

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	27/08/2020 16:52
Date Of Accident	26/08/2020 23:30
Exact Location Of Accident	T JUNCTION OF CORPORATION RD & BOONLAY DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4991X
Insured/Policyholder	
Name Of Registered Owner	RICH RESOURCES LOGISTICS PTE LTD
Co Reg No	2XXXXX853K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69663434

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident	WORK USE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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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	GA495627/1
Cover Note Number	

Driver

Name of Driver	CHUA TEIN-TEIN
NRIC No	SXXXX314J
Date Of Birth	11/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	27/04/1998
Driving Experience	22 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97958999
Fax Number	
Contact Number	
Email Address	LONSDALE_SG@YAHOO.COM.SG

Address	BLK 198 BOON LAY DRIVE #12-55
Postcode	640198
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 - 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?	YES
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)	2
Passenger 1	NAME: : CHUA TEIN-NA GENDER: : FEMALE

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

Report please refer to Sektch Plan

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	SGV3690P
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)	

DETAILS OF INJURED PERSON 1

Name	CHUA TEIN-TEIN
Approximate Age	
Injuries Sustain	BACK & NECK PAIN
Injured person in which vehicle?	SML4991X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 based 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 with:
 - (i) all Insurers and/or any other third parties that assist in evaluating, investigating, settling or managing my claim;
 - (ii) regulators, law enforcement and government agencies as lawfully required for the purposes of the law;
 - (iii) for complying with requirements for statutory reporting as required by law.



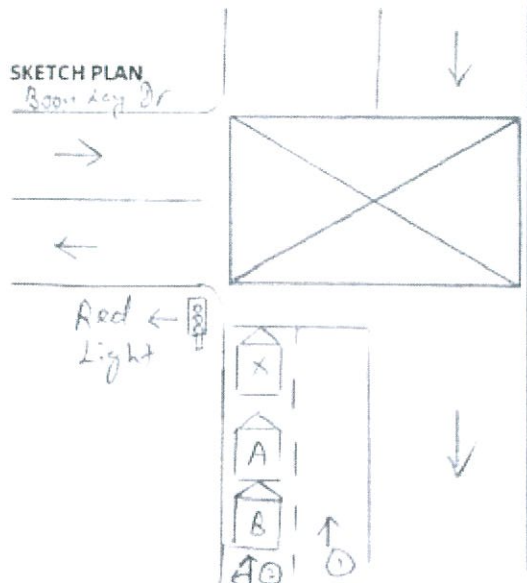
Policyholder's Signature
Date: 2/1/2025

Insurer's Signature
Date: 2/1/2025

Authorised Driver's Signature
Date: 2/1/2025

Handwritten signature and date: 27/3/2025

Sketch Plan #2



A = SML4991X

B = SGV3690P

T-Junction of
Corporation Road
and
Boon Lay Drive

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

I hereby declare that the information provided in this report is true and correct.

Reported by Signature
Date & Time



Reported by Signature
Date & Time

Reported by Signature
Date & Time

Signature
Date & Time

Sketch Plan #3

On 26.08.2020 at about 23:30 hours at T-Junction of Corporation Road and Boon Lay Drive. I was stationary on lane 2 and waiting for the traffic light to turn green.

Suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

I, Chua Tein-Tein as an employee of Rich Resources Logistics Pte Ltd and was driving SML4991X for working purpose.

Vehicle (A): SML 4991X

Vehicle (B): SGV 3690P

