

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	05/02/2018 16:27
Date Of Accident	03/02/2018 12:00
Exact Location Of Accident	JUNCTION BUANGKOK DR & SENGKANG EAST DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX9390E
Insured/Policyholder	
Name Of Registered Owner	GOODMAN ENVIRONMENTAL PTE LTD
Co Reg No	199703042K
Email Address	THIHA@PNHGRP.COM
Mobile Phone No	(LOCAL) +65-92328975
Alternative Phone No	OFFICE-92328975

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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
Fleet Policy	NO
Policy Number	P1546847
Cover Note Number	05/11/2017 - 04/11/2018

Driver

Name of Driver	MYO THIHA SOE
Passport No/FIN	G0008204Q
Date Of Birth	09/02/1978
Occupation	INDOOR
Date Of Driving Pass	15/09/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92328975
Fax Number	
Contact Number	OTHERS-92328975
Email Address	THIHA@PNHGRP.COM

Address	59 WOODLANDS INDUSTRIAL PK E2 NORDIX
Postcode	757476
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	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: : MARICAR VILLOTA GENDER: : FEMALE
Passenger 2	NAME: : EMNA ROSE VILLOTA SOE 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

REFER TO THE SKETCH PLAN BY DRIVER

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	SLT2940B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN KOK FEI
NRIC/Passport Number	S1157936A
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

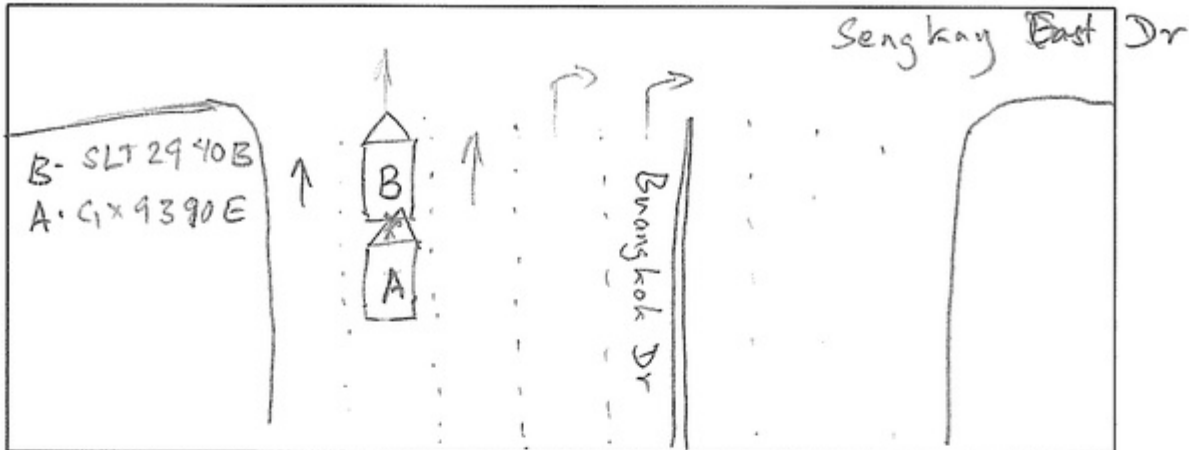
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

X  
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.:

Date of accident: 3/02/2018 Time: 12:00 Location: Junction Buangkok Dr & Sengkang East Dr
My Vehicle A: CYX 9390E Vehicle B: SLT 2940B Vehicle C: NA
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At traffic light my vehicle & the car in front of my vehicle was stop for RED light. I was accidentally release the break. My vehicle role to front and bang to the car SLT 2940B.

Car B - CHAN KOK FEI
C1157936A

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : thiha@pnhgrp.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.:

AH LIM MOTOR COMPANY


AXA INSURANCE PTE LTD
 5 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: (65) 63387288 Fax: (65) 63382522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



Commercial Vehicles TP
 POLICY SCHEDULE
 RENEWAL
 Original

POLICY INFORMATION		Policy No. : VCB/P1546847	
Source	: 03706 ALPET ADVISORY INSURANCE AGENCY		
Insured	: GOODMAN ENVIRONMENTAL PTE LTD		
Address	: 59 WOODLANDS INDUSTRIAL PK E2 NORDIX SINGAPORE 757476		
Business/Profession	: CLEANING SERVICES <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>		
Period of Insurance	: From 05/11/2017 To 04/11/2018 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 20.00% NCD	: SGD 1,499.17		
GST 7.00%	: SGD 104.94		
Annual Premium	: SGD 1,604.11		
Total Payable	: SGD 1,604.11		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	: Third Party Only		
Regn. No.	: GX9390E		
Type Of Use	: Commercial Vehicle		
Make/Model	: NISSAN URVAN		
Year of Manufacture	: 2004		
Seating Cap. (Excl.) Driver	: 2	Carrying Cap. (Tons)	: 1.60
Body Type	: VAN		
Engine No.	: ZD30044411		
Chassis No.	: JN1MG4E25Z0712041		
Insured's Estimated Market Value	: NIL		
Limitations as to Use	: As specified in Certificate of Insurance		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto: VCB1			
VCB1 - THIRD PARTY ONLY			
THE FOLLOWING ENDORSEMENTS AND CLAUSES ARE APPLICABLE TO THIS POLICY :			
3(p) - Third Party Only.			

