

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	30/09/2020 16:55
Date Of Accident	29/09/2020 20:20
Exact Location Of Accident	JALAN BUROH TWDS PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8721U
Insured/Policyholder	
Name Of Registered Owner	KIM TRANSPORT SOLUTION PTE LTD
Co Reg No	2XXXXX057N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98731138

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE

Exact Purpose for which vehicle was being used at time of accident

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2379688

Cover Note Number

Driver

Name of Driver	ANG SENG KOON
NRIC No	SXXXX891G
Date Of Birth	03/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1993
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97504354

Fax Number

Contact Number

Email Address NOEMAIL

Address BLK 17 DOVER CRESCENT #13-46
 Postcode 130017
 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 - CHANGE/CROSS LANE
 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) 2
 Passenger 1 NAME: : RUZALNI
 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

I WAS DRIVING ALONG JALAN BUROH TOWARDS PIONEER ROAD. SUDDENLY, VEHICLE B CUT INTO MY LANE AND HIT ONTO MY LEFT FRONT PORTION. VEHICLE B THEN TURNED INTO BUROH STREET. I AM THE EMPLOYEE OF KIM TRANSPORT SOLUTIONS PTE LTD AND WAS DRIVING THE VEHICLE FOR WORK PURPOSE.

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 SJH2897E
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver SHAWNN TAN WEI XUAN
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.

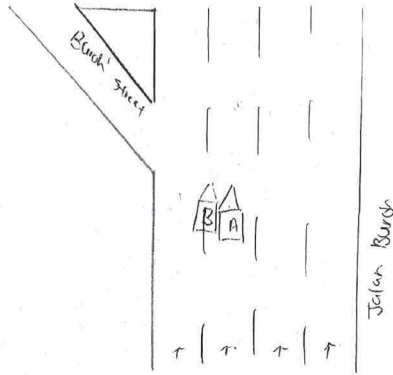
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Jalan Burck towards Pioneer Road.

Suddenly vehicle B cut into my lane and hit onto my left front portion. Vehicle B then turn into Burck Street.

I AM THE EMPLOYEE OF KIM TRANSPORT SOLUTIONS (PTE LTD) AND WAS DRIVING VEHICLE FOR WORKING PURPOSES.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/ID No.:

LETTER OF UNDERTAKING

I/We, KIM TRANSPORT SOLUTION PTE LTD, the owner of vehicle no. PC8721U
 involving in an accident with vehicle no. (TP) SIH2897E on 29/09/2020 along
JALAN BUROH TOWARDS PIONNER ROAD

My/Our insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether
 to claim under my/our Policy or against the Third Party and if the former shall submit such a
 claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within
 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, LEE BROTHERS
LEE BROTHERS AUTOMOTIVE PTE LTD

Signed and Acknowledge by:

.....
 Name and signature of policyholder

 Company Stamp

 Date
20/09/20