

## 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	24/11/2017 13:58
Date Of Accident	07/11/2017 17:05
Exact Location Of Accident	JUNC OF CHARLTON RD & AROOZOO AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA1395E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AB ZONE
Co Reg No	53098876C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98500175

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5
Exact Purpose for which vehicle was being used at time of accident	WORKING TIME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094227527
Cover Note Number	-

### Driver

Name of Driver	TEO KENG SOON (ZHANG QINGSHUN)
NRIC No	S7207931J
Date Of Birth	05/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98500175
Fax Number	
Contact Number	
Email Address	KELVINTEO3000@ICLOUD.COM

Address	BLK 142 LORONG AH SOO #04-237
Postcode	530142
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 - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

#### 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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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 TO ATTACHED STATEMENT. REMARK: VEH HAVE BEEN SOLD

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8845J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name	
Phone Number	
Email Address	

## Accident Sketch Plan

### 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.



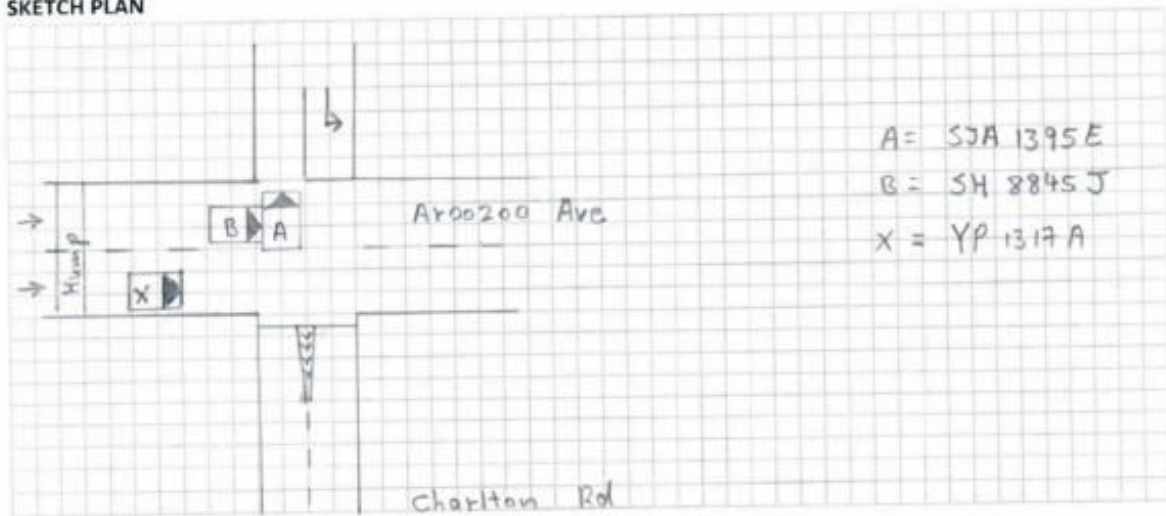
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## 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:

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

## Accident Sketch Plan

I STOP BEFORE THE STOP LINE AT THE CHARLTON RD TO CHECK THE TRAFFIC ON AROOZOO AVE BEFORE I CROSS OVER TO OPPOSITE. THERE WAS A STATIONARY VEH (BEARING NO YP1317A) AT THE AROOZOO AVE AT THE ROAD SIDE, AFTER CHECKING THE TRAFFIC WAS CLEAR, I STARTED TO CROSS THE JUNC, WHILE MY VEH ALREADY HALF BODY TO THE JUNCTION. SUDDENLY A TAXI CAME FROM AROOZOO AVE WITH HIGH SPEED HIT ONTO MY VEH LEFT HAND SIDE DOOR. AFTER THE INCIDENT, THE STATIONARY VEH HAVE SEEN THE WHOLE INCIDENT HAPPENED, THAT GUY (YP1317A DRIVER) SAW THE TAXI CROSS THE HUMP AND HE SAW THE BEHIND PASSENGER BOUNCE UP. BUT THE DRIVER REFUSE TO BECOME MY WITNESS. I LODGE THE ACCIDENT REPORT ON THE NEXT DAY AT THE MOTOR STOP WORKSHOP BUT THEY NEVER HELP ME SUBMIT THE REPORT THAT WHY I DELAY UNTIL I RECERIVED A CALL FROM OTHER CAR DEALER TO INFORM ME THAT I NEVER LODGE THE REPORT. ATTACHED IS A COPY OF A MANUAL REPORT FROM THE SAY WORKSHOP.



