

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 09/01/2021 12:38 (SGT)
Date of Accident 08/01/2021 15:54 (SGT)
Exact Location of Accident Tampines Central 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN2516X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HONG YU TRADING PTE LTD
Company Reg No 199308414Z
Email Address hongyutrading@yahoo.com.sg
Mobile Phone No (Phone) +65-90865791
Alternative Phone No +65-90865791

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Nhr85aue4a
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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number VCA/P2387334
Cover Note Number -

DRIVER

Name of Driver CHONG YEE SOCK
Passport No/FIN G2873135W
Date Of Birth 17/10/1993
Occupation Outdoor

Date Of Driving Pass	20/12/2016
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90865791
Alt. Phone Number	-
Email Address	hongyutrading@yahoo.com.sg
Address	76 FLORA ROAD # 01-38 THE GALE (S)
Address complement	-
Postcode	506917
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	Raining
Road Surface	Wet

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)	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

I WAS DRIVING ALONG TAMPINES CENTRAL 5 AT THE MOST RIGHT LANE TO WAITING TRAFFIC LIGHT . WHILE TRAFFIC LIGHT TURNING TO GREEN LIGHT , VEHICLE B WAS MOVE FORWARD & I WAS FOLLOWED . AFTER VEHICLE B SUDDENLY BRAKE HIS VEHICLE & I COULD NOT STOP ON TIME & MY VEHICLE FRONT SIDE HIT ONTO VEHICLE B REAR PORTION . NO ONE WAS INJURED .

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	GBB8047D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	1

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. **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.

HONG YU TRADING PTE LTD
NO 50 SERANGOON NORTH AVE 4
#05-16 RIVER CENTRE
SINGAPORE 556966
TEL: 6382 6861 FAX: 6397 4889

Policyholder's Signature
Date & Time: _____

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

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

(STANAC SketchPlanForm_V3)

SKETCH PLAN

Tampines Central 1

A: YN2516X
B: GBE8097D

Tampines Central 5

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 08/01/2021 1554

Accident Location: Tampines Central 5

I was driving along Tampines Central 5 at the next right lane to waiting traffic light. While traffic light turning to green, vehicle B was move forward & I was followed. After vehicle B suddenly brake his vehicle & I could not stop on time & my vehicle front side hit onto vehicle B rear. No one was injured.

☒ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

HONGKONG TRADING PTE LTD
NO. 50, SERANGOON AVENUE
#05-16 FIRST CENTRE
SINGAPORE 556050
TEL: 6382 6991 FAX: 6387 5889

IMPORTANT NOTE:
This form is prepared by the workshop that is the event that you wish to claim against your company's Own Damage Claim, and is a PRELIMINARY document. It does not constitute the actual and final report of the accident.

Policyholder's Signature: [Signature]
Date & Time: [Blank]

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

Reporting Centre Personnel's Signature: [Signature]
Name: [Blank]
NRIC/FIN No.: [Blank]

GAAMC Sketch Form_V3









