

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 Actual 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 19/08/2022 16:03 (SGT)
Reported by Driver
Date of Accident 19/08/2022 07:15 (SGT)
Exact Location of Accident Toh Guan Rd E, Singapore
Additional Location Information TOWARDS TOH GUA RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP4338U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JIT KEONG TRADING CO PTE. LTD.
Company Reg No 201900335M
Email Address RENTAL@JITKEONG.COM.SG
Mobile Phone No (Phone) +65-68634186
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number P2353362

DRIVER

Name of Driver CHANDRABABU PRAGANANTHAN
NRIC No G2374914P
Date Of Birth 22/05/1993
Occupation Outdoor

| | |
|--|--|
| Date Of Driving Pass | 12/05/2017 |
| Driving experience | 5 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86484365 |
| Alt. Phone Number | - |
| Email Address | RENTAL@JITKEONG.COM.SG |
| Address | 1 CHANGI BUSINESS PARK CRESCENT #04-01/02/03 |
| Address complement | PLAZA 8 CHANGI BUSINESS PARK TOWER 14 |
| Postcode | 486025 |
| 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) | 7 |
| 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 | - |

PASSENGER 1

| | |
|--------------|-----------|
| Name | JAMAL NIL |
| Gender | Male |

PASSENGER 2

| | |
|--------------|------------------|
| Name | HOQUE MD MONIRUL |
| Gender | Male |

PASSENGER 3

| | |
|--------------|----------------|
| Name | MIIAH MD SUJON |
| Gender | Male |

PASSENGER 4

| | |
|--------------|----------------|
| Name | KHAN MD ALAMIN |
| Gender | Male |

PASSENGER 5

| | |
|--------------|-------------------------|
| Name | SAJAN MD HAFIZUR RAHMAN |
| Gender | Male |

PASSENGER 6

| | |
|--------------|--------------------|
| Name | SARKER MD ABDULLAH |
| Gender | Male |

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 SBS6367D
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver MOHAMED RAFI BIN MOHAMED NASSER
NRIC No S8622486J
Contact Number (Phone) +65-94570080
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
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: 19/08/22 10.44 am

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

I AM AWARED 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.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 7-15am I am in the vehicle YP 4338U waiting to pick up workers. A bus over took my vehicle and collide into the right side of my vehicle. Bus vehicle plate is SBS 6367D.

DECLARATION

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

Claim own policy
 Claim third party
 Claim OD / TP at other works hop *JH Keong*
 For record purpose
 Policy No. P2353362
 Insurer AXA Veh.No. YP4338U

Policyholder's Signature
Date & Time:



C. P. K.
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 19/02/22 / 10.44am

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