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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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

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	ACCIDENT STATEMENT
Date Of Report	04/03/2019 13:55
Date Of Accident	03/03/2019 17:10
Exact Location Of Accident	ALONG COMMONWEALTH RD TWDS GHIM MOH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD7449Z
Insured/Policyholder	
Name Of Registered Owner	ASA CONTRACTS PTE. LTD.
Co Reg No	201105803W
Email Address	SALLY.CHONG@ASAC.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63622328
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P1743766
Cover Note Number	
Driver	

Name of Driver GESAN

Passport No/FIN G2393567N

Date Of Birth 09/01/1994

Occupation OUTDOOR

Date Of Driving Pass 27/12/2017

Driving Experience 1 YEAR AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83484236

Fax Number

Contact Number

EMail Address NOEMAIL

Address NA

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 - CHANGE/CROSS LANE**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME: : NA

GENDER: : MALE

Passenger 2 NAME: : NA

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AS PER 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 Vehicle Make/Model/Colour

YK9922B

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category Name of Driver CHANDRAN VINOTHKUMAR

NRIC/Passport Number G2835499T

Contact Number

Address Postcode

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Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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:
 - 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:

Yvoning Toh

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN	· ;	— • in out at a forting of the state of the
		Commonwealth Racel
Chin Moli Load		A = GBD7449 Z B = YK 9827 B
DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	, , , , , , , , , , , , , , , , , , ,
Accident Date & Time :	2/3/2018 510 pm	
Accident Location :	3/3/2019 510 pm Commonneath Road Turning	y to Ghim Much Rocal
left from	oide protion	1492 along Commormealth Road Suddenly, a vericle and hit onto my relicle's
☐ Rep	orting Only	d Party
DECLARATION I/We declare the bregains part	* IMPORTANT NOT You had been advised b	E: y the workshop that in the event that you wish to claim against your own policy (Own Damage Claim (14) days clause whereby the claim must be made within the sépulated timeframe from the day of
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name 1 NRIC/FIN No.:

GIARMC SketchPlanForm_V3