

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	17/04/2023 19:06 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP872U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KEE SONG FOOD CORPORATION (S) PTE LTD
Company Reg No	198701006E
Email Address	xinyi.liew@keesong.com
Mobile Phone No	(Phone) +65-62894933
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEB21ER3SDEB (CBU)
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	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001893120

DRIVER

Name of Driver	JIAO WENFENG
Passport No/FIN	G2638316T
Date Of Birth	26/03/1987
Occupation	Outdoor

Date Of Driving Pass	28/10/2021
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86848520
Alt. Phone Number	-
Email Address	xinyi.liew@keesong.com
Address	
Address complement	
Postcode	
Is the driver the policyholder?	-
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
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 SKETCH ATTACHED

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	SKW6238R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NGO NYE THANE
NRIC No	S7638939Z

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

VEHICLE

INSURED

DATE OF ACC

Y18724

Allen z

17/4/23

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will later be made available upon application by interested parties.
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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/are 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC card)

Sketch Plan

PLEASE TURN OVER

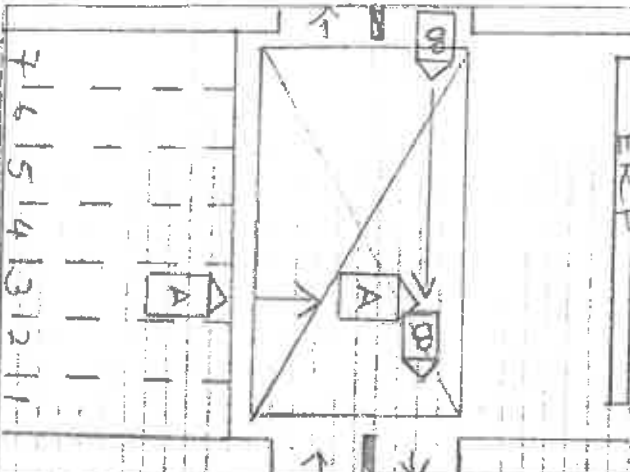
Describe Circumstance of the Accident

** NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only

(☒) Claim OD/ TP at other workshop ()

Sketch Plan



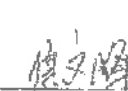
A - YP8720
B - SKW6238R
Location - Orchard Road


17/04/2023 about 06:51 hrs I was driving straight on the 3rd lane as the traffic light was green on my favour. Just before to reach the next junction before the ERP vehicle B collided onto my company lorry on front right. The vehicle B was hit the red light for her side. She was admitted to me that she see wrongly the traffic light. We both exchanging particulars and took scene photos for record. After accident, I went to Police Station to report however I've been informed by Police to only lodge Insurance report due to no injury involve.

Declaration

I/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 Person (Name as in INSURED card) (Date & Time) (YS)