

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	02/05/2019 17:13
Date Of Accident	25/04/2019 08:15
Exact Location Of Accident	ALONG SLE EXIT WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9692Z
Insured/Policyholder	
Name Of Registered Owner	WONG THYE MOTOR
Co Reg No	52943718W
Email Address	HUANGHELOGISTICS1968@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97660712

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 100 MANUAL-3.0 D (M)
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	THIRD PARTY
Fleet Policy	NO
Policy Number	GA146577
Cover Note Number	

Driver

Name of Driver	ANTHONY ARULSAM Y ARUL AROCKIYADASS
NRIC No	G8401492W
Date Of Birth	01/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91319183
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	119, TECK WHYE LANE, #06-790, SINGAPORE 680119
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : PERIYASAMY GENDER: : MALE

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 25/04/2019 AT ABOUT 0815 HRS. WHILE I WAS TRAVELLING ALONG SLE TOWARDS EXIT WOODLANDS AVE 12 . VEHICLE B IN FRONT OF ME SUDDENLY BRAKE I ALSO APPLY MY BRAKE MANAGE TO STOP. BUT MY VEHICLE SKIDDED AND COLLIDED ONTO REAR OF VEHICLE B . AT THAT TIME VEHICLE B DRIVER TOLD ME HE DIDN'T HIT ONTO VEHICLE C WHO WAS IN FRONT OF HIM, AND HE TOLD ME THAT THE FRT PORTION OF THE VEHICLE IS OLD DAMAGE. HE SAID WANT TO PRIVATE SETTLE AND NO NEED TO MAKE REPORT. I THEN WAIT FOR THE VEHICLE B TOLD ME THE AMOUNT. ON 30/04/2019, I RECEIVED A CALLED FROM THE VEHICLE B TOLD ME THAT HE GOT MADE THE ACCIDENTS REPORT AND ASK US GO AND MAKE THE REPORT. I NOTICED THAT THE STATEMENT THEY WRITE IS VEHICLE B DRIVER HAD HIT ONTO THE REAR OF VEHICLE C. NO ONE WAS INJURED.

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	GBG995T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH LAI MENG
NRIC/Passport Number	F4509358K
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJK9939A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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.

X WONG LEE YU MOTION
Wong

Policyholder's Signature
 Date & Time:

A. B. M.

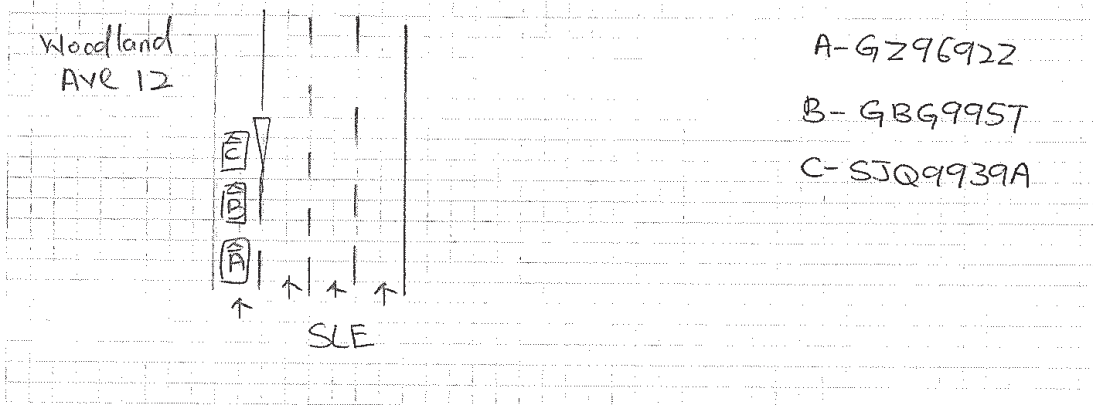
Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

B

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

Sketch Plan Pg. 2



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.

