

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 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	13/03/2018 12:30
Date Of Accident	08/01/2018 16:30
Exact Location Of Accident	PIE TOWARDS CHANGI (NEAR OLD POLICE ACADEMY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9419M
Insured/Policyholder	
Name Of Registered Owner	ICONICHAUS LIFESTYLE PTE LTD
Co Reg No	201712692D
Email Address	ADMIN@ICONICLIFESTYLE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62909790

Vehicle Particulars

Manufacturer	PEUGEOT
Model	PARTNER-1.6 D HDI (M)
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	THIRD PARTY
Fleet Policy	NO
Policy Number	GA221928/1
Cover Note Number	

Driver

Name of Driver	HAQUE MD ANATUL
Passport No/FIN	G2805721R
Date Of Birth	13/05/1996
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83765644
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	100 EUNOS AVENUE 7 #01-01 SINGAPORE
Postcode	409572
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : AH CHANG GENDER: : MALE
Passenger 2	NAME: : HAYDAR GENDER: : MALE

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

REFER TO ATTACH STATEMENT RECORDED BY PEIWEN- PROGRESSIVE AUTOMOTIVE 6741 5336

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	PC5550R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

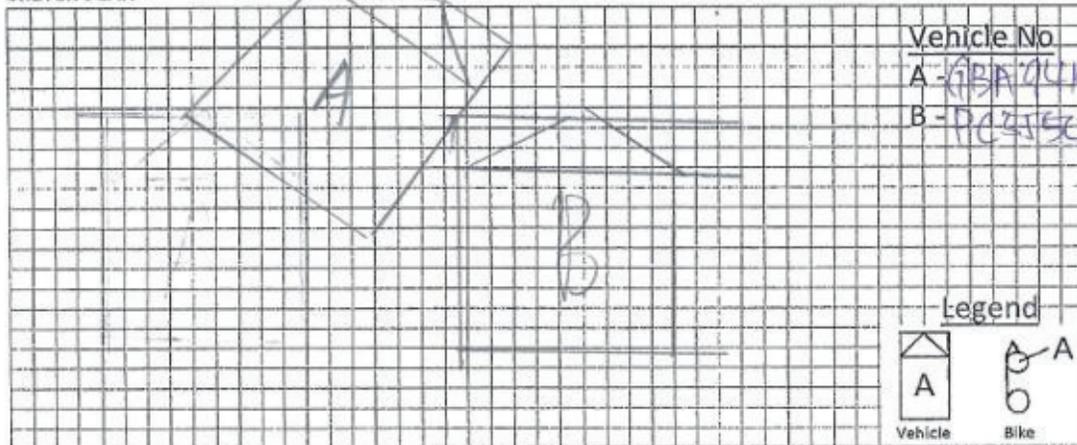

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



Vehicle No
 A - 1BA041M
 B - P2150R

Legend

 Vehicle Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/2018, Around 4:30pm. I was driving along PIE towards Changi. As I want to overtake the bus in front of me. My van accidentally scratch the bus front left portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature:
 Date & Time:

Driver's Signature:
 (If driver is not the policyholder)
 Date & Time: 11:34am
 13/3/18

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

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident: 8/11/18 Time: 16:30
 2 Exact location of accident: PIE towards Changi (Near Old Police Academy)
 3 Injuries even if slight: No Yes *
 4 Material damage: To vehicles other than vehicles A and B: No Yes * To objects other than vehicles: No Yes *
 5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B):
 6 Vehicle Video Camera Available: No Yes

Registration No. (VEHICLE A): GBA9419M
 7 Insured / policyholder (see insurance cert.):
 Name (capital letters): Iconichaus Lifestyle Pte Ltd
 Address: 134 Joo Seng Rd. #D 3-01 Nat Arch Builder Centre S 368359
 NRIC / Passport no.: 201712692D
 Tel no. (from 9am till 5pm):
 HP: 62909790
 8 Vehicle: Make, type: PEUGEOT, PARTNER
 9 Insurance company: AXA C TPFT TPO
 Does the policy cover damage to vehicle A? No Yes
 Policy No.: GA221928/1
 10 Driver: Same as Owner
 Name (capital letters): Hague MD Anatal
 NRIC / Passport no.: A2805721R
 Class of licence:
 HP: 83765644
 Gender: Male Female

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Rear/About
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Upheaval
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Thall

