

## 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	10/12/2020 12:12 (SGT)
Date of Accident	02/12/2020 11:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	1 REPUBLIC BOULEVARD LAMP POST:15/1F
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL7733M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TOH BAN SENG CONTRACTOR PTE LTD
Company Reg No	1XXXXX463M
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-98617789
Alternative Phone No	(Office) +65-67495720

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR71LU5GT
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	Goods vehicle

### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	CN094668
Cover Note Number	-

### DRIVER

Name of Driver	GEORGE DAVIDRAJ
Work Permit No	GXXXX308T
Date Of Birth	07/07/1987
Occupation	Outdoor

Date Of Driving Pass	22/06/2012
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98617789
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	287 KAKI BUKIT AVE 1 SHUN LI INDUSTRIAL PARK SPORE 416078
Address complement	-
Postcode	-
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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

#### REFER TO SKETCH PLAN

LATE REPORTING DUE TO WAITING AUTHORIZATION FROM AXA TO REPORT TO GEARS

#### 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	GBJ1272Z
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... GEORGE DAVIDRAJ  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... YL7733M  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLAN

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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.
8. Consistent under the Personal Data Protection Act (PDPA)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may have 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' law-authorized firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
      - (1) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
      - (2) investigating the accident and/or my claims;
      - (3) carrying out and/or dealing with my instructions or responding to any enquiries by me;
      - (4) administering my claims (including the making 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/postal packages); and/or
      - (5) complying with applicable law in administering, processing, handling and/or dealing with my claims.
    - (ii) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law-authorized firm, may have permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes; and
    - (iii) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law-authorized firms), which may be situated outside of Singapore, for one or more of the above purposes.



Policyholder's Signature / Date & Time \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time \_\_\_\_\_  
 Witnessed by Reporting Officer / Personal \_\_\_\_\_

Sketch Plan

	<p>A) 78 7731M</p> <p>B) 681 12322</p>
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**Describe Circumstances of the Accident**


On 21/11/2020 at about 11:30 AM I was travelling along I Republic Road towards the post 15/1F I was made a turn left suddenly vehicle 0 hit on my vehicle.

The moving vehicle was a motor vehicle.

I consider myself as the driver of the vehicle 0 hit on my vehicle for the time being for vehicle 0 hit on my vehicle.

**Declaration**

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: \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel: \_\_\_\_\_