

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	22/07/2019 17:45
Date Of Accident	21/07/2019 10:00
Exact Location Of Accident	JUNCTION OF HENDERSON RD/TELOK BLANGAH WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6056U
Insured/Policyholder	
Name Of Registered Owner	TRAVCOACH PTE LTD
Co Reg No	197201119C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92385904
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	ZHONG TONG
Model	LCK6830HS
Exact Purpose for which vehicle was being used at time of accident	GOING TO PICK UP CUSTOMERS
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	P1858209
Cover Note Number	

Driver

Name of Driver	LOH YEW WAH
NRIC No	S1436389J
Date Of Birth	26/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	23/01/1982
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92385904
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 320B ANCHORVALE DR #11-116
Postcode	542320
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	SIDE SWIPE
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?	
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

REFER TO SKETCH - THERE ARE 16 PASSENGERS IN THE BUS

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP8578H
Vehicle Make/Model/Colour	SUZUKI SWIFT
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

IMPORTANT NOTICE

VEHICLE NO: PC 6056 U
ACCIDENT DATE: 21/07/2019 @ 10:00

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

[illegible]**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to attached sketch plan and statement.

DECLARATION

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

Policyholder's Signature: _____
Date & Time: _____

Driver's Signature

(If driver is not the policyholder) 16200

Date & Time:

CHARN'S CUSTOM CRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident involving PC 6056 U & SKP 8578 H on 21/07/2019 at
Junction of Henderson Road and Telok Blangah Way

On 21/07/2019 about 10:00am, I was driving my vehicle (PC 6056 U) along Henderson Road. While turning into Telok Blangah Way, suddenly vehicle (SKP 8578 H) came from the other side and hit onto my RH front side.

