

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 16:58 (SGT)
Reported by	Both
Date of Accident	07/07/2022 16:40 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	JUNCTION PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB9928T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SO LAN @ FOO SO LAN
NRIC No	S1847250C
Email Address	joshualoh28@gmail.com
Mobile Phone No	(Phone) +65-82825538
Alternative Phone No	-

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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA603540

DRIVER

Name of Driver	TAN CHOON GUAN
NRIC No	S1441305G
Date Of Birth	11/01/1960
Occupation	Outdoor

Date Of Driving Pass	09/11/1977
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96267960
Alt. Phone Number	-
Email Address	joshualoh28@gmail.com
Address	BLK 268A PUNGGOL FIELD #11-139
Address complement	-
Postcode	821268
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	Side Swipe
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

ON 07/07/2022 AT 1640HR, I WAS TRAVELLING IN MY VEHICLE (CB9928T) ALONG PAYA LEBAR ROAD TOWARDS UPPER PAYA LEBAR ROAD DIRECTION. WHILE APPROACHING THE JUNCTION OF PIE ON THE EXTREME LEFT LANE. THE TRAFFIC LIGHT TURNED RED AND I SLOWED DOWN. SUDDENLY, I FELT AN IMPACT FROM THE REAR. I STOPPED MY VEHICLE AND FOUND A MOTORCYCLE (FBS7117C) HAD COLLIDED ONTO THE REAR LEFT SIDE OF MY VEHICLE.

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	FBS7117C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	-
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)	-

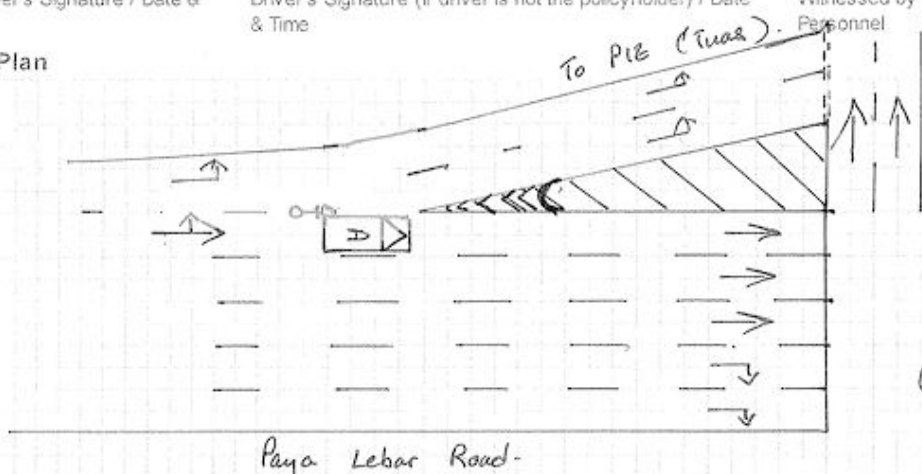
SKETCH PLAN

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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 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.

<p></p> <p>Policyholder's Signature / Date & Time</p>	<p></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan



(A) CB 9928 T


(B) FB 8747 C.


Describe Circumstances of the Accident

On 07/07/2022 at @ 1640 hrs, I was travelling in my vehicle (GB 99287) along Paya Lebar Road towards Upper Paya Lebar Road direction. While approaching the junction of P12 on the extreme left lane, the traffic lights turned red and I slowed down. Suddenly, I felt an impact from the rear. I stopped my vehicle and found a motorcycle (FBS 7117C) had collided onto the rear left side of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

