

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	03/01/2018 13:54
Date Of Accident	02/01/2018 16:20
Exact Location Of Accident	KAKI BUKIT AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1728H
Insured/Policyholder	
Name Of Registered Owner	CHOW KHEONG GLASS & TRADING
Co Reg No	52908841W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67451997

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	GA242776/1
Cover Note Number	

Driver

Name of Driver	CHOW AH KHEONG
NRIC No	S1121183F
Date Of Birth	19/05/1955
Occupation	INDOOR
Date Of Driving Pass	28/12/1977
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93876813
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 174 BUKIT BATOK WEST AVE 8 #03-301
Postcode	2365
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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

VEHICLE B IN FRONT BRAKE. I BRAKE BUT UNABLE TO STOP IN TIME AND HIT ONTO VEHICLE B REAR PORTION. THE ROAD WAS A DOWN SLOPE AND WAS WET.

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	SKX1784H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

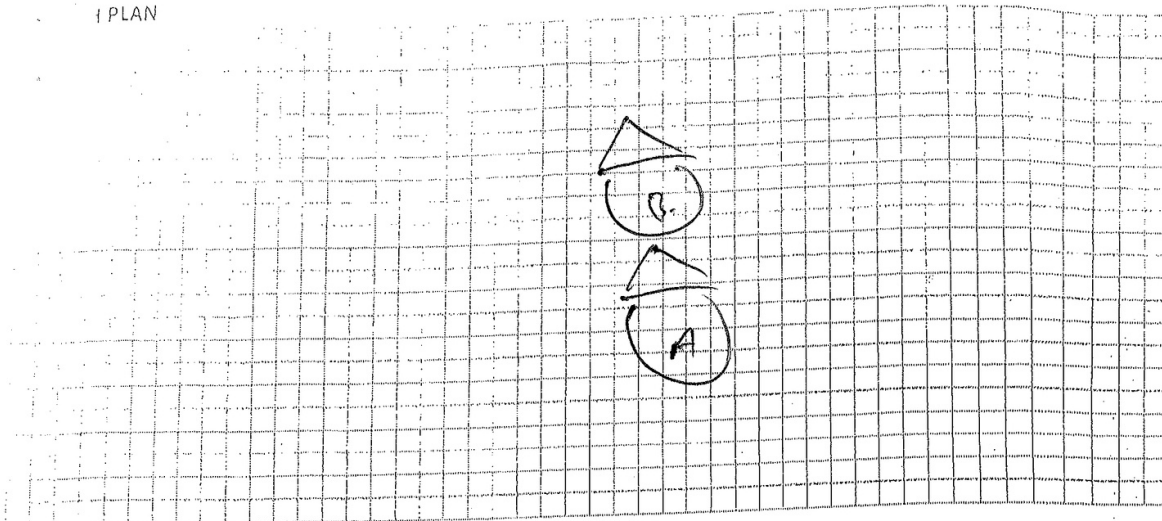
WHEONG GLASS & TRADING

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.: _____

PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B in front of vehicle A, but unable
to stop in time and hit onto vehicle B
rear portion. The road was a down slope
and was wet.

DECLARATION

We declare that the above information is 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.:

LETTER OF UNDERTAKING


I/We, CHOW KHEONG GLASS & TRADING, the owner of vehicle no. QBD 17287

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:

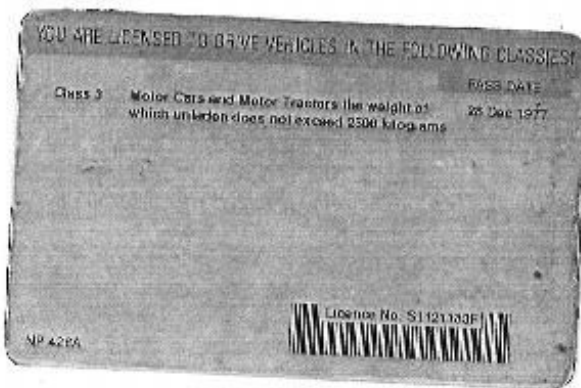
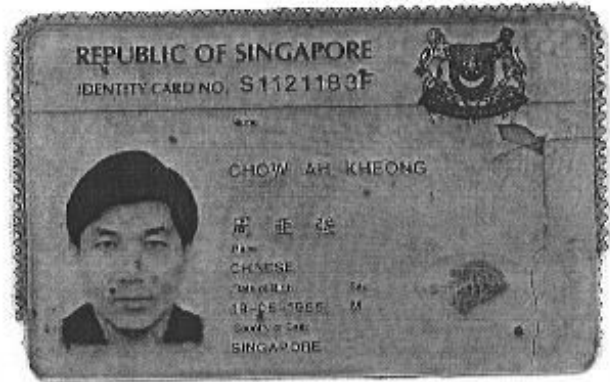
HOW KHEONG GLASS & TRADING


Nric no. and signature of policyholder

Company Stamp

02/01/2018
Date

Driving License



INSURANCE



AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

date
 13/07/2017

policy number
 CV1 / GA242776

Certificate of Insurance

Commercial Vehicles (Third Party Risks and Compensation) Act, (Chapter 163) - Commercial vehicles (Third Party Risks and Compensation) Rules, 1967 - Road Transport Act, 1967 (Malaysia) - Commercial Vehicles (Third Party Risks) Rules, 1969 (Malaysia)

