

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	02/01/2018 16:31
Date Of Accident	30/12/2017 10:55
Exact Location Of Accident	TOH TUCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2702U
Insured/Policyholder	
Name Of Registered Owner	ZHONG ZHONG NGOH HIANG SUPPLY PTE LTD
Co Reg No	200104573C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96649901

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1859644
Cover Note Number	

Driver

Name of Driver	TOH CHONG SENG
NRIC No	S7803815B
Date Of Birth	22/02/1978
Occupation	INDOOR
Date Of Driving Pass	10/01/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98717791
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 145 SERANGOON NORTH AVE 1 #01-383
Postcode	550145
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

I WAS MAKING A LEFT TURN. SBS BUS ON MY LEFT ALSO MAKE A LEFT TURN BUT SBS RIGHT SIDE MIRROR HIT MY LORRY REAR LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6376C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. The 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 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:

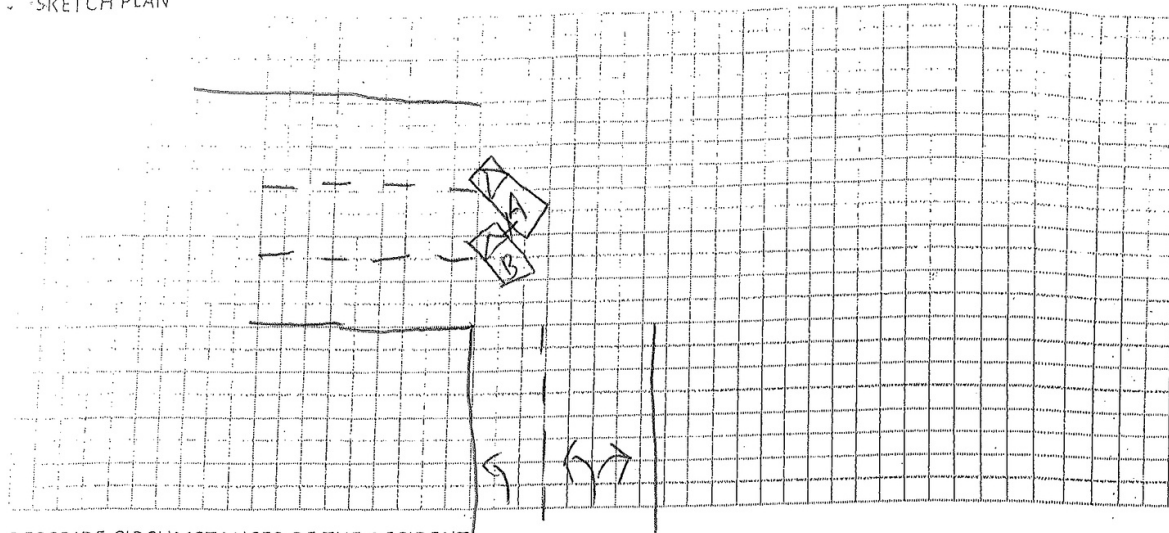
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was make a left turn, SBS bus on my left also make a left turn, but SBS right side mirror hit my lorry rear left portion.

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.:

02/01/18
1:30 pm

2/1/18 1:40 pm

LETTER OF UNDERTAKING

I/We, ZHONG ZHONG NGOH HIANG SUPPLY PTE LTD, the owner of vehicle no. GBE 27024

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

.....
Nric no. and signature of policyholder



.....
Company Stamp

08/01/2018

.....
Date

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7803815B



Name
TOH CHONG SENG
(ZHUO CHONGCHENG)
卓崇成

Race
CHINESE

Date of birth
22-02-1978

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE

License No. S7803815B

Name
TOH CHONG SENG
(ZHUO CHONGCHENG)

Birth Date: 22 Feb 1978

Valid Till: 05 Jan 2004

10010738673

3421497



ORIGINAL S7803815B



DATE OF EXPIRY
13-10-2003

RESIDENCE
APT BLK 115 SERANGGON NORTH AVENUE 1
#01-303
SINGAPORE 550145

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2B	Motorcycles not exceeding 200 cc	Valid Till: 01 Jun 2000
Class 3	Motor Cars and Motor Tractors the weight of which under full load does not exceed 2500 kilograms	Valid Till: 10 Jan 2000

10010738673

10010738673

INSURANCE

AXA INSURANCE PTE LTD
 100, North Bridge Road, #24-01
 Tower, Singapore 068011
 Customer Service Centre #01-01
 Tel: 6332 7222 Fax: 6335 2522
 Website: www.axa.com.sg
 GST Registration Number: 199003512V



Original

Agent Code: **00914**
 Policy No./if any: **VCA/P1859644**
Renewal
 SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **CN854853**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore, or
- The Road Transport Act 1987 of Malaysia, or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992
- And any subsequent revisions to the above Acts and Agreements

The insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	ZHONG ZHONG NGOH HIANG SUPPLY PTE LTD
INSURED BUSINESS REGISTRATION NO.	200104573C
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA DYNA 3.0 DIESEL TURBO M/T 2WD
VEHICLE REGISTRATION NO.	GBE2702U
YEAR OF MANUFACTURE	2015
ENGINE NO.	1KD2513500
CHASSIS NO.	KDY2318019755
ENGINE CAPACITY/TONNAGE	1.60 TONS
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	HITACHI CAPITAL ASIA PACIFIC PTE LTD
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 19/10/2017 TO: 18/10/2018
EXCESS (S\$)	S\$500 SECTION 1 (ANY AUTHORISED DRIVER), S\$100 (WINDSCREEN)
AXA PREMIUM WORKSHOP?	NO

I HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by **ANKA INSURANCE BROKERS & CONSULTANTS PTE LTD** on **19/10/2017 6:50pm**

Authorised Signature

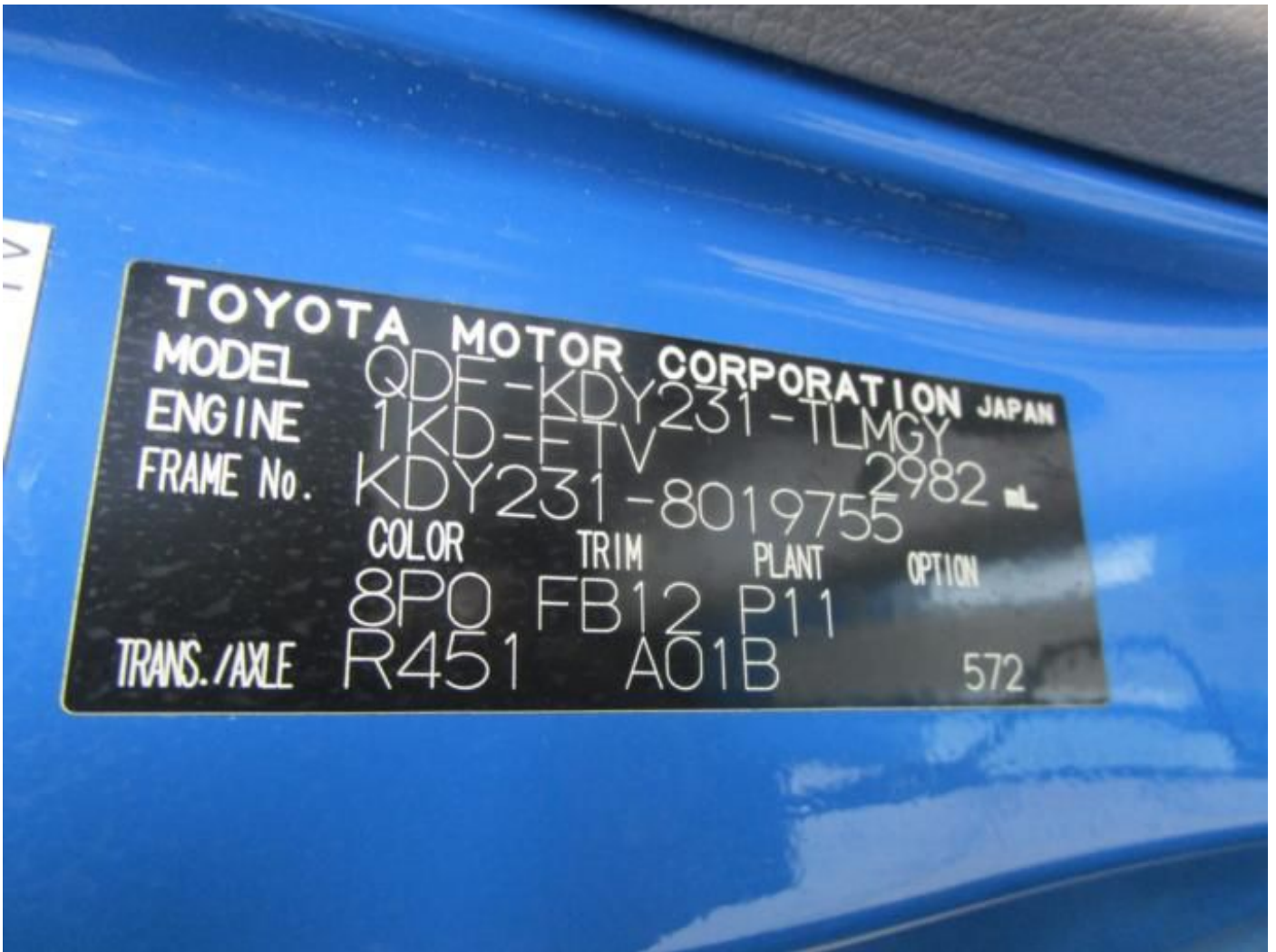
Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.53 (inclusive of GST) if the policy is cancelled after the inception date.
- An administrative fee of S\$28.75 (inclusive of GST) will be charged:
 - a. Cover note issued and cancelled before inception.
 - b. Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:
 Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
For Non-individual Customers:
 Please note that where the period of cover is for more than 90 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

NTXKMD15400/03



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

