

## 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	26/10/2019 18:08
Date Of Accident	25/10/2019 17:30
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY BEFORE SPEED TRAP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6438Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EVERLAST MARINE SERVICES PTE LTD
Co Reg No	199001351W
Email Address	EVERLASTMARINE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91086651
Alternative Phone No	OFFICE-67423995
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA190494/1
Cover Note Number	

### Driver

Name of Driver	CHUA KIM HAI
NRIC No	S0227671B
Date Of Birth	20/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1973
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91086651
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	286D TOH GUAN ROAD #10-12 SINGAPORE 804286
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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

Please see attached files

#### 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	SLZ6613M
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

### SKETCH PLAN

#### 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. The 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 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:
  - (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:

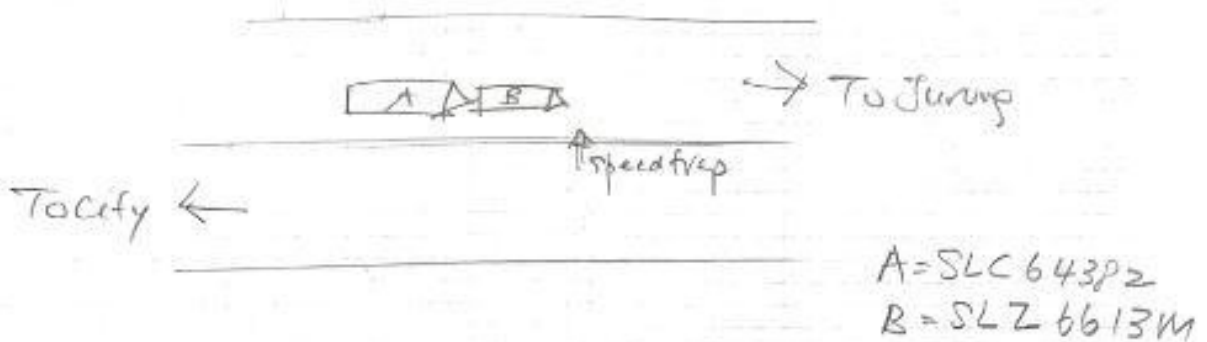
26/10/2019

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

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

## Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 25/10/2019

Time: 17 30 Hrs

Place: Along Aye Rajah Expressway before speedtrap

Heavy traffic along expressway. Front car SL266134 suddenly brake. I also brake but kiss on the rear bumper.

My car no damage. His car slight paint come out.  
No personal injury & no government property lost.

## DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

Time: 26/10/2019

Driver's Signature

(if driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 5027202152

## CONSENT LETTER

The Manager / Officer

Accident Reporting Centre

Singapore

### Owner Letter of Consent

I (Owner's Name) Everlast Marine Services Pte Ltd (Owner's NRIC No.) 199001351W

(Owner's Vehicle Make & Model) Nissan Sylphy Car Number Plate SLC6438Z

hereby authorise (Name of Driver) CHUA KIM HAI

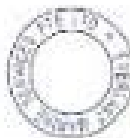
(Driver's NRIC No.) S022 to file a traffic accident report happened on

(Date of Accident) 25/10/2019 (Place of Accident) Along Aye Rajar

Expressway before speed trap

(Time) 1730hrs

Owner's Signature: 



Date: .....



## Identification Card

Driver - SLC 64382



Chua Kim Hai  
H/P: 9108 6651

**EVERLAST** 永恒海事工程私人有限公司  
MARINE SERVICES PTE LTD

Blk 3028A Ubi Road 3 #01-88 Singapore 408657

Email: everlastmarine@singnet.com.sg Tel: 6742 3995 Fax: 6742 3886  
Marina South Pier, Counter 12 Tel: 6532 5655 Fax: 6534 2533  
West Coast Pier, Counter 1 Tel: 6773 2782 Fax: 6775 3101  
Website: www.everlastmarine.org

H/p: 91086651  
Email: everlastmarine@singnet.com.sg



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