## SALES AGREEMENT



AB Zone

No 61 Ubi Ave 2

#02-03 Automobile Megamart Singapore 408898

Tel: (65) 6286 4001 Fax: (65) 6286 0117 Email: abzone@singnet.com.sg

AB ZONE

756 Upper Serangoon Road #03-10  
Upper Serangoon Shopping Centre

Singapore 534626

Tel: 6286 4001 Fax: 6286 0117

Reg No. 53058676C

No: 0442

## SALES AGREEMENT

Date: 1-11-2017

By this agreement, I/WE MOKHTAR BIN AWANG  
 Address: BLK 208B PUNGAOL RACE #03-922 S'822202  
 NRIC/Passport/Bus. Reg No.: ST916824F  
 Tel No: \_\_\_\_\_ Office No: \_\_\_\_\_ Hp No: 98588679

Hereby agree to purchase from AB ZONE

## PARTICULARS OF VEHICLE:

Make / Model: <u>TOYOTA VIOS 1.5J</u>	Registration Number: <u>SJA 1395 E</u>
Chassis No: <u>AS PER VC</u>	Engine No.: <u>AS PER VC</u>
Original Reg. Date: <u>28 NOV 2017</u>	No. of Transfer: <u>01</u>
C.O.E.: <u>5 YEARS NEW COE</u>	Road Tax: <u>27 NOV 2017</u>
Remarks: _____	

Price Agreed:	\$36500
Deposit:	NETS \$500
Balance Due:	\$36000

Balance amount due must be made on or before the vehicle is collected on \_\_\_\_\_

This vehicle is sold as on a "as is where" basis. No guarantee or warranty of its state & condition or as to its genuineness or authenticity particulars of its registration card or as to the Purchaser's eligibility to obtain a financier is furnished by AB ZONE. The terms & conditions herein comprise the whole agreement and no further terms or conditions shall be deemed to be implied herein inter alia by representations prior to the execution hereto. If the balance due amount is not paid on or before the date the vehicle is to be collected or no valid insurance policy is produced by the Purchaser on the date the vehicle is to be collected or the vehicle is not collected or the vehicle cannot be transferred to the Purchaser due to Purchaser's default or incapacity. AB ZONE may elect either to terminate this agreement and forfeit the deposit with liberty to resell the vehicle without having to account to the Purchaser or confirm the agreement, claim for the selling price amount against the Purchaser with interest at 8% per annum and storage charges of \$580 per day commencing the day after the vehicle was to be collected. Time shall be the essence. Knowledge or acquiescence of any branch shall not operate as or deemed to be waiver. Inhouse car financing & motor insurance.

AB Zone

Authorized Signature

I/We agreed to the terms &amp; conditions stated above

Purchaser Signature

Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Accident Photo

台湾大哥大

3:35 PM



Sja1395E



me

8 Nov

to motorstopoffice@gmail.com

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

## Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08/11/2017 (dd/mm/yy) Time of Accident: 17:30 (24-HR-FORMAT)

Vehicle No.: SJA 1395 E Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: \_\_\_\_\_

Policyholder's Name / IC No.: \_\_\_\_\_

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☐

Driver's Contact No.: \_\_\_\_\_ Company Contact No.: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Insurance Company: NTUC Email address (if any): \_\_\_\_\_

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 01

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

## The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SH 8845J

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.