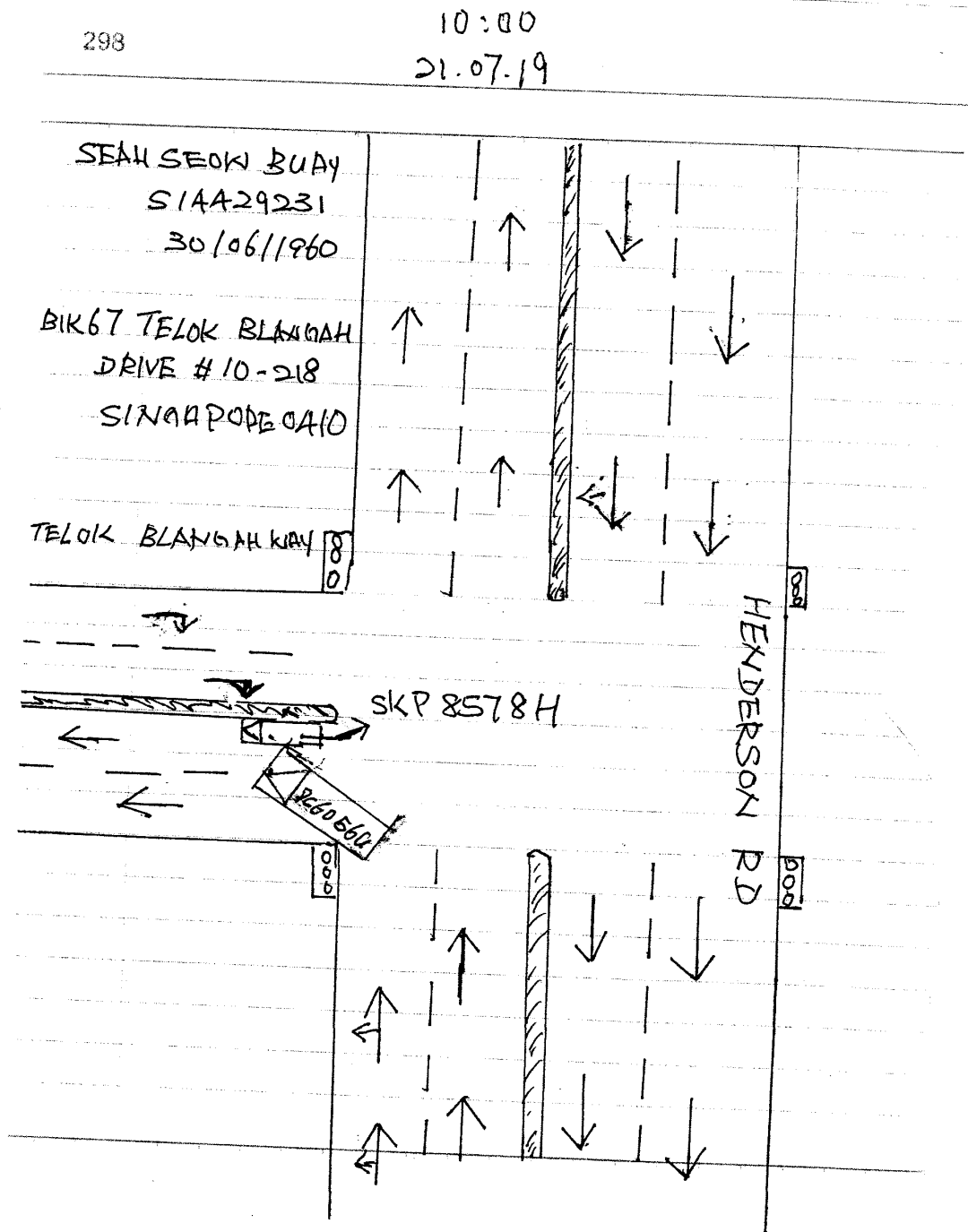
Loh Yew Wah

S1436389J

9238 5904

PC 6056 U





TRAVCOACH PTE LTD

1, Kung Chong Road Singapore 159139

Tel: 6382 2850

Fax: 6382 0839

Email: enquiry.travcoach@gmail.com

Date: 21 July 2019

To: Whom it may concern

Dear Sir / Madam,

This letter is to certify that we had authorize our employee: **Mr Loh Yew Wah** of
NRIC Number: **S1436389J** to drive vehicle number: **PC6056U** on that day of accident
dated **21 July 2019**.

Please do not hesitate to contact me if you require any further clarification.

Thank you.

Yours sincerely,

Johnny Lim
Manager

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM



(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

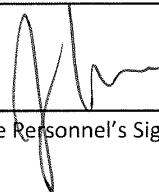

Original Report No : MCU19095910 Vehicle Registration No: PC 6056U
Name (as shown in NRIC) : Loh Yew Wah NRIC/FIN/Passport No : S1436389J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 320B Anchorvale Drive # 11-116 Singapore (542320)
Contact (Tel) : - Mobile No. : 92385904
Email Address : -
Date of Accident : 21/07/2019 Time of Accident : 10:00
Place of Accident : Junction of Henderson Road / Telok Blangah Way
Insurance Company : AXA Insurance Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach letter of Authority


Policyholder / Driver's Signature
Date: 


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

Addendum Sheet Pg. 1



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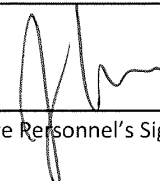
Original Report No : MCU191095910 Vehicle Registration No: PC 6056U
Name (as shown in NRIC) : Loh Yew Wah NRIC/FIN/Passport No : S1436389J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : B1K320B Anchorvale Drive # 11-116 Singapore (542920)
Contact (Tel) : - Mobile No. : 92385904
Email Address : -
Date of Accident : 21/07/2019 Time of Accident : 10:00
Place of Accident : Junction of Henderson Road / Telok Blangah Way
Insurance Company: AXA Insurance Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach letter of Authority and video footage


Policyholder / Driver's Signature
Date: 21/07/2019


Reporting Centre Personnel's Signature
Name: Charm's
NRIC/FIN No.: 92385904
Date: 21/07/2019