

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 07/05/2022 11:42 (SGT)
Date of Accident 26/04/2022 18:10 (SGT)
Exact Location of Accident Vanda Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ1919L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAND ASIA INTERTRADE PTE. LTD.
Company Reg No 200922579Z
Email Address bensontay1919@gmail.com
Mobile Phone No (Phone) +65-96350091
Alternative Phone No +65-96350091

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vellfire
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 2493

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA372734
Cover Note Number -

DRIVER

Name of Driver BENSON TAY LEE HUAT
NRIC No S1143474F

Date Of Birth	09/09/1955
Occupation	Indoor
Date Of Driving Pass	19/02/1979
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96350091
Alt. Phone Number	-
Email Address	bensontay1919@gmail.com
Address	BLK 474 SEGAR ROAD #09-310
Address complement	-
Postcode	670474
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	Collided into Motorcyclist
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	CHAN IVY
Gender	Female

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

AT THE JUNCTION, IT IS A DISCRETIONARY RIGHT TURN TRAFFIC LIGHT. I MOVED THE CAR AHEAD WITH THE INTENTION TO TURN RIGHT WHEN THE DISCRETIONARY RIGHT TURN ARROW IS GREEN.

THE BIKER LOST CONTROL OF HIS MOTORCYCLE AND COLLIDED IN FRONT OF MY VEHICLE.

OUT OF GOOD INTENTION, I HELPED TO CALL FOR THE AMBULANCE TO TREAT THE MOTORCYCLE BRUISE KNEE.

AFTER THE MEDIC ATTENDED TO HIM, IT WAS ONLY A BRUISE KNEE AND THERE IS NO NEED TO BRING THE MOTORCYCLIST TO THE HOSPITAL.

THE MOTORCYCLIST REFUSED ANY MEDICAL ASSISTANCE FROM THE AMBULANCE MEDIC.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP9052H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD YAZID BIN NANI
NRIC No	S9509680H
Contact Number	(Phone) +65-88929634
Address	BLK 45 TELOK BLANGAH DRIVE #10-161
Address complement	-
Postcode	100045
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	MUHAMMAD YAZID BIN NANI
Gender	Male
Phone No	(Phone) +65-88929634
Address	BLK 45 TELOK BLANGAH DRIVE #10-161
Address Complement	-
Post Code	100045
Approximate Age Years Old	27
Injuries Sustained	BRUISE KNEE
Injured person in which vehicle?	FBP9052H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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.

Grand Asia Intertrade Pte. Ltd.

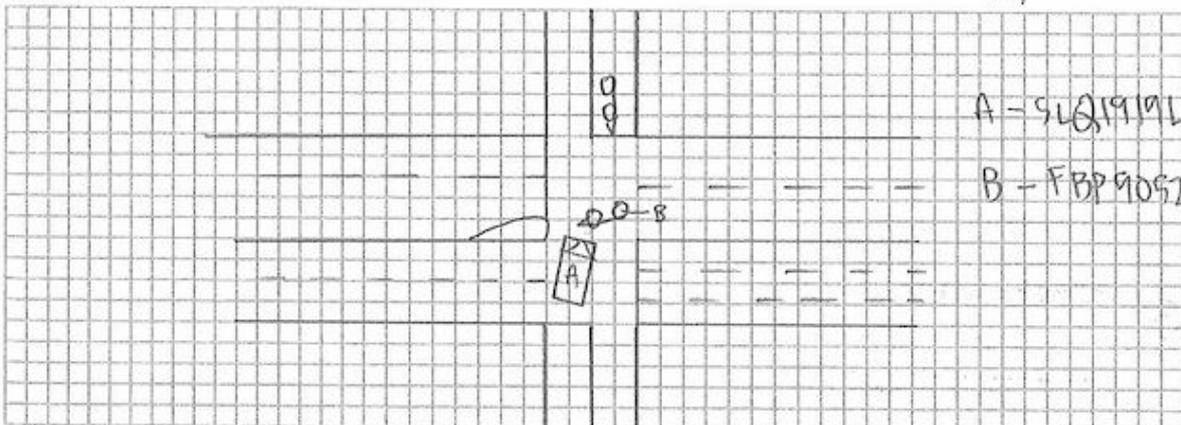
[Signature]
 Policyholder's Signature / Date & Time

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

[Signature]
 Witnessed by Reporting Centre Personnel

7/5/22 10:40

Sketch Plan



Describe Circumstances of the Accident

At the junction, it is a discretionary right turn traffic light. I moved the car ahead with the intention to turn right when the discretionary right turn arrow is green.

The biker lost control of his motorcycle and collided in front of my vehicle.

Out of good intention, I helped to call for the ambulance to treat the motorcycle biker's knee.

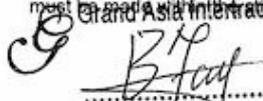
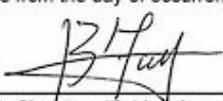
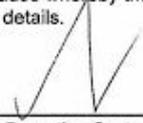
After the medic attended to him, it was only a biker's knee and there is no need to bring the motorcyclist to the hospital.

The motorcyclist refused any medical assistance from the ambulance medic.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the 14 days from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time
 Driver's Signature (if driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel
 7/5/22 10:40















