER TO THE SKETCH PLAN	
Are accident photos available for attachment?	YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8417Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN

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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 thereport 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.

I AM AWARED THAT MY INSURER 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.

THE TRANSPORT COMPANY
NO. 10 TAN YONG ROAD
SINGAPORE 629788

Policyholder's Signature / Date &

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Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan

Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 9/6/2016 at 1130hrs, I was driving my company prime mover with trailer. After I load a container on my trailer, then I drive over to the survey and wait for the survey and photo taking before getting clearance. There are a lot of trailer blocking the way thus I got no choice but to stop my vehicle in slanted position. Suddenly, I felt an impact at the rear side of my vehicle, then realised vehicle B had hit on the the rear side of my vehicle that in stationary position waiting for clearance. No one was injured in this accident.

Declaration

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

泰 達 輪 船 公 司
THYE TRANSPORT COMPANY
NO. 10 TAN YONG ROAD
SINGAPORE 629788
TEL: 6266 6310 / 6268 6318 / 6268 4480

Policyholder's Signature / Date &
Time

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

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop _____
☒ For record purpose

Policy No. P1501708

Insurer _____ Veh. No. XD2498Z

~~Witnessed by Reporting Centre
Personnel~~

Accident Photo



Accident Photo



Accident Photo



Accident Photo