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **G0008204Q**
 Name **MYO THIHA SOE**
 Birth Date **09 Feb 1978**
 Issue Date **20 Sep 2013**
 Valid Till **19 Sep 2018**

002226768K

REPUBLIC OF SINGAPORE


 Name **MYO THIHA SOE**
 Date of Birth **09-02-1978** Sex **M**
 Nationality **MYANMAR**

9232848X

DLC

NO injury.

NO camera.

3px.

Maricar Villata

Emna Rose Villata Soe

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

EFFECTIVE DATE **15 Sep 2008**

NP 428A

Licence No: G0008204Q

FA1659015

VISIT PASS
Immigration Regulations


 FIN **G0008204Q**
 MULTIPLE JOURNEY VISA ISSUED
 Date of Issue **21-06-2016** Date of Expiry **21-06-2018**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

To Whom It May Concern,

Accident involving my vehicle no. GX9390E on 3/02/18 (date) with
SL72440B (other vehicle no) along Junction Bunkoh Dr & Bengkay East

I, Goodman Environmental Pte Ltd Nric No. 199703042K

Owner of vehicle no. GX9390E am aware of the accident of my vehicle on
3/02/18 (Date) while car was driven by Myo Thira Soe

Nric No. 90000004 Q. I hereby, authorise him / her to make the report.

X


Name Myo Thira Soe

Date: 05/02/18



.....
..
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

X

Name

Date:

Accident Photo



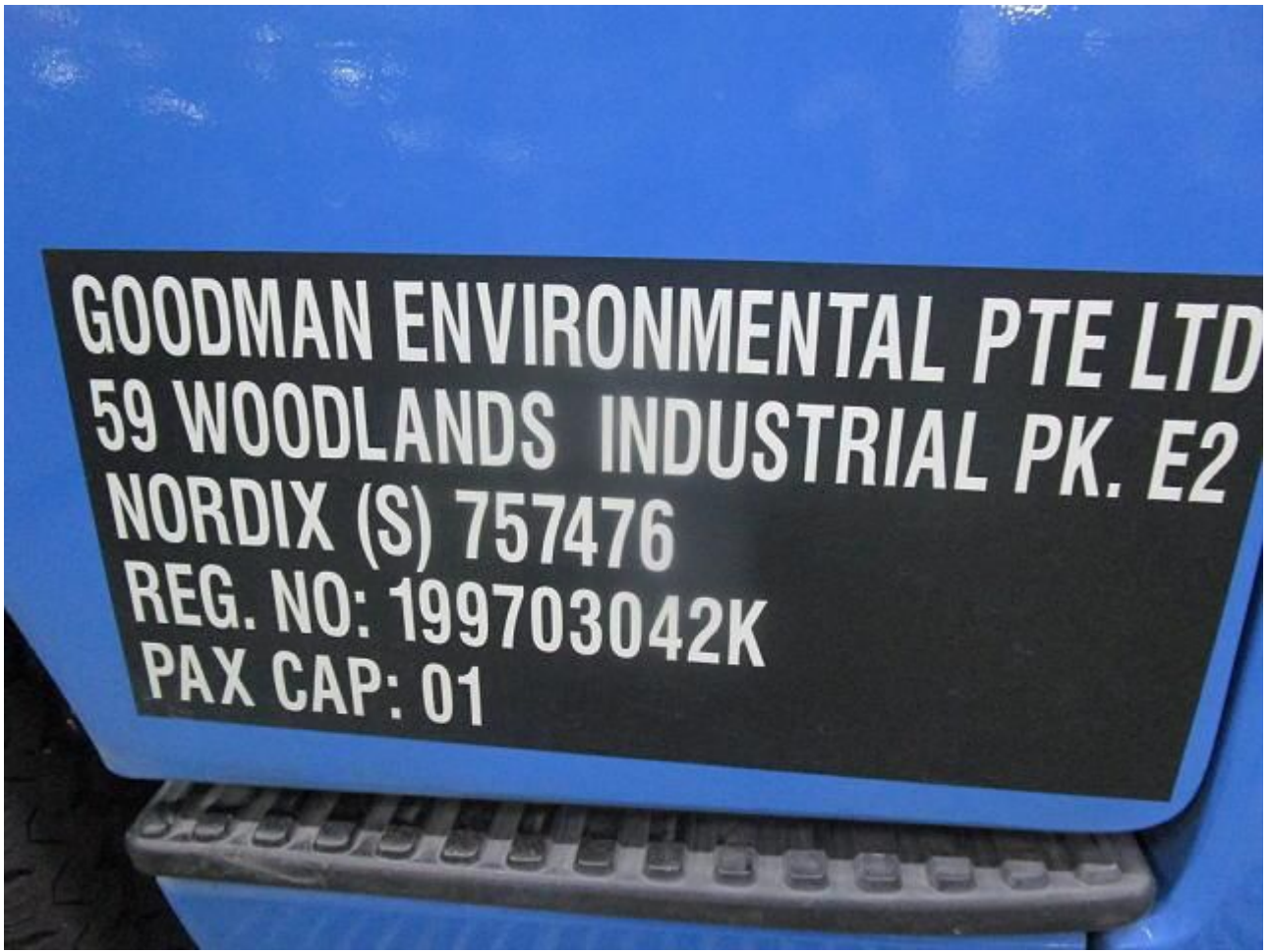
Accident Photo



Accident Photo



Accident Photo



GOODMAN ENVIRONMENTAL PTE LTD
59 WOODLANDS INDUSTRIAL PK. E2
NORDIX (S) 757476
REG. NO: 199703042K
PAX CAP: 01

Accident Photo



Accident Photo

