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</u> and <u>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.

By the lodgement of this report to the insurers, you he aforesaid.	ereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/03/2020 13:28
Date Of Accident	06/03/2020 16:45
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE2293H
Insured/Policyholder	
Name Of Registered Owner	TBSD PTE LTD
Co Reg No	201400089W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84338866
Vehicle Particulars	

NISSAN Manufacturer

Model NV350 PANEL VAN 2.5 5MT 5DR EURO V

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?

THIRD PARTY If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number P1859646

Cover Note Number

Driver

Name of Driver LIM SIAK LENG NRIC No S7604567D Date Of Birth 13/02/1976 Occupation **OUTDOOR Date Of Driving Pass** 08/01/2016

Driving Experience 4 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84338866

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 4 JALAN MINYAK

#12-318

Postcode 163004

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

collecting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : PAX 1 (WIFE)

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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 SJD8179B

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

Page 2 of 14

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN				
ers red a control	The second secon		+	Vehicle
		-		A-GBE2293H B-SJD8179B
	10000 A 10000 A 10000		4-	B - 20001719
	To	<u>-</u>		
	N	KA	_	
				Legend
	ROAD WORKS	1	₹	P
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		-	Vehide Motorcycle
	avelling straight	along Cler	nenti Ave	nue 6
at third lane.	Vehicle B which	was at	second	lane
			- / /	1 0 1
suddenly out	into my lane	and coll	ided on	to tront
211 1-	O was valiate			-
right portion	of my vehicle.			
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	75.			**
ease be agained that your insurer may om the day of occurrence. Kindly-chec	culars are true in every respect. have a fourteen (1.4) days clause whereby the k your policy for more details. Driver's Signature	Rep	orting Centre Perso	
ate & Time:	(If driver is not the policyholder)	Nar Nar	ne: C/FIN No::	

Sketch Plan #2

SXETCH PLAN

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 Interested parties.
- 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:

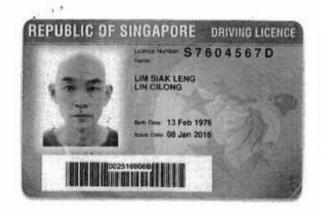
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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

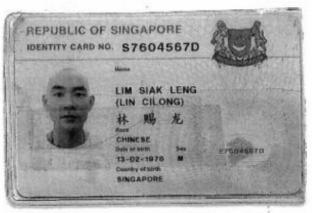
(ii) for complying with requirements under any regulations, laws or court orders.

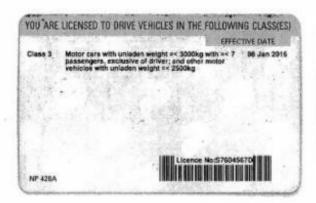
Policyholder's Signature Date & Time: Driver's Signature ...
(If driver is not the policyholder)
Date & Time:

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

Driving License & NRIC









Common Statement

This is NOT an admission of bies and facts which will spend up the 2 patte of sections. The 06/03/2020 16	ne 2 Exect locatio	n of accident	inue 6		To be signed by 30/16 crivery
4 Material damage To vehicles offer than vehicles		1	5 Witness' raine, add s passenger in vehi	de si pad tel no. (to be u de A or veticle B)	nderined if he/take Vehicle Video Cennete Available
Does the policy cover damage to w No Yes Pl859646	A CONTROL CONT	Put a cross () boxes app College Coll	CUMSTANCES () in each of the release () in the Neckether () in Present ()	Address	ice company C YPFT TPO Colicy cover damage to vehicle B? Yes See driving Resoca) Internal internal above) Internal
Visible damage to vehicle A	REFE	R TO	ATTAC	HED	Visible damage to vehicle B
	Alternativety ceases m	ha (eferance in one of a	e sketchos on page 4:		
ty remarks		G-	en of drivers 15	14My remark	
	A	TO COLUMN TO COL	·).	В	
the even of injuries or in the event of dans whichs a end 0, give information oversion	age to property other than	Do not after province in	the statement ofter signing.		for Insured's Individual Statement

Individual Statement

Insped	1 Otrupation (if e	ore than tine, st	ur insurer or Iwae or sp tate all)		Errail:			911		
THREE	1. Occupacion (if more than one, state all). 2. Vehicle registration no. GBE 22 934 CC. If conversation on GBE 22 934 CC. If conversation capacity.									
Of which vehicle are	3 Is driver the lowner? Yes No 17 no. State Relationship of Hirer tasts the vehicle number and name of behave supplicable.)									
you the owner?	4 Éxact purpose for which vehicle was being used at time of accident Private use Commercial use Hire & reward Private films Others - please specify									
В	5 Is the vehicle still in use? Yes No IFno, state where it is at present Tel no. 6 Are you claiming under your own insurance policy for repair to your wehicle? Yes 100 100 100 100 100 100 100 100 100 10									
	7 Date of birth	Occupation		Dete of license pass		Was vehicle driven with the insured's permission?		Was driver an employer of the insured's company?		
Driver or person in charge of vehicle at the time of accident	13/02/1976		Outdoor	08/01/2016	-	No	Yes	No		
(including insured)	8 Give details of an	y pre-existing in	spairment of sight or head	ing and of any other disabl	ilty					
	9 Full details of all o	driving convictio	ns including pending prose	ocutions in the last 36 mon	Otes					
	Date		Offi	ence	- T	Penalty				
	10 Name(s), addres approximate age		Injuries sustained	If vehicle occupants, state in which wenich		Were seat belts being worn?		Was injured conveyed to hospital by ambulance?		
njured ersons					Yes	No:	Yes :	No :		
prosero		-			Yes	No:	Yes	No :		
					Yes :	No :	Yes :	No :		
amage to property vehicles (other than hicks A and B)	11 Name(s) and add clymer(s)	11 Name(s) and address(es) of Vehicle registration no. or details of property		Nature of damage Inc			1-1	swer's name and address		
,	12 Was the accident			No No						
lice tion	13 Was notice of inte If yes, against wh		n given? Yes	No No						
	14 Weather condition	S Clear		Saining	Other					
	15 Road surface Wet Dry Others									
	16 Speed of vehicles	A	lam/tre	8	km/hr					
ident alls	17 What warnings we 18 Were street lights i		er or other party?					-		
_	The second second		r vehicle/the other vehicle	/s\2						
			weight of load carried at					100		
	21 State how accident 22 State number of P		th of roads, speed limits, e uding Driver) 02		AKI -	F				
The state of the s			-					-		
leration .	I/We declare the foreg	oing particulars	are true in every respect							
eration .	I/We declare the foreg		are true in every respect	1-1	Date					











