

## 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 ability
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 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 Report	15/08/2016 09:37
Date Of Accident	14/08/2016 05:30
Exact Location Of Accident	CLEMENTI AVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7227L
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#### Insured/Policyholder

Name Of Registered Owner	N & K TRANSPORT SERVICE
Co Reg No	53328158W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-63390361

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D High-roof 14 Seater (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Bus

#### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VBX/P1743728
Cover Note Number	

#### Driver

Name of Driver	MOHAMAD NASAR BIN ALI
NRIC No	S8103086C
Date Of Birth	10/03/1981
Occupation	Outdoor
Date Of Driving Pass	30/06/2011
Driving Experience	5 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-81866911
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Owner

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident Collision- Head to Rear (Insured Hit TP)

Weather Conditions Clear

Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? No

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER ATTACHED

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC2858X

Vehicle Make/Model/Colour HONDA

Details Of Properties

Name of Driver ISHAN ALI BIN SHAJAHAN

NRIC/Passport Number S9419679E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

SKETCH PLANIMPORTANT 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.

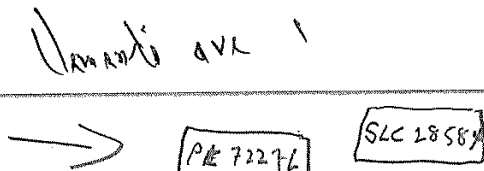


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 12/1/2016 about 05:40 AM, I drove my bearing number 8C7224T along Dumont's Ave 1. While suddenly car in front of me (82C2658X) apply jam brake, I also apply brake but unable stop on time and hit the said car in its rear.

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

*[Signature]* 15/8/16  
14/8 0915h *[Signature]*

Sketch Plan #3 Pg.1

15-08-16;09:55AM;Inxpress / Swee Seng

;66860087

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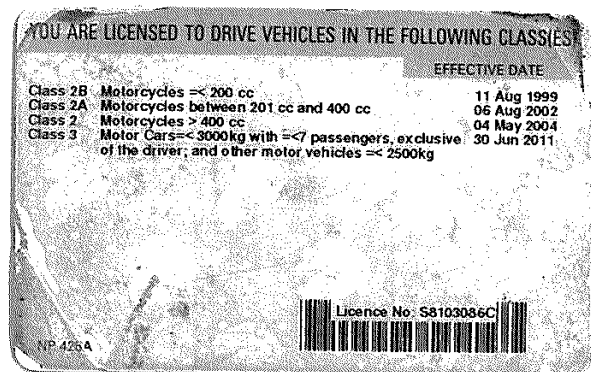
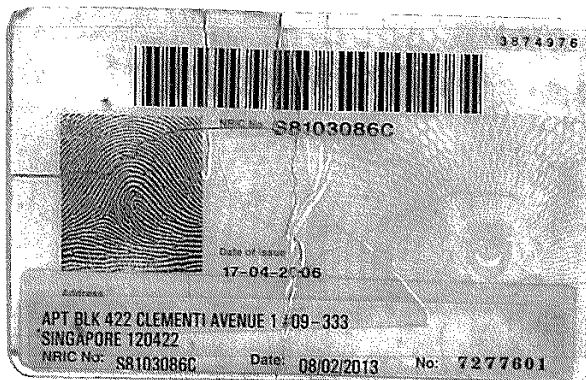
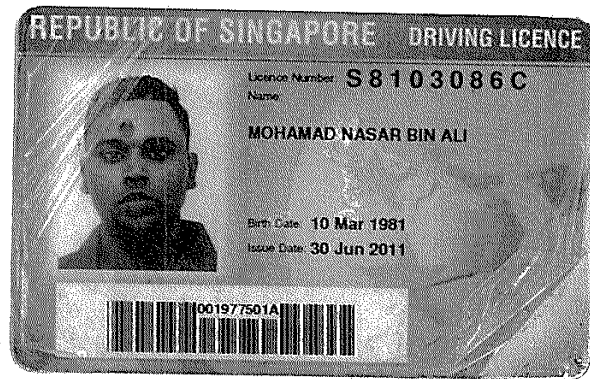
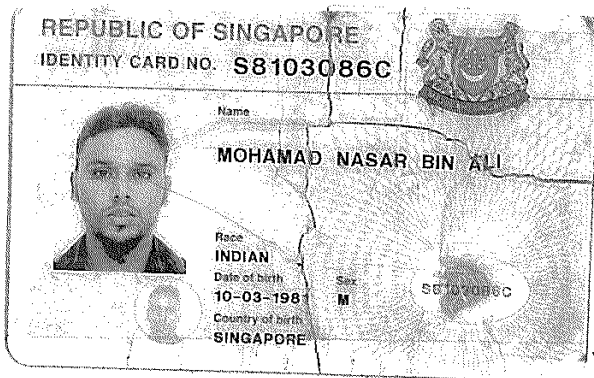
AXA INSURANCE SINGAPORE PTE LTD  
8 Shenton Way, #27-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel:(65)63387288 Fax:(65)63382522  
Website:www.axa.com.sg  
GST Registration Number: M2-0009922-2  
customer.care@axa.com.sg