X ~~WONG~~ ~~THEE~~ ~~MOTOF~~ ~~WONG~~ ~~THEE~~ ~~MOTOF~~

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 works hop _____
☐ For record purpose

Policy No. CN2 / GA146577
 Insurer AXA (T) Veh.No. G29692

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

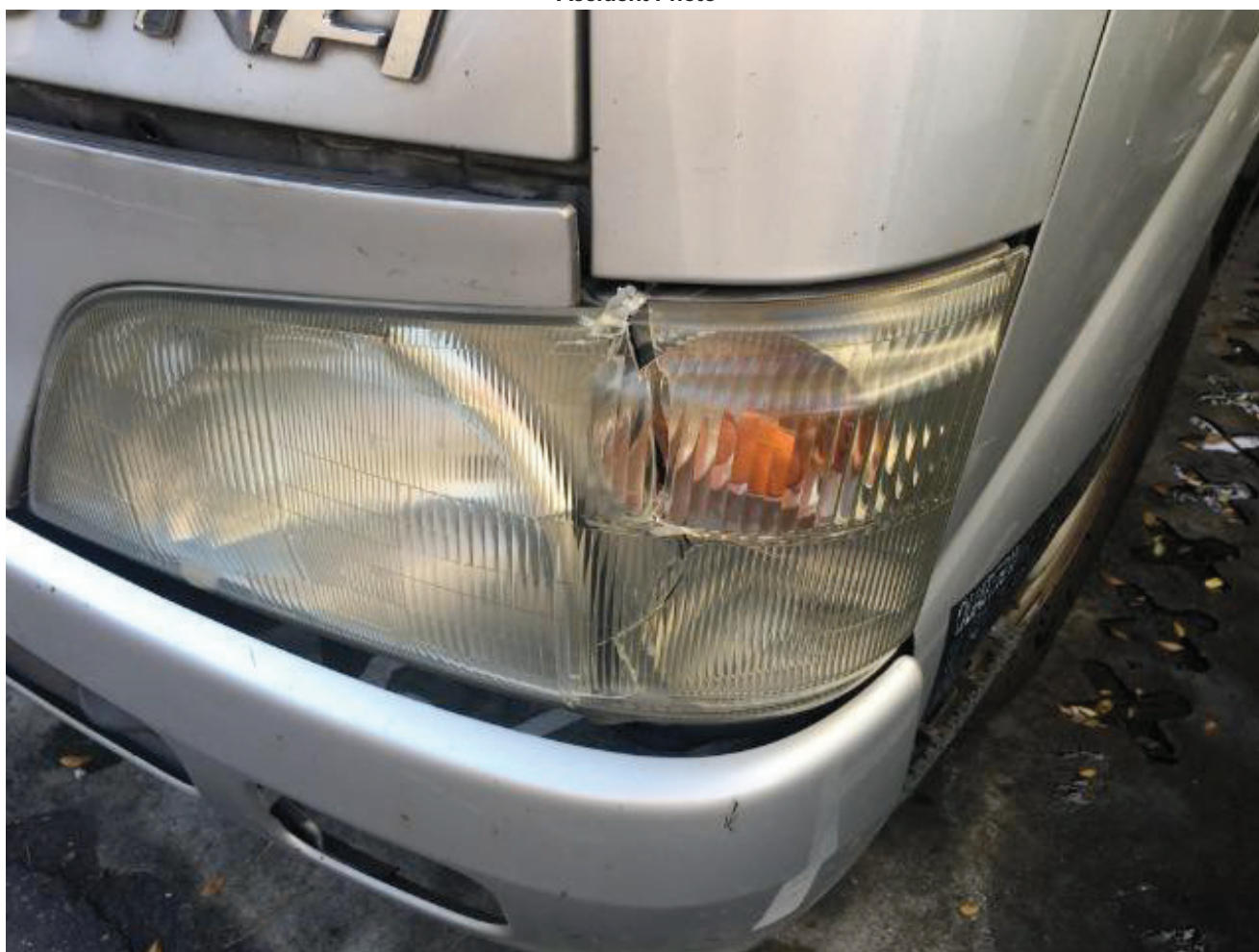
Accident Photo



Accident Photo



Accident Photo



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