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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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 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.
- 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	17/09/2020 16:05
Date Of Accident	17/09/2020 09:55
Exact Location Of Accident	WOODLANDS AVE 9 SLIP RD TOWARDS WOODLANDS AVE 10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ1729Z
Insured/Policyholder	
Name Of Registered Owner	AZETEK ENGINEERING PTE, LTD.
Co Reg No	2XXXXX083E
Email Address	XIONGQING@AZETEK.COM.SG
Mobile Phone No	(LOCAL) +65-92404494
Alternative Phone No	OFFICE-92404494
Vehicle Particulars	
Manufacturer	ΤΟΥΟΤΑ
Model	HIACE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107075413-01
Cover Note Number	
Driver	
Name of Driver	LEE XIONG QING
NRIC No	GXXXX579Q
Date Of Birth	12/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2016
Driving Experience	4 YEARS AND 4 MONTHS

MALE

(LOCAL) +65-92404494

XIONGQING@AZETEK.COM.SG

OTHERS-92404494

Address

BLK 331 JURONG EAST AVENUE 1

#10-1724

Postcode

600331

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 90

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?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

10

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

GBC2348U

Vehicle Make/Model/Colour

MITSHUBISHI

Details Of Properties

Vehicle Category

Contact Number

COMMERCIAL VEHICLE

Name of Driver

LI SHVOLEI

NRIC/Passport Number

GXXXX654U 92208966

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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. The 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
- 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.

Policyholder's Signature

Date & Time:

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

porting Centre Personnel's

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A) GBS 1729 Z B) GBC 2348U	
	WOODLANDS BUK 9

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

Policyholder's Signatu Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time: 17/9/2020

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Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT BATE: (1 / 9) 2020 (DD/MM/YYYY), TIME: (09: 58) (HH:M
LOCATION: Woodlands Ave 9
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: GBJ 1729 Z
DJINSURANCE COMPANY:
CIPOLICY NUMBER:
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DIMAKE & MODEL COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT
The man of MODEL
FITYPE: (SALOON / COUPE / MPV / AN/ LORRY / MOTORCYCLE / OTHERS)
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CIADDRESS: CONTACT:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Who of passonges. DRIVER DRIVER ALSO POLICY HOLDER
Chick di + CHNAME Leo Vii o Chi o
(1) b)NRIC/FIN/PASSPORT: 626325790 CONTACT: 92404494
CIADDRESS: BHK 33 1 #10-1724 Twong East Avel Singapore
*d)DATE OF BIRTH: (12/10/99/)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS 38 Apr 3016
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)
TO THE DRIVED WITH THE DRIVED
THE CONDITION (CLEAR) / RAINING / OTHERS
DINOAD SURFACE: IDRY) WET / OTLIEBE
6. WAS ANYBODY INJURED (YES MO)
7. a) REPORTED TO POUCE (YES / NOD.
IF YES, PLEASE STATE WHICH POLICE STATION.
8. IHIRD PARTY VEHICLE
(Included I) DENVERIS MANS. GBC2348 4 MODEL: MITSUBISH!
[Including deliver) D) DRIVER'S NAME 4 SHVOLE!
() NRIC/FIN/PASSPORT: G7792654W CONTACT 922 286 /
9. THIRD PARTY VEHICLE
No of passanger of VEHICLE NUMBER:MODEL:
(Industrial trial of DRIVER'S NAME:
(Induding driver) DRIVER'S NAME:
()
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email = xrongoing @ azetek.com.sg

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