

# 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 .....	08/07/2022 17:33 (SGT)
Reported by .....	Driver
Date of Accident .....	07/07/2022 18:15 (SGT)
Exact Location of Accident .....	AYE, Singapore
Additional Location Information .....	(TUAS) NEAR LWR DELTA RD EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XB9033B
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SOON YONG METAL INDUSTRIES PTE LTD
Company Reg No .....	200008621M
Email Address .....	SOONYONG@SINGNET.COM.SG
Mobile Phone No .....	(Phone) +65-62682668
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Fs527s
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	11945

### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Policy Number / Cover Note Number .....	GA546521

### DRIVER

Name of Driver .....	CHIN SEOW BENG
NRIC No .....	S2153024G
Date Of Birth .....	12/09/1953
Occupation .....	Outdoor

Date Of Driving Pass .....	20/03/1979
Driving experience .....	43 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91080648
Alt. Phone Number .....	-
Email Address .....	SOONYONG@SINGNET.COM.SG
Address .....	119 HO CHING ROAD #06-121
Address complement .....	-
Postcode .....	610119
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG813K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LEE KAM WENG
NRIC No .....	S8064662C

Contact Number .....	(Phone) +65-91014846
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**

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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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

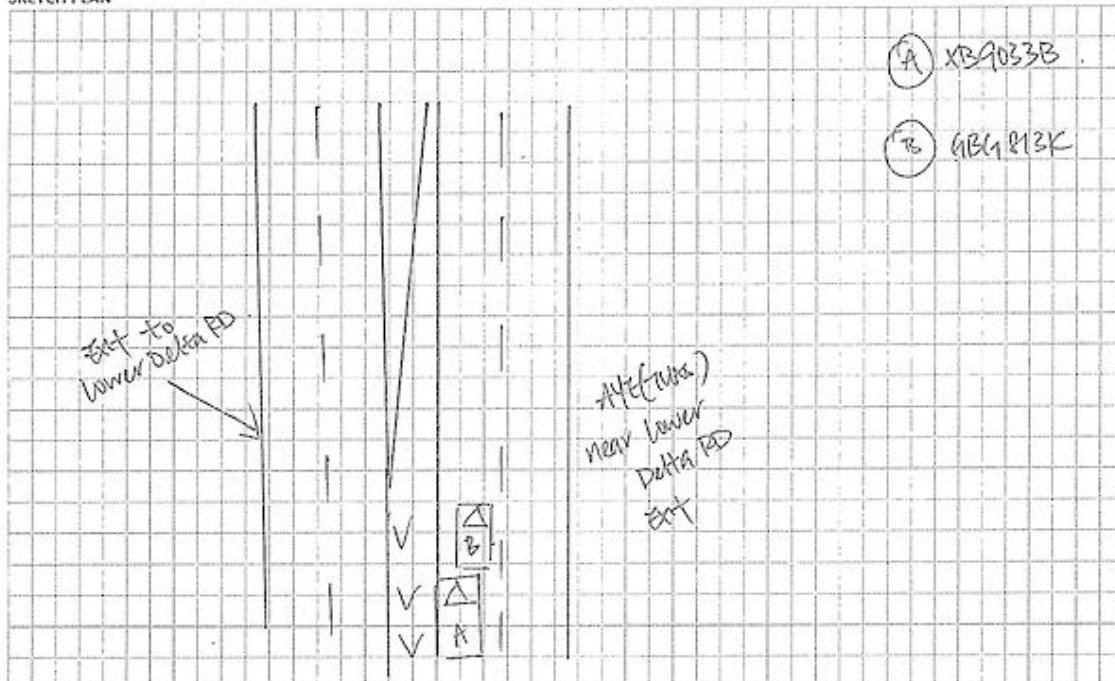
Soon Yong Metal Industries Pte Ltd  
No. 10 Soon Lee Road  
Singapore 628074  
Tel: 6268 2668 Fax: 6265 7505

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/07/22 @ around 1815 hrs, I was travelling along AYE to CHIAI. While driving near to the exit of Lower Delta Road, my eye was drawn by the sun & I did not notice my vehicle was too near to vehicle B & caused me hit onto it.

