

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 18/08/2021 12:14 (SGT)
Date of Accident 17/08/2021 09:00 (SGT)
Exact Location of Accident Near 27 Penjuru Ln Singapore 609195 Penjuru Ln, Singapore 609195
Additional Location Information SIDE OF THE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW9199L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO CHOO HONG
NRIC No SXXXXX401A
Email Address june.teo@ych.com
Mobile Phone No (Phone) +65-96364164
Alternative Phone No +65-96364164

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
Variant RSZ
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number VA1/GA526625
Cover Note Number -

DRIVER

Name of Driver IVAN HO GUO HAO

NRIC No	SXXXX884D
Date Of Birth	23/03/1998
Occupation	Indoor
Date Of Driving Pass	10/01/2017
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82235328
Alt. Phone Number	-
Email Address	ivan.ho16@yahoo.com.sg
Address	134 MARSILING ROAD #03-2134
Address complement	-
Postcode	730134
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	VIVIAN HO
Gender	Female

PASSENGER 2

Name	SYVIA
Gender	Female

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB8814X
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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)	-

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.

18/8/21 10:30am

Policyholder's Signature / Date & Time

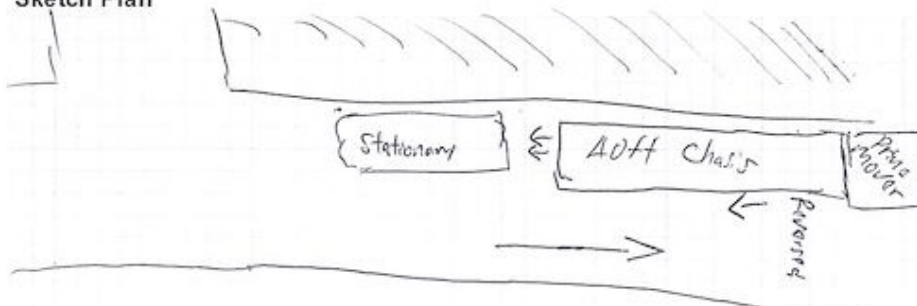
11:00AM

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the morning of 17 AUG 2021 at about 9am i drove into Penjur lane and ~~the~~ stopped outside 27 Penjur lane to dropped of ~~the~~ 2 passengers to ~~the~~ buy breakfast and got hit by a Primemover with 40ft chasis reversing backwards. The Prime mover was in front of me at the time while we were turning into Penjur lane, the Primover turn to the side of the road first and stop to go to the canteen also ~~also~~ first then a stopped behind him. When i turn around and spoke with the passenger and turn back to the front and saw the Prime mover ~~the~~ started reversing i horned him but was too late. i driver of ~~a~~ vehicle # SJW 9199L was hit by AHSIM from SPEEDWAY LOGISTICS Primemover # XB8814x / trailer # TRB8545T

Declaration

We declare the foregoing particulars are true in every respect.

*  18/8/21
10:30am

Policyholder's Signature / Date & Time

 11:00AM

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

 1153

Witnessed by Reporting Centre Personnel



