Policy details

Policyholder name	CHOW KHEONG GLASS & TRADING	Certificate number	GA242776 / 1
Cover	Comprehensive	NCD	15%
Engine number	1K02411363	Chassis number	JITA735Y00K203171
Vehicle Registration number	GBD1728H		
Period of Insurance	from 17/07/2017 to 16/07/2018 (both dates inclusive)		
Sum Insured	Market Value at the Time of Loss		
Finance Lian Company	HONG LING FINANCE LIMITED		

Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover:

- (a) Use for the hire or reward or for racing, pace making, reliability trial or speed testing.
- (b) Use whilst towing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 6 of the Commercial Vehicles (Third Party Risks and Compensation) Act, (Chapter 163) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

Excess

Section 1	SGD700.00
Windscreens	SGD140.00

An additional excess is applicable as follows:

Additional Own Damage excess of \$51,000 is applicable for any newly/unlicensed drivers who:
 a) is 22 years old to 24 years old and/or
 b) is 66 years old to 70 years old and/or
 c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license

Additional An Excess excess of \$2,000 (0) is applicable for any newly/unlicensed drivers who:
 a) is 16 years old to 21 years old and/or
 b) is 71 years old and above and/or
 c) with driving experience of less than 1 year on the relevant classes of driving license

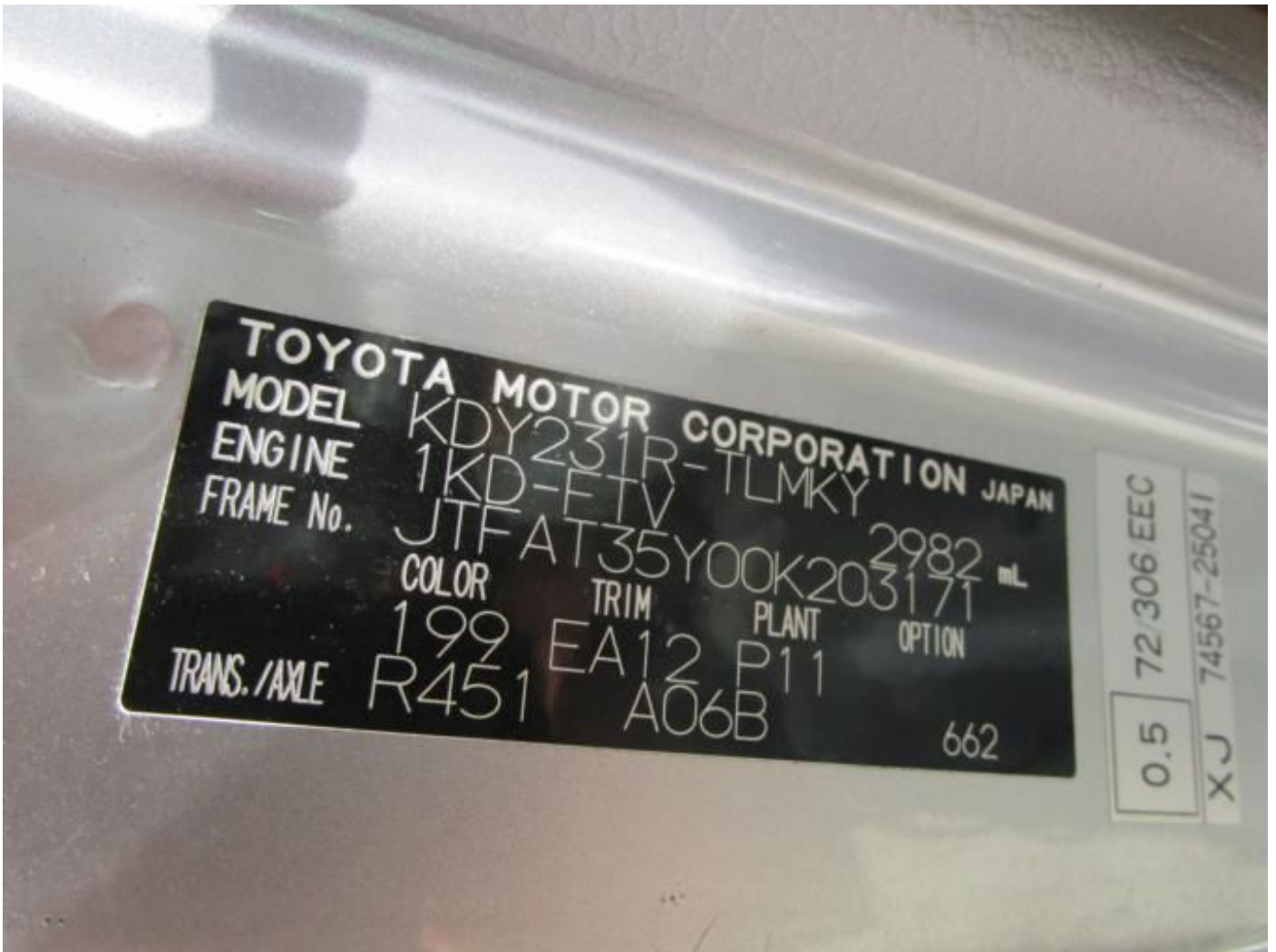
Additional clauses & endorsements to your policy

N

AXA Insurance Pte Ltd (169903512V)
 8 Shennan Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre: #81401

實業(保險)代理私人有限公司
 INSMART (INSURANCE) AGENCY PTE LTD
 NO. 1 KAKI BUKIT ROAD, 1
 #02-07 ENTERPRISE ONE
 SINGAPORE 415014
 TEL: 6542 0766 FAX: 6542 6955 / 6542 7855

1 of 2



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

