

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	07/09/2020 12:42
Date Of Accident	05/09/2020 10:45
Exact Location Of Accident	BLK 85 DAWSON ROAD CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB3000X
Insured/Policyholder	
Name Of Registered Owner	GRAND OCEAN SEAFOOD SUPPLY PTE LTD
Co Reg No	2XXXXX247D
Email Address	OFFICE@GRANDOCEANSEAFOODSUPPLY.COM.SG
Mobile Phone No	(LOCAL) +65-96262150
Alternative Phone No	OFFICE-83218041

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2070120651
Cover Note Number	

Driver

Name of Driver	VELUSAMY VENKADESHWARAN
Passport No/FIN	GXXXX627T
Date Of Birth	16/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96262150
Fax Number	
Contact Number	OTHERS-83218041
E-Mail Address	OFFICE@GRANDOCEANSEAFOODSUPPLY.COM.SG

Address	BLK 733 WOODLANDS CRESCENT #02-194
Postcode	732733
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	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?	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 REFER TO SKETCH PLAN

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	GBD5495C
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	XU JIAN LIANG
NRIC/Passport Number	GXXXX007U
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.

海洋海鲜供应私人有限公司
GRAND OCEAN SEAFOOD SUPPLY PTE LTD

Policyholder's Signature
Date & Time:

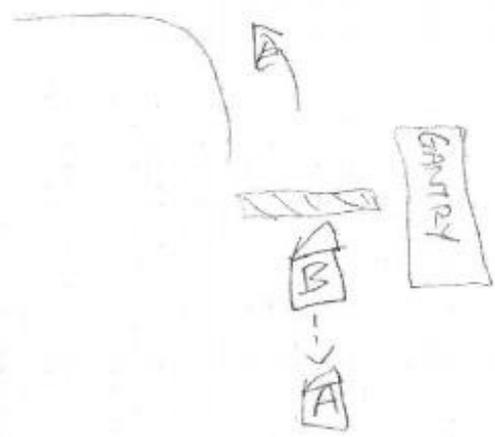
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
TRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

vehicle A GBB 3000X
 vehicle B GBD 5495C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT the mention date & time of accident 05/09/2020 about 1045Am
 My vehicle was at B11C 85 Dawson Road company entrance waiting for
 vehicle B " GBD 5495C " right in front of ~~my~~^{me} entrance barrier.
 suddenly vehicle B " GBD 5495C " reverse and collided onto
 my lorry and the entrance barrier open and vehicle B " GBD 5495C "
 drive off and I follow him and he stop ~~beside~~^{beside} so I took
 scene photos and driver particulars. I also ask vehicle B " GBD 5495C "
 driver to sign a letter of admit that he ^{suddenly} reverse his lorry and
 collide on my front lorry when the entrance barrier not open
 yet.

DECLARATION

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

Policyholder's Signature

海洋海鲜供应私人有限公司
 GRAND OCEAN SEAFOOD SUPPLY PTE LTD

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

07/09/2020

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

Sketch Plan #3

Date: 05/09/2020

Time: 10:45 AM

Location: Dawson Road (85) Block

The Driver Particular: XU JIANLIAN

Company name: JWO

This paper will act as a form of
accident report.

XU JIANLIAN (Fin GBS13007U,
reversed his vehicle (MBD 5495C) and
hit my car (GBB 3000X) front.
We will both report to our own insurer.

Sign: 

Date: 05/09/2020

Time: 11:16 AM

 05/09/2020

Accident Photo



Accident Photo



Accident Photo



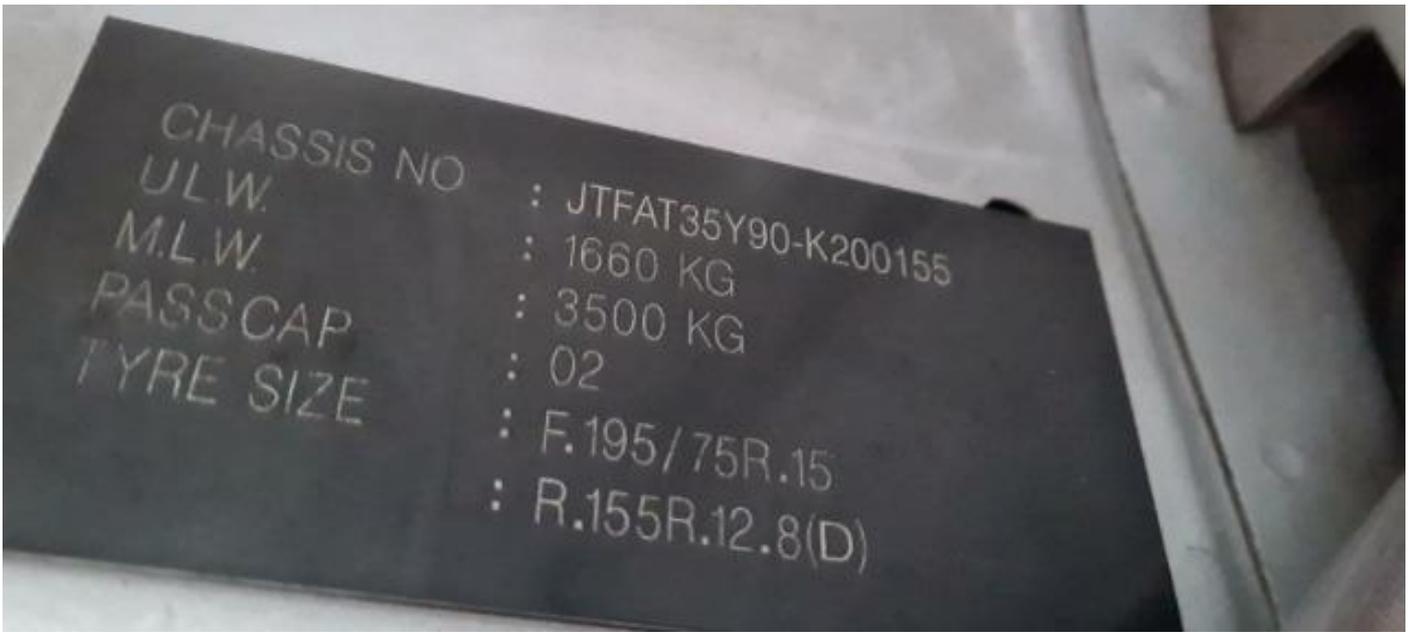
Accident Photo



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