

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 17/01/2022 19:31 (SGT)
Date of Accident 15/01/2022 10:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information MANDAI RD TWDS BKE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB2096B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VEHICLE TRADING
Company Reg No 5XXXX958J
Email Address VEHICLETRADING@YAHOO.COM
Mobile Phone No (Phone) +65-96859089
Alternative Phone No (Home) +65-96859089

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number VFX/P1814731
Cover Note Number -

DRIVER

Name of Driver CHUA CHEW KOON
NRIC No SXXXX935B

Date Of Birth	01/08/1961
Occupation	Outdoor
Date Of Driving Pass	22/03/1979
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96859089
Alt. Phone Number	-
Email Address	VEHICLETRADING@YAHOO.COM
Address	56 SEMBAWANG RD #01-03
Address complement	-
Postcode	779086
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LI DONG XU
Gender	Male

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 ATTACHED

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	GBE3594H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHUA CHEW KOON
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBB2096B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person LI DONG XU
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBB2096B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

1
2
3
4

SKETCH PLAN

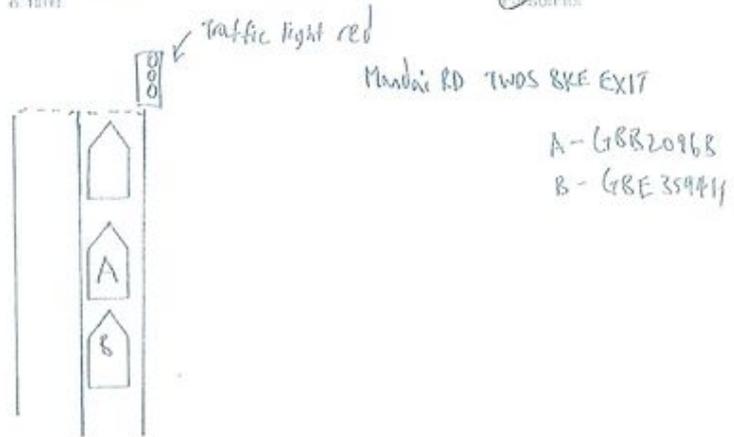
IMPORTANT NOTICE

1. Please report **correctly** the status of the accident to speed up the claims process.
2. This form must be completed by the **Policyholder** and/or the **Authorized Driver**.
3. Information provided must be as **truthful and accurate** as possible. Any willful misreporting or withholding of material facts may affect insurance coverage and **repudiate policy liability**.
4. The accidental nature of the Event, and the cooperation of the insured, is a condition of policy liability and the basis of the insurance contract.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GV (Roads Management Corporation) to the Financial Reporting Association of Singapore (FRS) for auditing and that copy of the report will be a free-of-charge available copy available to the insured parties.
7. By the completion of this report, the insured hereby consents to the insurance claims report of the insurer and the scope of the report being made available to the road.
8. **Consent under the Personal Data Protection Act (PDPA)**
I hereby consent to the usage of my personal data for:
 - (a) processing, handling and/or dealing with my claims including the settlement of the claim and any necessary investigations relating to the claim;
 - (b) investigating the accident and/or my claims;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) administering my claim (including the mailing of correspondence, statements, reports, reports or notices to me which could involve disclosure of certain personal data about me to bring about delivery of the claim as well as on the external cover of investigation packages); and/or
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 I consent to the **Purposes**:
 - (a) at source(s) who have insured vehicle(s) involved in this accident and the insurers' law practice firms, anyone permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (b) my Personal Information may/ can be disclosed by any of the insurers and/or GV to their third party service providers or agents (including their law practice firms), which may be stated outside of Singapore for one or more of the above Purposes.

X    

Policyholder's Signature / Date & time Driver's Signature (If driver is not the policyholder) / Date & time Witnessed by Reporting Centre (Signature)

Sketch Plan



Insurance: Coverage/Policy of the Accident:

I WAS TRAVELLING ALONG MANDAI ROAD TOWARDS BKE EXIT. TRAFFIC LIGHT WAS RED SO I STOPPED. MOMMENT LATER VEHICLE B REAR ENDED MY VEHICLE.

Large empty rectangular area for sketch plan or additional notes.

Declaration

I/we declare the following part of this report is a true and correct statement.

If you wish to claim against your own policy, please be advised that your insurer may have a time limit (14 days) to do so, and only the claim must be made within stipulated time frame from the day of occurrence. Kindly check with your insurer for more details.

X
 Policyholder's Signature / Date & Time




Driver's Signature / Date & Time



Witnessed by Reporting Officer (Personnel)













