

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 witholding of material facts may allow insurance companies to repudiate 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of withouting of material facts may allow insurance companies to reputing 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 05/08/2021 14:49 (SGT) Date of Accident 04/08/2021 10:10 (SGT) Exact Location of Accident Napier Rd, Singapore Additional Location Information ALONG NAPIER ROAD TOWARDS CITY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XB9188M

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HENG CHOON LOGISTICS PTE LTD Company Reg No 2XXXXX988W Email Address HENGCHOON@SINGNET.COM.SG Mobile Phone No (Phone) +65-96651566 Alternative Phone No +65-96651566

VEHICLE PARTICULARS

Nissan Model Cwb45clphnb Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 13074

INSURANCE COMPANY

Name of Insurance Company **AXA Insurance Pte Ltd** Type of Coverage Comprehensive Fleet Policy Policy Number VFX/P2147349 Cover Note Number

DRIVER

Name of Driver LIM GUAN SOON NRIC No SXXXX899A

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	03/02/1954 Outdoor 21/07/1983 38 YEARS AND 1 MONTH Male (Phone) +65-88305945 - HENGCHOON@SINGNET.COM.SG BLK 288E BUKIT BATOK STREET 25 #11-60 - 654288 No Employee No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No	
CIRCUMSTANCES OF ACCIDENT		
REFER TO ATTACHMENT		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No	
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	SJG190D Private car	

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



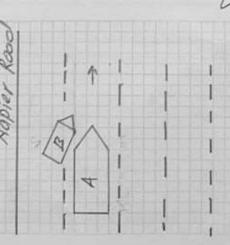
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = XBOIREM B = SJ6 1900



escribe Circumstances of the Accident On 48 2021 6 1010 hrs I was driving vel Natier Road towards city. While my ve Suddanly a saloon car veh no: 536140 and damage my veh front left portion. during the accident. That's all.	1 no: XB9188M along
Nigolier Part I word silve while was us	in was travelling straigh
addante a calon our rate we stated	D cut into my lane
sal downs and took left portion.	No one was injuried
during the state of the state of the	
auving the accident. "nat's all.	
Declaration	
We declare the foregoing particulars are true in every respect.	0
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Fine & Time	Personnel Centre