

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	23/06/2020 16:44
Date Of Accident	23/06/2020 08:50
Exact Location Of Accident	OPEN SPACE CARPARK (BETWEEN BLK. 130 & 131)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6310K
Insured/Policyholder	
Name Of Registered Owner	TAN BROS GAS SUPPLY
Co Reg No	3XXXX400C
Email Address	TANBROGASSUPPLY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91055622
Alternative Phone No	OFFICE-64551169

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D 1KD (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING HOUR
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P2381875
Cover Note Number	

Driver

Name of Driver	LI XINGJIE
Passport No/FIN	GXXXX316T
Date Of Birth	17/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88795234
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 151 COUNTRYSIDE ROAD
Postcode 786877
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 COLLISION - MAJOR/MINOR RD
Weather Conditions RAINING
Road Surface WET

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

I'M DRIVING ON MARSILING DRIVE'S OPEN SPACE CARPARK (BETWEEN BLK. 130 & 131) AND HEAD TOWARDS THE EXIT. SUDDENLY VEHICLE B MOVED OUT FROM CARPARK LOT AND HIT ONTO MY VEHICLE RIGHT SIDE PORTION.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: DEVICE FAULTY
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA9414E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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

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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.

TAN BROS GAS SUPPLY

Policyholder's Signature

Date & Time: 22/6/20
2:30 pm

Driver's Signature
(If driver is not the policyholder)

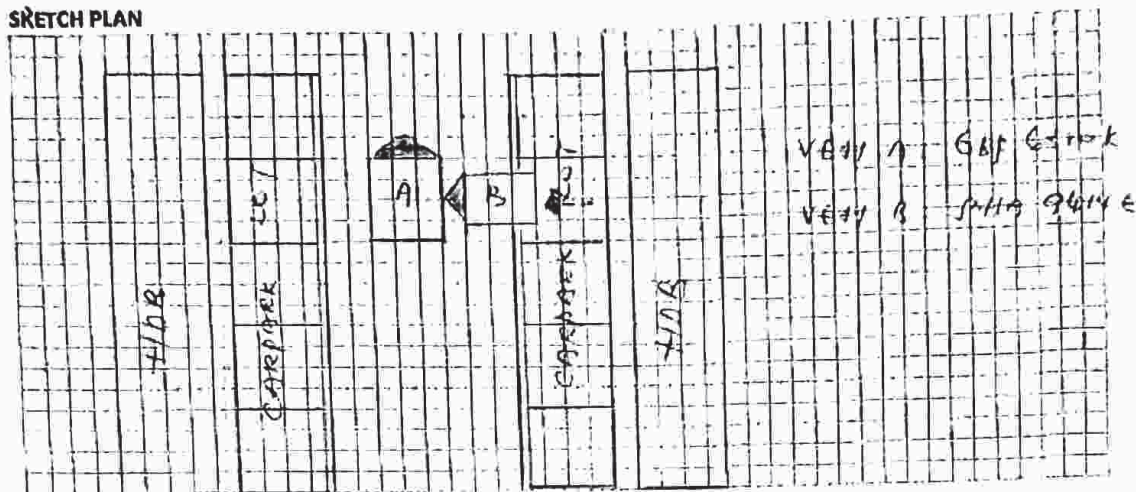
Date & Time: 22/6/20
5:30 pm



Yee Automobile Services Pte Ltd
Name: 38 Yee Keng Industrial Park East 1
#07-17 Admiralty Industrial Park
NRIC/FIN No.: S9510678700
Tel: 6210 2098 (Lines) Fax: 6219 2096

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm driving on Mandai Drive's Open Space Carpark (between Blk 13 & 14) and head towards the exit. Suddenly, vehicle B moved out from carpark lot and hit onto my vehicle right side portion.

DECLARATION

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

Policyholder's Signature

Date & Time: 3/6/20
5:50 pm

GRAPH SKETCH PLAN 001_VA

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3/6/20

3:50 pm



進成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
Report Centre Personnel Dept
17/18 Sengkang Industrial Park East
Singapore 157109
Tel: 6219 2008 (3 lines) Fax: 6219 21