

# 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 ..... 18/03/2021 16:31 (SGT)  
 Date of Accident ..... 17/03/2021 19:25 (SGT)  
 Exact Location of Accident ..... Bukit Panjang Rd, Singapore  
 Additional Location Information ..... -  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF5233G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
 Name Of Registered Owner ..... MEGA GAS ENTERPRISE PTE. LTD.  
 Company Reg No ..... 200205814Z  
 Email Address ..... SALES@MEGAGAS.COM.SG  
 Mobile Phone No ..... (Phone) +65-65674000  
 Alternative Phone No ..... (Office) +65-65674000

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
 Model ..... Dyna  
 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  
 Transmission ..... Manual  
 CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
 Type of Coverage ..... Comprehensive  
 Fleet Policy ..... No  
 Policy Number ..... P2347750  
 Cover Note Number ..... -

### DRIVER

Name of Driver ..... MA FALI  
 NRIC No ..... G2164854Q

Date Of Birth .....	03/12/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	19/08/2019
Driving experience .....	1 YEAR AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81334675
Alt. Phone Number .....	-
Email Address .....	SALES@MEGAGAS.COM.SG
Address .....	39 BANGKIT RD #01-02
Address complement .....	-
Postcode .....	679977
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

#### 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 .....	SGW3941K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG YIH CHEE
NRIC No .....	S7631193E
Contact Number .....	-
Address .....	-

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

## 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY, I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature

Date & Time:

MAFA 21/8-3-21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

8

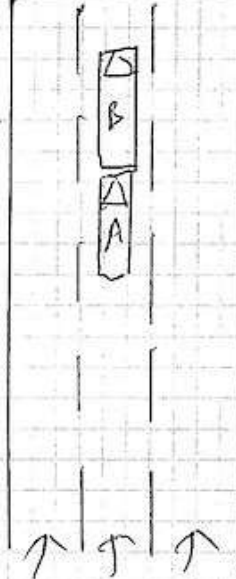
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BUKIT PANTANG ROAD



(A) GBF 52336

(B) SGW 3941K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17/3/2021 at 19.25pm I was travelling my lorry no GBF 52336 along BUKIT PANTANG ROAD. Suddenly the vehicle no SGW 3941K suddenly Brak in front of my vehicle so I couldn't stop in time and knocked onto the front vehicle rear body damaged.

Remarks: I was authorise driver of Mega Gas Enterprise PIC - I drive GBF52336 for working purpose only.

*[Signature]*

DECLARATION

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

Policyholder's Signature  
Date & Time



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

*MA 18-3-21-3:40*

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

<input type="checkbox"/> Claim own policy
<input type="checkbox"/> Claim third party
<input type="checkbox"/> Claim OD / TP at other workshop
<input checked="" type="checkbox"/> For record purpose
Policy No. <u>P2347750</u>
Insurer <u>AMA</u> Veh. No. <u>GBF52336</u>













