

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 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.

ACCIDENT STATEMENT

Date Of Report	15/03/2019 17:08
Date Of Accident	06/03/2019 11:00
Exact Location Of Accident	CHANGI GENERAL HOSPITAL LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8266C
Insured/Policyholder	
Name Of Registered Owner	ONG KOCK HIONG TRANSPORT
Co Reg No	53185223K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62525523

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FEB21EA10047
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1632346
Cover Note Number	

Driver

Name of Driver	CHOO WAN LOONG
NRIC No	S9772014B
Date Of Birth	31/05/1997
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97107755
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	5, SOON LEE STREET, #06-19, PIONEER POINT, SINGAPORE 627607
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	COLLIDED INTO PARKED VEHICLE
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
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

ON 06/03/2019 AT ABOUT 1100 HRS. WHILE I WAS REVERSING MY VEHICLE TO THE LOADING BAY . MY VEHICLE ACCIDENTALLY TOUCH ONTO THE FRT RIGHT PORTION OF VEHICLE B . AFTER THE ACCIDENT HAPPEN , WE AGREE TO PRIVATE SETTLE. DRIVER OF VEHICLE B HAD COME TO MY WORKSHOP TO FIX THE FRT RIGHT SIDE MIRROR. AFTER THAT HE SAID RUSHING . I THEN TOLD HIM FIND A DAY COME BACK TO MY WORKSHOP TO CHANGE THE SIGNAL LAMP, REPAIR THE DOOR, AND ALSO THE SPRAY PAINTING. AFTER FEW DAYS, I RECEIVED A CALL FROM THE OTHER WORKSHOP THAT TOLD ME THE DRIVER OF VEHICLE B WANT TO CLAIM AGAINST MY INSURANCE TO REPAIR THE VEHICLE .

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	YQ5734Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DINESH S/O R KASINATHAN
NRIC/Passport Number	S9108857F
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.

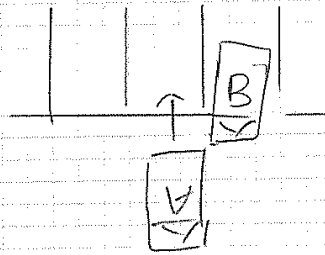


Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/3/19

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

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.



B-7057344

Changi General Hospital
Loading Bay

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to circumstances

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☒ For record purpose

DECLARATION

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



Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/3/19

Claim own policy
 Claim third party
 Claim OD / TP at other works hop _____
 For record purpose
 cy No. P1632346
 er AXD Veh.No. YN866C

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

