

## 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	18/08/2020 12:18
Date Of Accident	17/08/2020 13:30
Exact Location Of Accident	JUNCTION OF BIDEFORD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2189X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WYN2000 LOGISTICS PTE. LTD.
Co Reg No	200309094N
Email Address	CKLEE@WYN2000.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-66379611

### Vehicle Particulars

Manufacturer	UD TRUCKS
Model	PKC8ELNHEP-7.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	YES
Policy Number	VFX/P1769401
Cover Note Number	

### Driver

Name of Driver	KOH HWA JA
NRIC No	S8264529B
Date Of Birth	24/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	27/08/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94392663
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 668B JURONG WEST ST 64 #05-102
Postcode	642668
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?	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

ON 17/08/2020 HRS. MY VEHICLE STATIONARY AT SIDE ROAD OF BIDEFORD RD . WORKPLACE PEOPLE HELP TO GUARD THE TRAFFIC AND ASK ME REVERSED INTO THE WORKPLACE .WHEN THEY GIVE ME A GUIDLINE THE TRAFFIC IS OK. I THEN STARTED TO MOVE AND REVERSING INTO THE WORKPLACE . WHEN REVERSING TIME, SUDDENLY I FEEL AN IMPACT FROM MY SIDE. I NOTICE THAT VEHICLE B HIT ONTO MY VEHICLE FRT LEFT PORTION . WORKPLACE PEOPLE TOLD ME THAT VEHICLE B DRIVER IGNORED THEIR INSTRUCTION AND MOVE FORWARD THE VEHICLE CAUSING THIS ACCIDENT HAPPEN.

#### 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	SFN280M
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**

**IMPORTANT NOTICE**

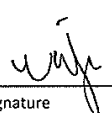
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

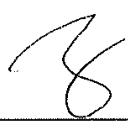
I AM AWARE THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

**WYN2000 Logistics Pte Ltd**

21 Tuas Avenue 9  
Singapore 639196  
Tel: 6266 0566 (6 Lines)  
Fax: 62660966  
Co. Reg. No. 200309094N

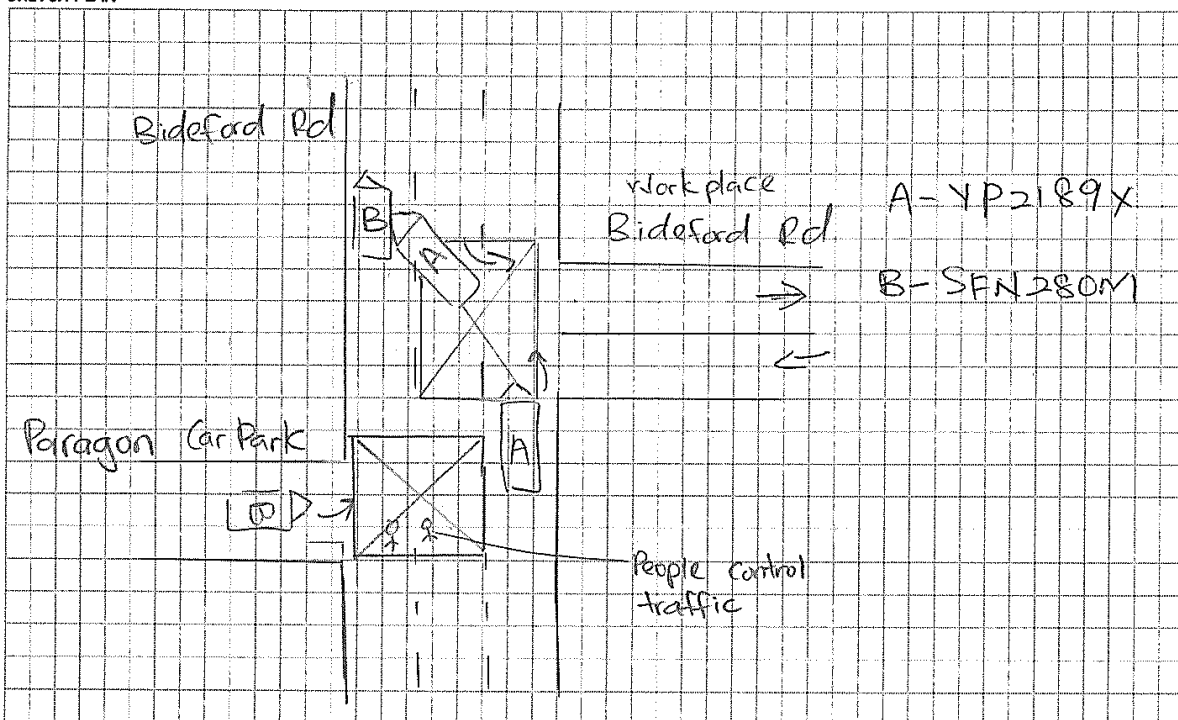
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/08/2020 @ 1330 hrs.

My vehicle stationary at side road of Bideford Rd.

Workplace people help to guard the traffic and ask me reversed into the workplace. When they give me a guideline the traffic is ok. I then started to move and reversing into the workplace. When reversing time, suddenly I feel an impact from my side. I notice that vehicle B hit onto my vehicle front left portion. Workplace people told me that vehicle B driver ignored their instruction and move forward the vehicle causing this accident happen.

Remark: I was authorise driver to drive this lorry when the accident time

## DECLARATION

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

**WYN2000 Logistics Pte Ltd**

21 Tuas Avenue 9  
Singapore 639196

Tel: 6266 0566 (6 Lines)

Fax: 6266 0966

Date & Time: \_\_\_\_\_

Co. Reg. No. 200309094N

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.: \_\_\_\_\_

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop
- ☒ For record purpose

Policy No.

1789401

Insurer

AXA

Veh. No.

YP2189X

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

