

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	09/05/2022 12:27 (SGT)
Date of Accident	07/05/2022 11:26 (SGT)
Exact Location of Accident	Shenton Way, Singapore
Additional Location Information	TURNING LEFT TWDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8305M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STARISLAND TRAVEL PTE LTD
Company Reg No	201506645M
Email Address	mirage@starislandtravel.com
Mobile Phone No	(Phone) +65-90250620
Alternative Phone No	+65-90250620

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	2754

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA480008
Cover Note Number	-

DRIVER

Name of Driver	SOH AH POH
NRIC No	S6830428H

Date Of Birth	15/09/1968
Occupation	Outdoor
Date Of Driving Pass	19/10/1988
Driving experience	33 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88383975
Alt. Phone Number	-
Email Address	mirage@starislandtravel.com
Address	BLK 215 MARSILING LANE #09-810
Address complement	-
Postcode	730215
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 - Change/cross lane
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

ON 07/05/2022, I WAS DRIVING ALONG SHENTON WAY TURNING LEFT TOWARDS MCE ON THE FIFTH LANE. TRAFFIC LIGHT TURN GREEN SO I START TURNING TOWARDS MCE. PEOPLE CROSSING THE ROAD. SO, I STOPPED AND BUS (SBS3409L) DRIVE STRAIGHT AND HIT ONTO MY TOYOTA HIACE (PC8305M) REAR LEFT PORTION. ON LANE 6 ONLY CAN TURN LEFT BUT THE BUS DRIVE STRAIGHT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	NOT AVAILABLE. WITH TP WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3409L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	ZENG SHIYAN

NRIC No	S2740064G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

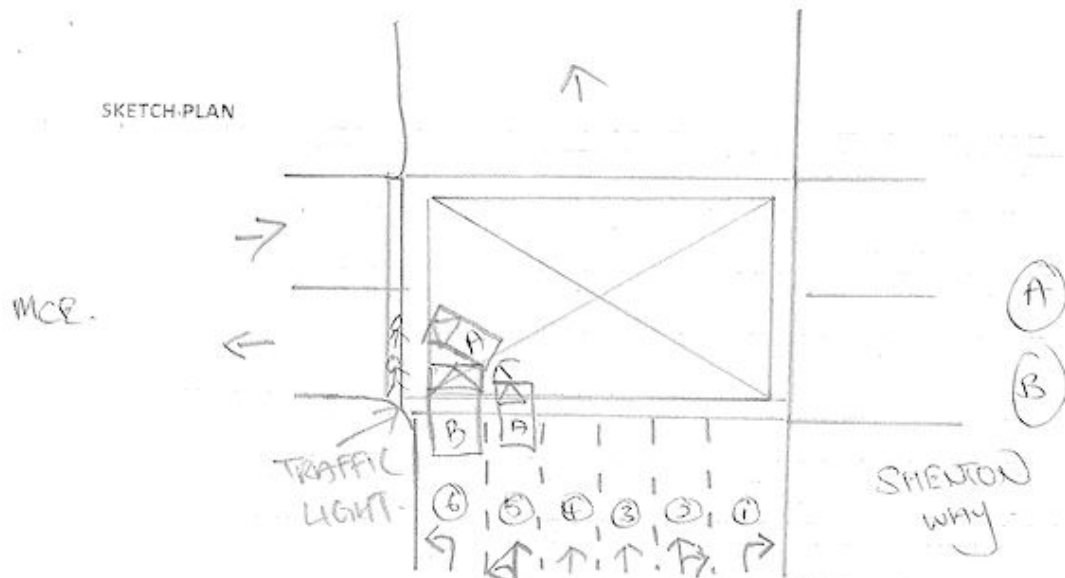
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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TURNING LEFT TOWARD MCE ON THE 5th LANE. TRAFFIC LIGHT TURN
GREEN SO I START TURNING TOWARD MCE. PEOPLE CROSSING THE ROAD
SO I STOPPED AND BUS SBS 3409 L DRIVE STRAIGHT AND HIT INTO
my BU TOYOTA HILUX R 8305M ROAD LEFT BELT. (ON LANE 6
ONLY CAR CAN TURN LEFT ONLY BUT THE BUS SBS 3409 L DRIVING
STRAIGHT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:



[Signature]

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

LETTER OF UNDERTAKING

STARISLAND TRAVEL PTE LTD

PC 8305M

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd. I/we shall discharge my/our claim under my/our Policy or against the Third Party and if the former shall submit my/our claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within (fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handled by my/our prefer to insurance company.

Insured hereby Acknowledged by:



[Handwritten signature]

Signature of policyholder

Company Stamp