

## 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	16/01/2018 12:50
Date Of Accident	16/01/2018 06:30
Exact Location Of Accident	BISHAN FLYOVER - BISHAN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA4612M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIBERTY RESOURCES PTE LTD
Co Reg No	200204300N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84983761

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING USE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	CN852111
Cover Note Number	

### Driver

Name of Driver	ONG CHENG HOO
NRIC No	S1429145H
Date Of Birth	15/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1980
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84983761
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 418 WOODLANDS STREET 41 #02-125
Postcode	730418
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DRIVER
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 ON COLLISION
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?	
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)	2
Passenger 1	NAME: : AUNTY GENDER: : FEMALE

#### 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 STATEMENT

#### Attachment(s)

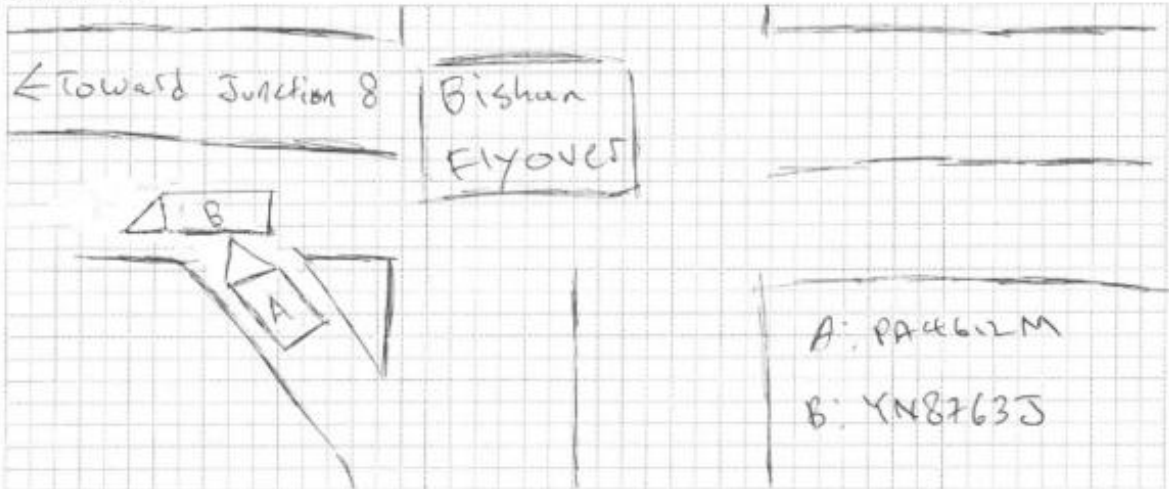
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN8763J
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)	

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 16/01/2018, about 06:30am I was driving Company Vehicle Mini bus PA4612M while waiting for A Bus to move off, I start to move suddenly front heavy make on E-Brake and I couldn't react and hit on to the Rear Left Collision.

Nobody is INVOLVED in this Accident.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

王浩江

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

for -

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

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER

PA4612M

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

W8763J

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



\_\_\_\_\_  
(Company Stamp if applicable)

Date & Time

\_\_\_\_\_  
Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

## Individual Statement

### SKETCH PLAN

#### IMPORTANT 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.
- (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:

*Signature*

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

*Signature*

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

## Individual Statement



redefining insurance

Date: 16/1/2018

To: Owner of Vehicle Number: PA 4612 M

The following has been advised to you via your workshop, \_\_\_\_\_ through their staff, \_\_\_\_\_

Please tick the applicable box if you had been advised on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
  - ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
  - ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
  - ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
  - ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
  - ☒ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
  - ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
  - ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
  - ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
  - ☒ Others Only Reporting

Signed and acknowledge by:



Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



# IDENTITY CARD & DRIVING LICENCE


Land Transport Authority

**VOCATIONAL LICENCE**

Licence No : **S1429145H**  
Name : **ONG CHENG HOO**

Card Issue Date : **29/09/2017**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	14/09/2005
04	BUS ATTENDANT	14/09/2005



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1429145H**  
Name: **ONG CHENG HOO**

Birth Date: **15 Feb 1960**  
Issue Date: **13 Aug 2012**

002095257A




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		EFFECTIVE DATE
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	06 Aug 1980
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	15 Apr 1983
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	15 Jul 1983

Licence No: S1429145H

425A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1429145H**

Name: **ONG CHENG HOO**  
**王清河**

Race: **CHINESE**  
Date of birth: **15-02-1960**  
Country/Place of birth: **SINGAPORE**

Sex: **M**




5224274

NRIC No: **S1429145H**

Date of issue: **30-09-2013**

Address:  
**APT BLK 418 WOODLANDS STREET 41**  
**#02-125**  
**SINGAPORE 730418**



# CERTIFICATE OF INSURANCE

AXA INSURANCE PTE LTD

100 Robinson Road,  
Singapore 068902  
Tel: 65 6733 8888 Fax: 65 6733 8887  
E-mail: axa@axa.com.sg  
1957 Financial Centre, Singapore 169003 (12th Floor)



