

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 24/01/2022 21:30 (SGT)
Date of Accident 21/01/2022 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS AVENUE 12
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP5949A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CLEAR LINK PRIVATE LIMITED
Company Reg No 2XXXXX016H
Email Address OFFICE@CLEARLINK.COM.SG
Mobile Phone No (Phone) +65-66591128
Alternative Phone No (Office) +65-66591128

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FUSO FM65FM2RDEB
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Tanker
Transmission Manual
CC 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number VSX/P1937443
Cover Note Number -

DRIVER

Name of Driver WANG SUOZHU
Passport No/FIN GXXXX337R

Date Of Birth	03/05/1974
Occupation	Indoor
Date Of Driving Pass	11/09/2012
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97815618
Alt. Phone Number	-
Email Address	OFFICE@CLEARLINK.COM.SG
Address	C/O 22 SIN MING LANE #08-83
Address complement	MIDVIEW CITY
Postcode	573969
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	QEU GUO SHUN
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 SKETCH PLAN

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	SMP5997C
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHEE LING KIEN
NRIC No	SXXXX460E
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	DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP5997C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP5997C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

24/01/22 12:30pm

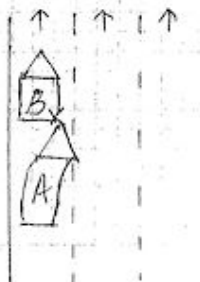
Driver's Signature (if driver is not the policyholder) / Date

王锁拉 24/1/2022

Witnessed by Reporting Centre Personnel



Sketch Plan



Vehicle A: YP 5949A

Vehicle B: SMP 5997C

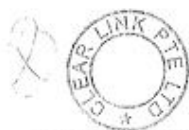
WOODLANDS AVENUE 12
towards SLE

Describe Circumstances of the Accident

On 21/01/2022 at around 1400, I was travelling along WOODLANDS AVENUE 12 towards SLE direction. on left lane just before WOODLANDS AVENUE 5. The vehicle in front stopped before the traffic light, I jam brake but could not stop in time and collided onto the front vehicle rear right as I tried to swerve right to avoid a ~~direction~~ direct hit. Traffic police attended the scene. Vehicle B driver and passenger was attended by ambulance but never take ambulance to hospital. I was on the way to another worksite when the accident happened.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
24/01/22 12:30pm

Driver's Signature (If driver is not the policyholder) / Date & Time
王锦柱 24/1/2022



Witnessed by Reporting Centre Personnel























