

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 19/05/2021 15:45 (SGT)
Date of Accident 19/05/2021 12:00 (SGT)
Exact Location of Accident Near Jln Bahar, Singapore
Additional Location Information Jin Bahar Road, Outside Jurong Fire Station
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL2140D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner United Scientific Equipment Pte Ltd
Company Reg No 1XXXXX125K
Email Address service@united.com.sg
Mobile Phone No (Phone) +65-64722711
Alternative Phone No (Office) +65-64722711

VEHICLE PARTICULARS

Manufacturer Byd
Model T3
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
Transmission Manual
CC 50

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA569800
Cover Note Number -

DRIVER

Name of Driver LIM KONG LENG
NRIC No SXXXX631F

Date Of Birth	26/02/1975
Occupation	Outdoor
Date Of Driving Pass	29/01/1994
Driving experience	27 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83389395
Alt. Phone Number	-
Email Address	service@united.com.sg
Address	APT BLK 417 CHOA CHU KANG AVENUE 4
Address complement	#13-382
Postcode	680417
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?	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

My company Van (GBL2140D) Stop at traffic light while it turn right , Vehicle number (XD8516X) hit it collide from behind .

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	XD8516X
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	Wong Teck Meng
NRIC No	SXXXX426E
Contact Number	(Phone) +65-83389395
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	front bumper
No. Of Passenger (Including Driver)	1

19-05-21;14:07 ;

1/ 2

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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.

I AM AWARED 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: 19/05/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/05/2021
13:04

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A. Car — GBL 2140D
B. Car — XD 8516 X

Jln Bahar

Traffic light

GBL 2140D (A. Car)

The diagram illustrates a road intersection. A horizontal road labeled 'Jln Bahar' has three lanes. The top lane has a dashed line and an arrow pointing right. The middle lane has a solid line and an arrow pointing right. The bottom lane has a solid line and an arrow pointing right. A vertical road intersects the horizontal road from the right. A traffic light is located at the intersection. A car labeled 'A. Car' (GBL 2140D) is shown in the middle lane of the horizontal road, moving right. A car labeled 'B. Car' (XD 8516 X) is shown in the bottom lane of the horizontal road, moving right. The cars are positioned such that they are about to collide at the intersection. A large 'X' is drawn on the right side of the diagram, indicating the area of the collision.

GBL2140D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stop at traffic light while red. VEHICLE NUMBER X128516 X
hit from behind.

DECLARATION

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

Policyholder's Signature

Date & Time: 19/05/2021

$$4.164675 \times 10^{-4} + 1.617105 \times 10^{-5} \times 3$$

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/05/2021

13:09

- ☐ Claim own policy
☒ Claim third party
☐ Claim OD / TP at other workshop
☐ For record purpose

Policy No.

insurer

Veh.No.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



