Original

Agent Code: 04407

Policy No. of Policy:

New Business

Send Drive Quote Ref:

## MOTOR COVER NOTE

No CN852111

- The Motor Vehicle Third Party Risks and Compensation Act (Cap 185) - 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 1984 or
  - The Agreement between the Minister of Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 May 1972 or
  - Any subsequent revision to the above Acts and Agreements
- It is hereby agreed that the insured, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period of 12 months from the date of issue of this Certificate. In the event of termination of the insurance by notice in writing in which case the insurance will terminate, there shall be a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time being.

## SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	LIBERTY RESOURCES PTE LTD
INSURED BUSINESS REGISTRATION NO.	200204300N
MAKE AND DESCRIPTION OF VEHICLE	NISSAN URVAN 3.0N BUS
VEHICLE REGISTRATION NO.	PA9512H
YEAR OF MANUFACTURE	2004
ENGINE NO.	ZD30038260
CHASSIS NO.	JH1TG4E2520701004
GROSS CAPACITY/TONNAGE	1.28 TONS
COVER TYPE	THIRD PARTY, FIRE AND THEFT
HIRE PURCHASER	TATCO CREDIT PTE LTD
VALUE (\$S)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 02/10/2017 TO: 01/10/2018
ADDRESS (\$S)	1000 SECT II
AXA PREMIUM WORKSHOP?	NO

This Certificate is issued in accordance with the provisions of the Motor Vehicle Third Party Risks and Compensation Act (Cap 185) and the Road Transport Act 1987 of Malaysia.



ISSUED BY: FAS ASSURE SERVICES ON: 02/10/2017 15:54pm

AXA INSURANCE PTE LTD

*[Signature]*

Authorised Signature

NOTE: This Cover Note is valid for 90 days from the date of issue unless the date of the Certificate of Insurance issued by the Company.

The amount of the premium to be charged subject to a minimum of \$555.00 (inclusive of GST).

Where the value of the insured vehicle is less than \$555.00, the premium to be charged shall be \$555.00 (inclusive of GST).

Where the value of the insured vehicle is more than \$555.00, the premium to be charged shall be the value of the insured vehicle (inclusive of GST).

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達高企業  
TATCO ENTERPRISE  
250/252 JALAN KAYU  
SINGAPORE 799475/78  
TEL: 8452 0163 FAX: 8491 1903



# Individual Statement

☐ Owner  
☒ Driver

## ACCIDENT STATEMENT

Date of Accident: 16/01/2018 Time: 06:30am Location of Accident: Bishan Flyover - Bishan Road

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: PA4612M  
Name of Policyholder: Liberty Resources Pte Ltd  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): 200204300N  
Address:  
Contact Number:  
Occupation:

PA4612M  
Liberty Resources Pte Ltd  
200204300N  
Tel:  
Hp:

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:  
Type of Vehicle:  
Exact Purpose for which vehicle was being used at the time of accident:  
Are you claiming under your own insurance policy?

NISSAN Urvan 3.0M  
Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others:  
Working use

☐ Yes ☒ No Remarks: Reporting  
☐ Private ☒ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:  
Type of Policy:  
Fleet Policy:  
Policy Number:

AXA  
☐ Comprehensive ☒ TP Fire & Theft ☐ Third party  
☐ Yes ☒ No  
CN852111

### DRIVER

Name of Driver:  
NRIC/ FIN/ Passport:  
Date of Birth:  
Occupation:  
Driving Pass (Date):  
Gender:  
Contact Number:  
Address:  
Email Address:

Onq Cheng Hoo  
S1429145M  
15-02-1960  
Outdoor  
06-08-1980  
Male

Tel: Hp: 8498 3761  
Blk 418 Woodlands Street 41 #02-125 S(730418)

Was driver an employee of the Insured's Company?  
If No, relationship of Driver with the Insured:  
Vehicle Number of Driver's Own Vehicle (if applicable):  
Insurance of Driver's Own Vehicle (if applicable):

☐ Yes ☒ No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc):  
Weather Conditions:  
Road Surface:  
Damage Area:

2 Pax

☒ Clear ☐ Raining ☐ Others  
☐ Wet ☒ Dry ☐ Others

### OTHER INFORMATION

Was there any foreign vehicle(s) involved?  
Was anybody injured in the accident? (Including Witness)  
Was any other vehicle(s) or property damaged?  
Was there any camera video footage (in car)?

☒ No ☐ Yes  
☒ No ☐ Yes  
☐ No ☒ Yes  
☒ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police?  
If Yes, please state which police station & Report No.  
Was notice of intended Prosecution given?  
If Yes, against whom?

☒ No ☐ Yes  
☒ No ☐ Yes

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

