

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 18/07/2022 13:00 (SGT)
Reported by Driver
Date of Accident 15/07/2022 15:22 (SGT)
Exact Location of Accident Near Jurong Industrial Services Centre - Block 1 #01-43, 27A
Jurong Port Road (S)619101, Singapore 619101
Additional Location Information Outside Add Value Electrical Pte Ltd appliance store
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL5943J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Federal Fire Engineering Pte Ltd
Company Reg No 2XXXXX829D
Email Address firdauz@federalfire.com
Mobile Phone No (Phone) +65-96460684
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Peugeot
Model Partner
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number CN145883

DRIVER

Name of Driver Abdul Majid Bin Salim
NRIC No SXXXXX849D
Date Of Birth 23/09/1972

Occupation	Outdoor
Date Of Driving Pass	24/08/2005
Driving experience	16 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97613365
Alt. Phone Number	-
Email Address	majid@federalfire.com
Address	Blk 467B Bukit Batok West Ave 9 #02-533
Address complement	-
Postcode	S652467
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

Refer to attached sketch plan.

ATTACHMENT(S)

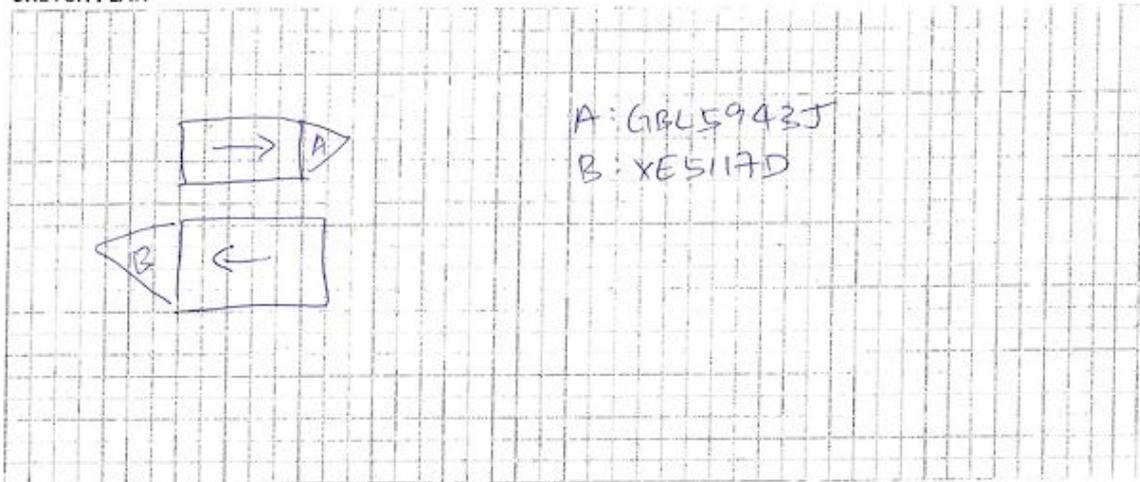
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5117D
Vehicle Manufacturer	Hino
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	Koh Ah Ban

NRIC No	SXXXX325G
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ROAD WAS TIGHT WITH CARS PARKED ALONG BOTH SIDES.
I MOVED TO THE LEFT AND STOPPED TO GIVE WAY TO HIM.
HE SQUEEZED THROUGH EVEN THOUGH THERE WAS NOT ENOUGH SPACE.
HIS VEHICLE SIDE SWIPED MY VEHICLE.

DECLARATION

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

Policyholder's Signature
Date & Time:

FEDERAL FIRE
ENGRS PTE LTD
ABDUL MAJID

GBL 5943 J

Driver's Signature
(if driver is not the policyholder)
Date & Time: 18/07/2022
1020H

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



SKETCH PLAN

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7. By the lodgment 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.
- (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.

FEDERAL FIRE
ENGRG PTE LTD
ABDUL MAJID

Policyholder's Signature
Date & Time: 18/1/2022 5943 J



Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/1/2022
1020H

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













































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Jul 15, 2022, 15:32





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Jul 15, 2022, 15:51



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV0Q22710002 Vehicle Registration No: GBL 5943J
 Name (as shown in NRIC) : Federal Fire engineering pte ltd NRIC/FIN/Passport No : 829D
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 96460684
 Email Address : _____
 Date of Accident : 15/7/22 Time of Accident : 1522
 Place of Accident : outside 619101, #01-043
 Insurance Company: AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER wish to highlight that it was a 2 lane
direction ROAD and he was in his lane

 Policyholder / Driver's Signature
 Date:


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