DECLARATION

I, **Soon Lee Metal Industries Pte Ltd**  
No. 10 Soon Lee Road  
Singapore 628074  
Tel: 6268 2668 Fax: 6265 7505

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

GIARMAC SketchPlanForm\_V3

☐ Claim own policy

☐ Claim third party

☐ Claim OD / TP at other workshop

☒ For record purpose

Policy No. **6A546571**

Insurer **AXA**

Veh. No. **XB9033B**

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

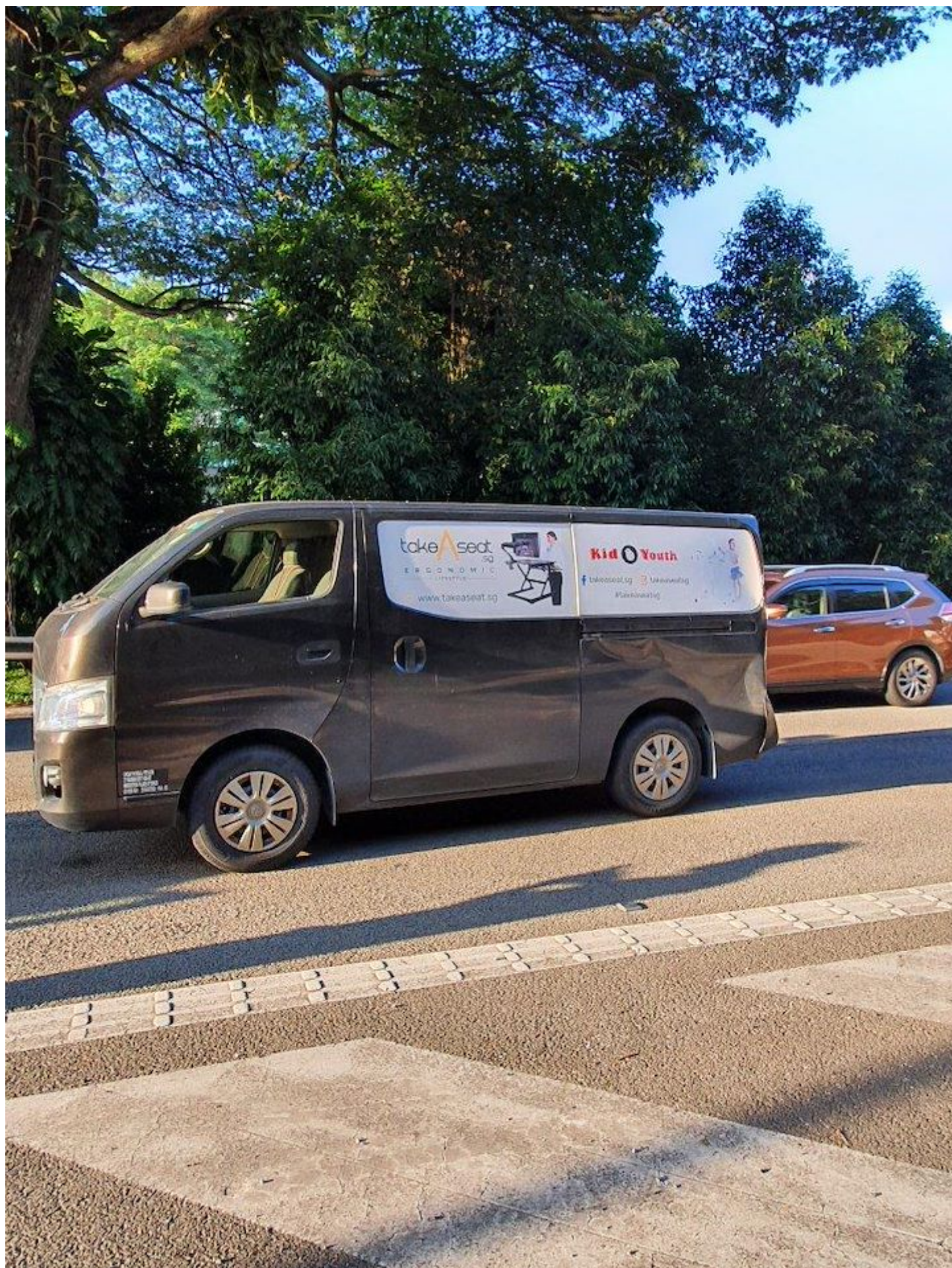








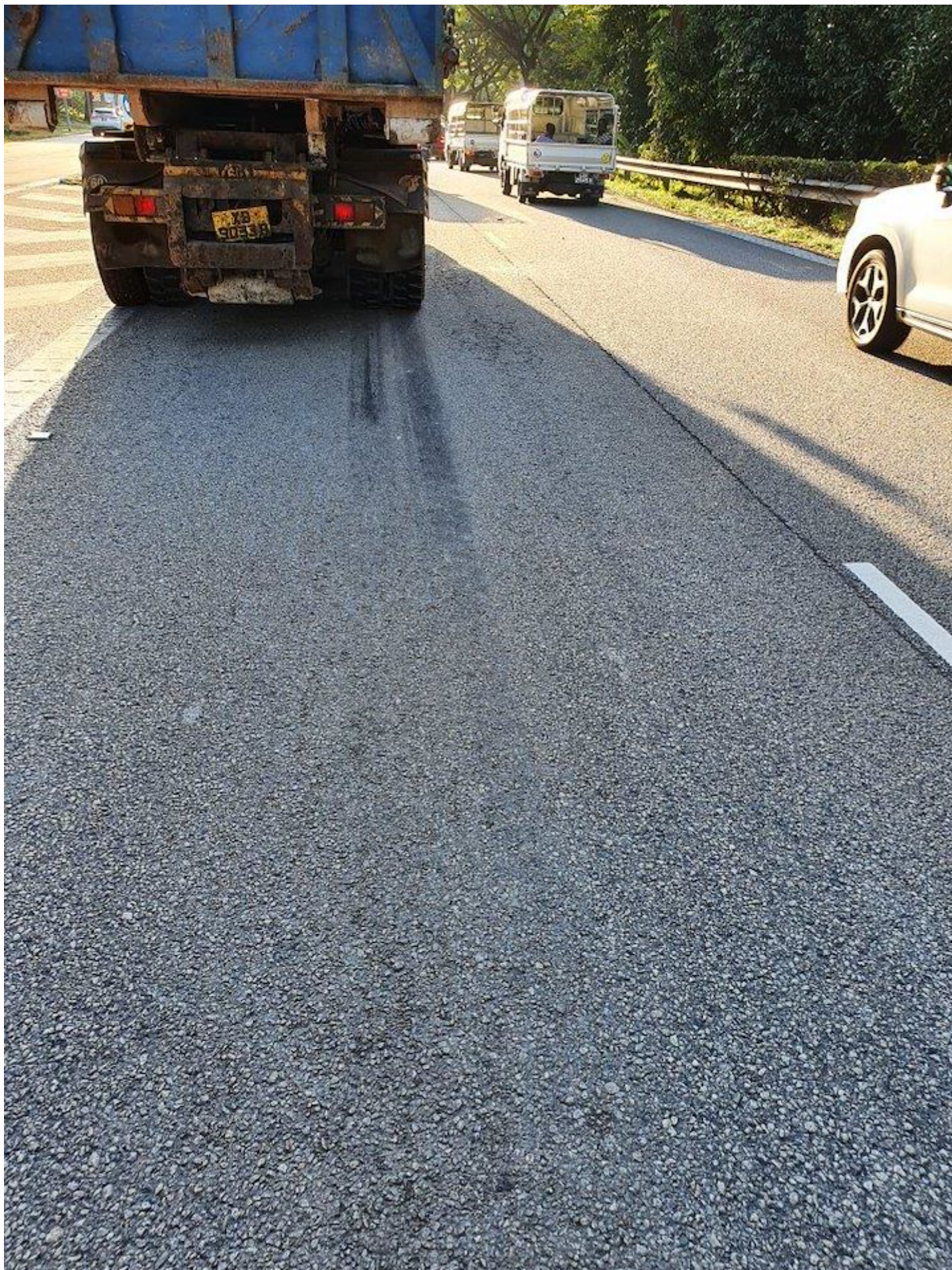










































順永金屬工業私人有限公司  
SOON YONG METAL INDUSTRIES PTE LTD



Date : 08.07.2022

AXA INSURANCE PTE LTD

To: Person In Charge

Letter of Authorisation

We hereby authorised the driver name: Chin Seow Beng , NRIC no: S2153024G to drive the vehicle no: XB 9033B on 07.07.2022 for collection of goods from customer place .

Thank you

Yours Sincerely

  
Patrecea Chung

Head Office: 10 Soon Lee Road Singapore 628074 Tel: 6268 2668 Fax: 6265 7505  
E-mail add : soonyong@singnet.com.sg  
Website : <https://www.soonyongmetal.com>