Bus  
POLICY SCHEDULE  
NEW BUSINESS  
Intermediary

<b>POLICY INFORMATION</b>		Policy No. : VBX/P1743728
Source	: 04123	INXPRESS INSURANCE AGENCY PTE LTD
Insured	: N & K TRANSPORT SERVICES	
Address	: BLK 422 CLEMENTI AVENUE 1 #09-333 CASE CLEMENTI SINGAPORE 120422	
Business/Profession	: - Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 08/03/2016 To 07/03/2017 (Both Dates Inclusive) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
<b>PREMIUM</b>		
Premium After 0.00	: SGD 1,970.50	
NCD		
GST 7.00%	: SGD 137.93	
Annual Premium	: SGD 2,108.44	
Total Payable	: SGD 2,108.44	
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type of Cover	: Comprehensive	
Regn. No.	: PC7227L	
Type Of Use	: HIRE BUS (PH OR PA)	
Make/Model	: TOYOTA HIACE HIROOF	
Year of Manufacture	: 2011	
Seating Cap. (Excl. Driver)	: 14	
Driver	: 14	
Body Type	: BUS	
Engine No.	: 1KD2094544	
Chassis No.	: JTFST22P700010604	
	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	: As specified in Certificate of Insurance	
Hire Purchase	: SWEET SENG CREDIT PTE LTD	
<u>Excess Applicable</u>		
Sect I - Any Authorised Driver	: SGD 2,000.00	
Sect II-Any Authorised Driver	: SGD 1,500.00	
Windscreen Excess	: SGD 200.00	
<u>Named Drivers</u>		

Continuation page 1



Accident Photo



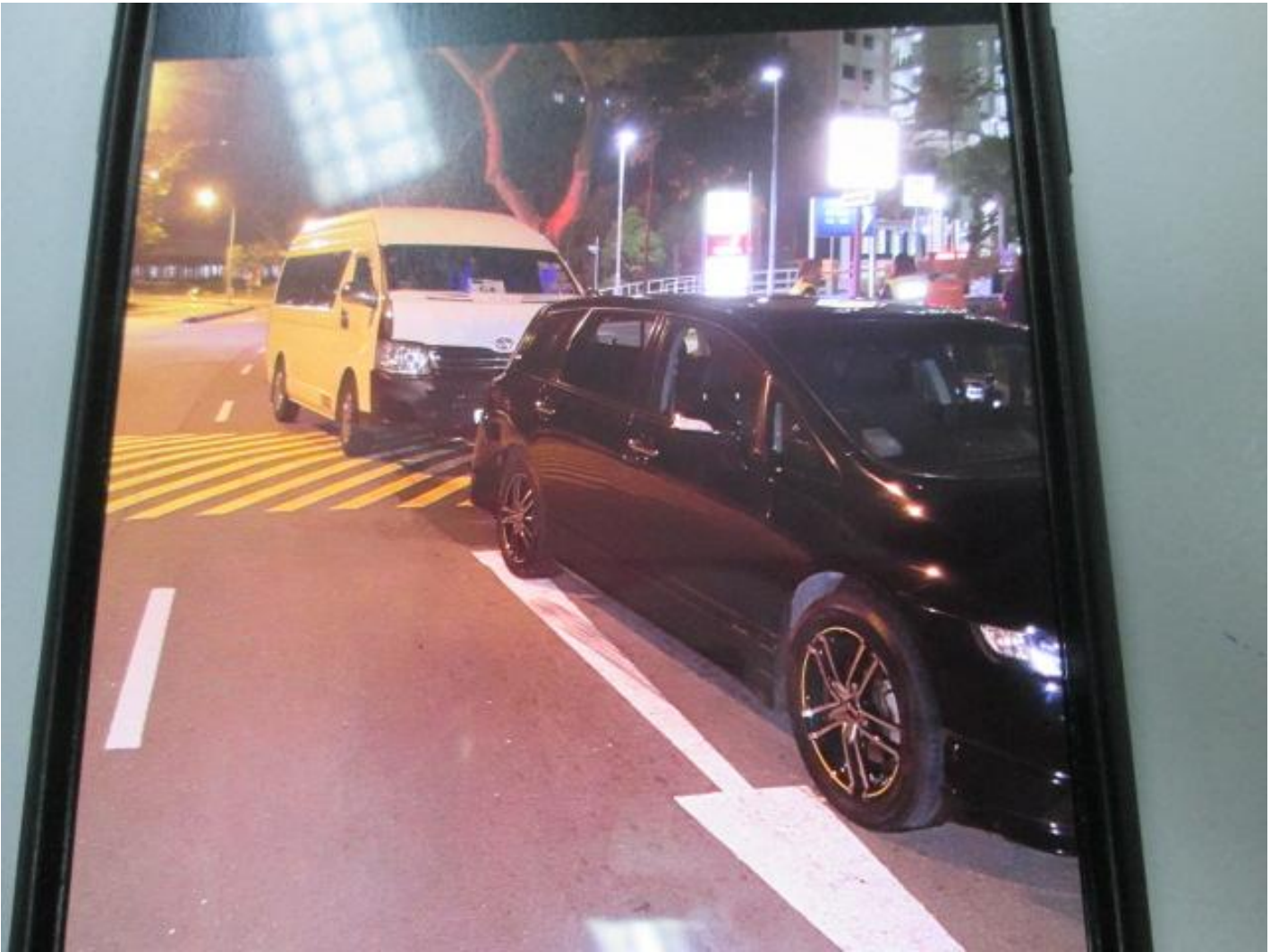


Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