13 State TOTAL number of boxes marked with a cross:

Registration No. (VEHICLE B): PC5550R
 14 Insured / policyholder (see insurance cert.):
 Name (capital letters):
 Address:
 NRIC / Passport no.:
 Tel no. (from 9am till 5pm):
 HP:
 15 Vehicle: Make, type:
 16 Insurance company: C TPFT TPO
 Does the policy cover damage to vehicle B? No Yes
 Policy No. (if available):
 17 Driver (See driving licence) (if different from insured B above):
 Name (capital letters):
 NRIC / Passport no.:
 Class of licence:
 HP:
 Gender: Male Female

18 Indicate the point of initial impact with an arrow (→)

19 Sketch of accident when impact occurred
 Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads.

REFER TO ATTACHED

Alternatively, please make a reference to one of the sketches on page 11

20 Indicate the point of initial impact with an arrow (→)

21 Visible damage to vehicle A

22 Visible damage to vehicle B

23 My remarks

24 Signatures of drivers
 A:
 B:

25 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf
 Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.
 For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)		
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)				
Insured	1 Occupation (if more than one, state all) _____ Email: _____			
	2 Vehicle registration no. _____ C.C. _____	If commercial vehicle, state permissible carrying capacity _____		
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, State Relationship of Driver with owner _____	state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____	
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____			
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, state where it is at present _____	Tel no. _____	
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If no, state action to be taken. <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	
	13/5/96	Indoor	4/1/2018	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____		Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date		Offence	Penalty	
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	
			Were seat belts being worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Was injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	
			Insurer's name and address (if known)	
Police action	12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, please state which Police station _____			
13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, against whom? _____				
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____			
	15 Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others _____			
	16 Speed of vehicles A _____ km/hr B _____ km/hr			
	17 What warnings were given by driver or other party? _____			
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____			
	20 If your vehicle is commercial, state weight of load carried at time of accident _____			
Declaration	21 State how accident happened, width of roads, speed limits, etc (Refer to attached) _____			
	22 State number of Passengers (including Driver) <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0			
	I/We declare the foregoing particulars to be true & correct in all respects. Policyholder's signature _____ Date 13/3/18 11:28am Driver's signature (if driver is not the policyholder) _____ Date _____			



redefining / 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
 12/06/2017

policy number
 CV2 / GA221928

Certificate of Insurance

Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia) - Commercial Vehicles (Third-Party Risks) Rules, 1359 (Malaysia)

Policy details

Policyholder name	ICONICHAUS LIFESTYLE PTE LTD	Certificate number	GA221928 / 1
Cover	Third Party Only	NCD	0%
Engine number	10JB790124212	Chassis number	VF3GC9HWC96277461
Vehicle Registration number	G8A9419M		
Period of Insurance	from 03/06/2017 to 07/06/2018 (both dates inclusive)		
Sum Insured	Nil		
Finance Loan Company	Nil		

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 drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 3 of the Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess

An additional excess is applicable as follows:

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) is 18 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

Additional All Claims excess of \$2,000.00 is being revised to be Own damage excess for any named/unnamed drivers who:

- a) is 18 years old to 21 years old;
- b) is 71 years old and above;
- c) with driving experience of less than 1 year on the relevant classes of driving license

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 3

IconicHaus

IconicHaus Lifestyle Pte Ltd

100 Eunos Avenue 7 #01-01 Singapore 409572

Co. Reg. No.: 201712692D www.iconiclifestyle.com.sg

Tel: 6290 9790 (Main) / 6290 9797 (Aircon) / 6290 9798 (Furniture) Fax: 6290 9794

TO WHOM MAY CONCERN

Company was authorise hereby authorise Haque Md Anatul and WP No. 0 64626477
To lodge an accident report at your workshop.

Should there be any enquiries, please contact Jennifer at 62909790 or 96738618.

Thank You.

Yours sincerely,



JENNIFER TAN
HR EXECUTIVE

WORK PERMIT		REPUBLIC OF SINGAPORE DRIVING LICENCE	
Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore		Licence Number: G2805721R	
Employer: NAT AIRE & DISTRIBUTION PTE. LTD.	Name: HAQUE MD ANATUL	Name: HAQUE MD ANATUL	
	Work Permit No.: 054626477	Birth Date: 13 May 1996	
	Sector: CONSTRUCTION	Issue Date: 04 Jan 2018	
		Valid Till: 03/01/2023	
	K0085814		

VISIT PASS		YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)	
Immigration Regulations		EFFECTIVE DATE	
05-01-2018		Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	
Name: HAQUE MD ANATUL	Download SGWorkPass App to check status	04 Jan 2018	
FIN: G2805721R			
Date of Birth: 13-05-1996	Nationality: BANGLADESHI	Licence No: G2805721R	
Sex: M	MULTIPLE JOURNEY VISA ISSUED	NP 428A	
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

