

# 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 Submission ..... 05/10/2020 17:49 (SGT)  
Date of Accident ..... 02/10/2020 20:30 (SGT)  
Exact Location of Accident ..... 713 Ang Mo Kio Ave 6, Singapore 560713  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA3399B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GUARDS ALARM SECURITY SYSTEMS PTE LTD  
Company Reg No ..... 2XXXXX001E  
Email Address ..... GUARDSALARM@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-93669994  
Alternative Phone No ..... +65-93669994

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... VITO  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 20-MT102634-R02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... FOO TOON YONG  
NRIC No ..... SXXXX945H  
Date Of Birth ..... 17/08/1963  
Occupation ..... Outdoor

Date Of Driving Pass .....	08/10/1980
Driving experience .....	40 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93669994
Alt. Phone Number .....	-
Email Address .....	GUARDSALARM@HOTMAIL.COM
Address .....	BLK 410A FERNVALE ROAD #07-116
Address complement .....	-
Postcode .....	791410
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHEN XIAO YAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

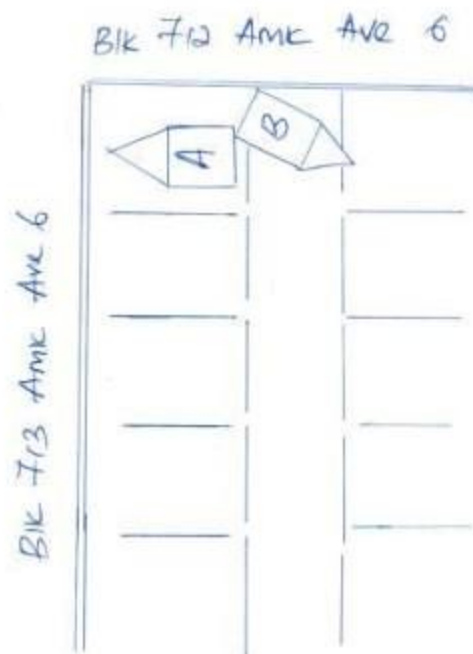
#### ATTACHMENT(S)

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 .....	GBJ8496Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHEN GUOWEI
NRIC No .....	SXXXX963G

Contact Number .....	(Phone) +65-81276848
Address .....	
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



A - GBA3399B  
B - GBJ8496Z

81574945H

3/10/2020

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



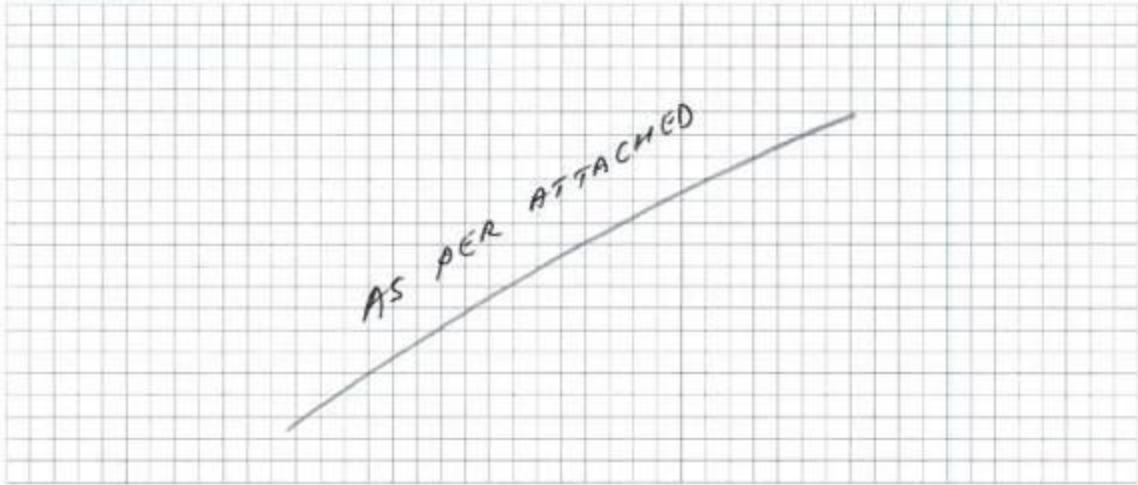
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 03/10/20

Reporting Centre Personnel's Signature  
Name: *shym 05/10/20*  
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the attached Statement.*

DECLARATION

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

Policyholder's Signature  
Date & Time:

GUARMC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: *03/10/20*

*Slyn* *05/10/20*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120086935 Vehicle Registration No: GBA 3399B  
 Name (as shown in NRIC) : Guards Alarm Security Systems Pte Ltd NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 93669994  
 Email Address : guardsalarm@icimail.com  
 Date of Accident : 02/10/2020 Time of Accident : 2030 Hrs  
 Place of Accident : Blk 713 AMK Ave 6 Loading Bay  
 Insurance Company : Tokio Marine

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Please insert the above mobile no. and email  
address to the accident report.

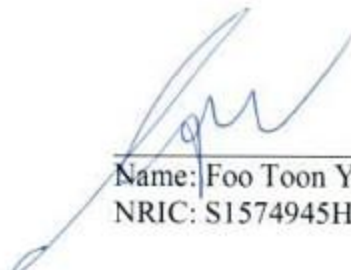
Policyholder / Driver's Signature  
 Date: 16/3/21



Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_

**Accident Statement**

On 02nd of Oct 2020, at around 2028hrs, my vehicle (GBA3399B) was stationary parked at the loading bay in front of Blk 713 Ang Mo Kio Avenue 6. A vehicle (GBJ8496Z) reverses out from his lot and bang to my rear of my vehicle. I am seated in the van with my wife at total stationary position. I am making a claim against third party.



Name: Foo Toon Yong  
NRIC: S1574945H