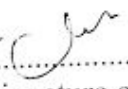
LETTER OF UNDERTAKING

I/We, SO LAN @ FOO SO LAN, the owner of vehicle no. CB9928

My/~~Our~~ Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

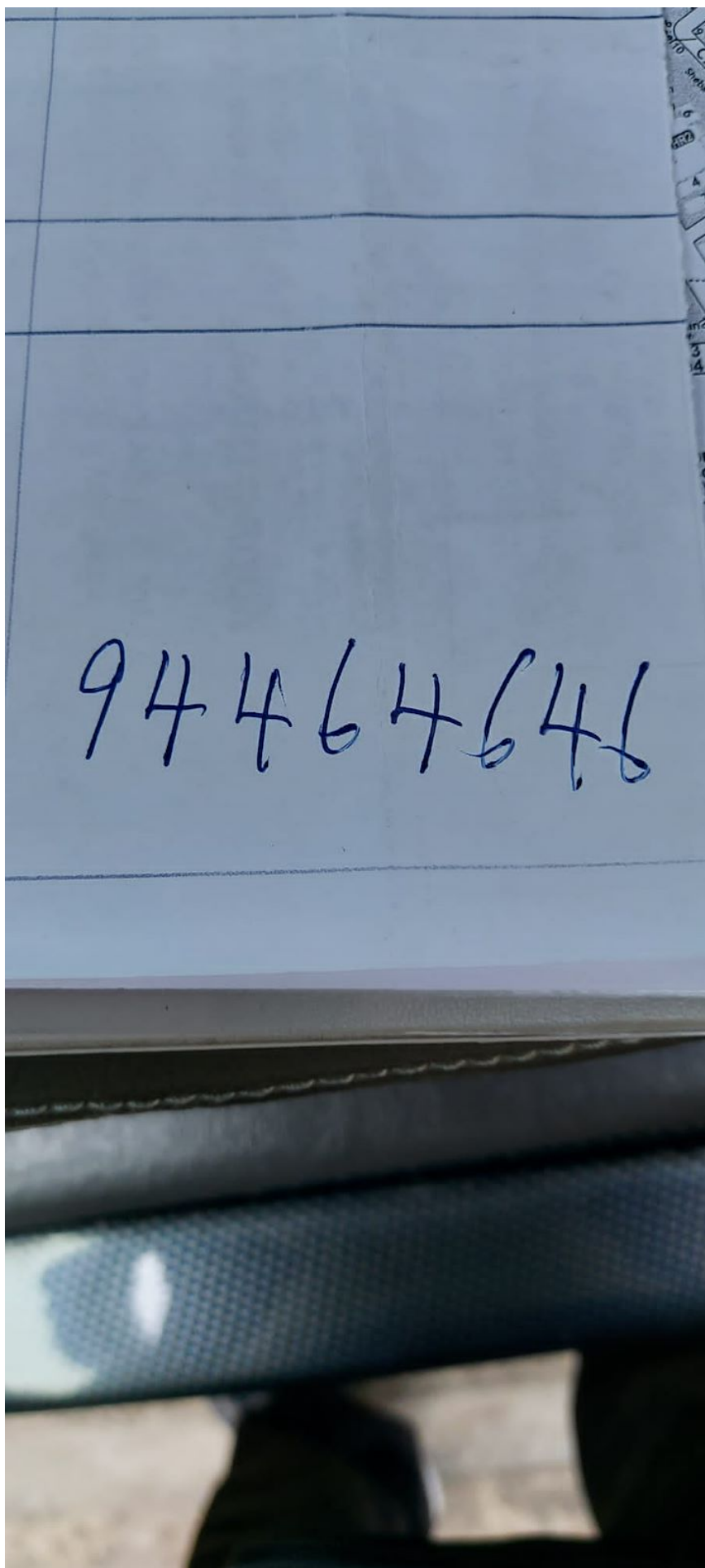
51847250C 
Nric no. & signature of policyholder

Company stamp

08 JULY 2022
Date





















redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

date
 04/01/2022

policy number
 GA603540

Certificate of Insurance

This is a copy of the Certificate of Insurance issued by AXA Insurance Pte Ltd (the "Insurer") to the Policyholder (the "Policyholder") in connection with the Motor Vehicle Insurance Policy (the "Policy") issued by the Insurer to the Policyholder.

Policy details

Policyholder name	SO LAN @FOO SO LAN	Certificate number	GA603540 / 1
Cover	Third Party, Fire & Theft	RCD	15%
Engine number	2K01366321	Chassis number	YDH2000030025
Vehicle Registration number	C89928T		
Period of Insurance	from 30/12/2021 to 29/12/2022 (both dates inclusive)		
Sum Insured	Market Value at the Time of Loss		
Finance Loan Company	Nil		

Persons or classes of persons entitled to drive

Any person provided he is in the Policyholder's employ and/or is driving on their order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws in Singapore in respect of the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use*

- (a) Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.
 - (b) Use only in the Republic of Singapore.
- The Policy does not cover:
- (a) Use for racing, pace-making, road trial or speed testing.
 - (b) Use whilst towing a trailer except the towing of a trailer for reward of anyone disabled mechanically propelled vehicle.

* This includes, but is not limited to, any use of the Motor Vehicle which is prohibited by the Road Traffic Act, Chapter 377, of the Republic of Singapore.

Excess

Section II Excess SGD1,500.00

An additional excess is applicable as follows:

- Additional All Claims Excess of \$2,000 is applicable for any named/unnamed drivers who:
 - a) is 18 years old to 26 years old and/or
 - b) is 66 years old and above and/or
 - c) with driving experience of less than 1 year on the relevant classes of driving license.

Additional clauses & endorsements to your policy

Nil

達高企業
 TATCO ENTERPRISE
 250/252 JALAN KAYU
 SINGAPORE 799475/78
 TEL: 6482 0153 FAX: 6481 1903

AXA Insurance Pte Ltd (199903512M)
 8 Shenlon Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

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