

YEW TEE AUTOMOBILE TECH PTE LTD

ACCIDENT STATEMENT

Date & Time of Accident: 04/10/2021 12:40 PM
 Exact Location of Accident: BENDAMEER ROAD, BENDAMEER PRIMARY SCHOOL.

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SJS 145U
 Insured Person's Name: MUHAMMAD RUZAINI BIN ZAILANI
 Registered Owner: S8709678E
 NIC Number / Co Reg. Number:

Vehicle Make & Model:
 Purpose for which vehicle was being used at time of accident: ☒ Private Use / ☐ Work Use / ☐ Private Hire Use

Proposed state action to be taken for type of claim: Own Damage ☒ Third Party ☐ Reporting Only ☐

Vehicle Category: ☒ Private Car / ☐ Commercial / ☐ Private Hire / Others

Insurance Company: AXA
 Policy Number: GA568102/1

Driver's Name: MUHAMMAD RUZAINI BIN ZAILANI
 Driver's Number: S8709678E

Date of Birth:
 Type of Driving Pass:
 Driver's Number: 90584807

Address:
 Email: autohub 325@gmail.com

Relationship of the Driver with the Insured:

Weather Conditions: ☒ Clear / ☐ Raining / Others
 Road Surface: ☒ Wet / ☐ Dry / Others

Other Information:
 Was anyone injured in the Accident? ☒ Yes / ☐ No
 Was there other vehicle or property damage? ☒ Yes / ☐ No
 Number of Passengers (incl Driver): 1 Name & Gender: M

Was the accident reported to the Police? ☒ Yes / ☐ No
 Was any video captured? ☒ Yes / ☐ No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Registration Number: GBB 6044Z
 Driver:
 Number:
 Number:

Vehicle Category: ☒ Private Car / ☐ Commercial / ☐ Private Hire / Others

Name of Witness:
 Contact Number:

Describe Circumstances of the Accident

I WAS HEADING STRAIGHT ON BENDEMEEER ROAD TO TURN INTO WHAMPON EAST. WHEN LORRY, GSG 6044 Z, SUDDENLY CUT ME FROM THE LEFT RESULTING INTO COLLIDING WITH MY CAR, SJJ 145 U, ON THE LEFT SIDE.

Declaration

I declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &



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

Witnessed by Rating Centre Personnel

SKETCH PLAN

START NOTICE

1. I am completing this Form to speed up the claims process.
2. This Form is completed by the Policyholder and/or the Authorized Driver.
3. The information provided must be as truthful and accurate as possible. Any false information may result in the insurer's right to renew or terminate policy liability.

4. The acceptance of this Form by insurance companies is not an admission of liability or an acceptance of the amount of the claim.

5. This Form may be referred to the Police for investigation.

The Form will be forwarded by the insurers of the GIA Records Management Centre established by the Government of Singapore for archiving and that copies of this report will for a fee be made available upon request. The payment of this report to the insurers, you hereby consent to the archiving of this report in the centre and the insurers must be available for access.

Consent under the Personal Data Protection Act (PDPA):

I, the undersigned, acknowledge, agree and consent that:

1. I, the undersigned, and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, store, process my personal data/personal information set out in this Form and any other personal information provided or received by my insurer (or insurers), the "Personal Information" and disclose and transfer such Personal Information to the insured vehicle(s) involved in the accident (all insurers) who have insured vehicle(s) involved in the accident and the insurer(s) involved in the accident (all insurers), the insurers' lawyers/law firms, the Ministry of Transport of Singapore and any relevant government agency/authorities (such as the police), for the purpose(s) of:

1.1. investigating and/or dealing with my claims including the settlement of the claims and any necessary investigations to:

1.1.1. investigating the accident and/or my claims;

1.1.2. investigating and/or dealing with my instructions or responding to any enquiries by me;

1.1.3. investigating my claims including the mailing of correspondence, statements, brochures, reports or notices to me, which may contain my personal data about me to bring about delivery of the same as well as on the arrival of my vehicle(s) and/or my claim and/or

1.1.4. dealing with applicable law in administering, processing, handling and/or dealing with my claims.

1.2. for the Purposes:

1.2.1. the insured vehicle(s) involved in this accident and the insurers' lawyers/law firms may be permitted to collect, use, store, process my Personal Information for one or more of the above Purposes; and

1.2.2. Personal Information may/ may not be disclosed by any of the insurers and/or GIA to their third party service providers or agents including lawyers/law firms, which may be based outside of Singapore, for one or more of the above Purposes.

Signature of Insured Person Date & Time

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

Witnessed by (Name, Address, Phone No.)
Personnel

Sketch Plan



