SPÜU22440003 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 04/04/2022 10:48 (SGT) SUBMITTED BY: Liang Siew Chin VERSION: 1 (04/04/2022 10:48 (SGT))



# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the Policyholder and/or the Authorised <u>Driver</u>

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 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

04/04/2022 10:48 (SGT) 02/04/2022 22:38 (SGT) Sims Way, Singapore SIM WAY SINGAPORE Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**GBL5231E** 

#### INSURED/POLICYHOLDER

is company? Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No

Alternative Phone No

FONG EE INDUSTRIAL (PTE) LTD

197602013M

SENG@FONGEE.COM

(Phone) +65-67492278

+65-62792278

#### VEHICLE PARTICULARS

Manufacturer

Model .....

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?

Vehicle Category

Transmission

CC

Employment

No - Claiming third party Commercial vehicle

Auto

Byd

**T3** 

0

## **INSURANCE COMPANY**

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number

AXA Insurance Pte Ltd Comprehensive

CN141014 CN141014

# DRIVER

Name of Driver

TAN BENG SENG S6907456A



Accident report SP0U22440003

Date Of Birth 18/03/1969 Occupation Outdoor Date Of Driving Pass 18/11/1997 Driving experience 24 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96989862 Alt. Phone Number Email Address VINCENT69TAN@HOTMAIL.COM Address APT BLK 213A COMPASSVALE LANE #07-256 Address complement Postcode 541213 Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name PAX 1 Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? No If yes, against whom? GIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336 ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Yes Was there any audio recorded? No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

| Vehicle Registration Number             | SLD2628M    |
|---|-------------|
| Vehicle Manufacturer                    | -           |
| Vehicle Model                           | -           |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | -           |
| Vehicle Category                        | Private car |
| Name of Driver                          | UNKNOWN     |
| 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

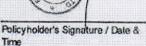
# IMPORTANT NOTICE

- 1. Pease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. The report will be forw arded 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 parliant.
- 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.
- 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) have personal information provided by me or possessed by my insurer (collectively refered 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

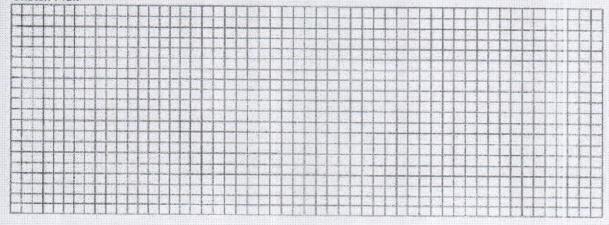
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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

Witnessed by Reporting Centre

#### Sketch Plan



| scribe Circumstances of t         | he Accident         |  |  |
|-----------------------------------|---------------------|--|--|
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   | 12.5                |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
| WELCO                             | T0                  | norre                                  | OF DAD -   |
| - Kerter                          |                     | POLICE                                 | - RETURN   |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
|                                   |                     |  |  |
| claration                         |                     |  |  |
| Λ.                                |                     |  |  |
| e de lare the foregoing particula |                     | / 1                                    |  |
| out with to claim against your ow | n policy, please be | e advised that your insurer may h      | ave a fourteen (14) days clause whereby the c<br>with your insurer for more details. |
|                                   | unerrame from the   | e day or occurrence and many chack     | with your insuler for more details.  |
| state made within the supulated   |                     | 11 / 141                               | /  |
| st se made within the supulated   |                     |  | ( wi   |
| and the supulated                 |                     | ige (If driver is not the policyholder | r) / Date Witnessed by Reporting Centre  |