

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	19/03/2018 14:43
Date Of Accident	19/03/2018 11:50
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8290G
Insured/Policyholder	
Name Of Registered Owner	AILO MAXICOACH LIMOUSINE SERVICE
Co Reg No	53208166L
Email Address	CLAIMS@TEAMWORKGARAGE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 A
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	THIRD PARTY
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	CN872998
Cover Note Number	

Driver

Name of Driver	LOH KIAN TIONG
NRIC No	S6806266G
Date Of Birth	09/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	02/08/1986
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93699652
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 489 ADMIRALTY LINK #05-113 SINGAPORE
Postcode	750489
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN 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?	YES
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

REFER TO ATTACH STATEMENT RECORDED BY ISAAC- 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	SHD6988U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GY9032J
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Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

LOH KIAN TIONG

YES
NO

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.



Policyholder's Signature
Date & Time:



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

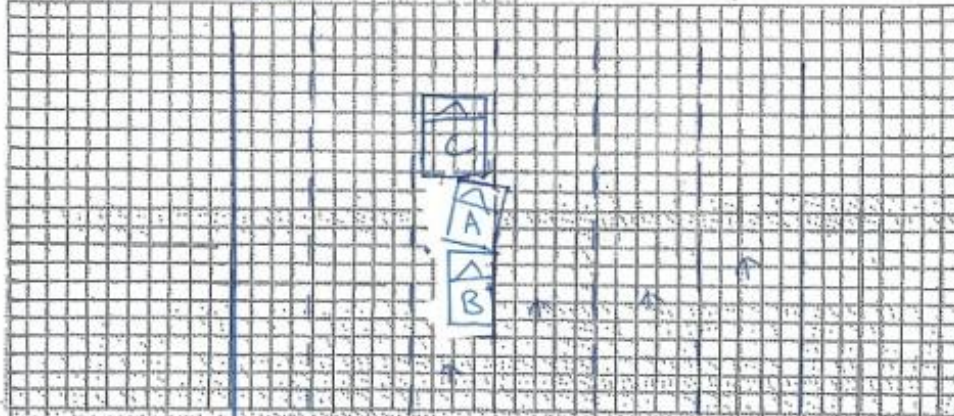


Reporting Centre Personnel's Signature
Name: Isaac
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Bradwell Exit



Vehicle A: PA82906
Vehicle B: SHD69884
Vehicle C: GY90323

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE towards City before Bradwell Exit in the fourth lane. As the vehicle in front of me stop and I slowed down and stop as well. All of a sudden, I felt an huge impact from my rear position, the impact caused my car to lost control and swerve to the front and hit vehicle C. Total 3 cars involved.

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: Isaac
NRIC/PIN 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 19/3/18		2 Time 11:50 AM		3 Exact location of accident CTE Towards City before Braddell Ex-1		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		6 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
7 Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>							

Registration No. (VEHICLE A) PA 8290 A

8 Insured / policyholder (see insurance cert.)
Name Ailo Maxicoach
(capital letters) Limousine Service
Address Block 489 Admiralty
Link #05-113 Singapore 750489
NRIC / Passport no. 53208166L
Tel no. (from Sun till Sprn)
HP

9 Vehicle
Make, type Toyota Hiace

10 Insurance company
AXA ☐ C ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. AXA (N873)998

11 Driver ☐ Same as Owner
Name Loh Kian Tiong
(capital letters)
NRIC / Passport no. S68062669
Class of licence 3
HP 9369 9652 / 97344709
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 Bicycle
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Perished 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 Intersection
<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 - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Crash Driving / Drug Impaired
<input type="checkbox"/>	Fire, Explosion or Lightning
<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"/>	Hit Collision
<input type="checkbox"/>	Self Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) SHD 6988 U

13 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from Sun till Sprn)
HP

14 Vehicle
Make, type

15 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

16 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

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

18 State TOTAL number of boxes marked with a cross

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

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)					
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. <u>PA 8240 G</u> C.C. _____ If commercial vehicle, state permissible carrying capacity _____				
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Boss</u> 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 checked="" 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present <u>workshop</u> Tel no. _____				
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input 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	Was vehicle driven with the insured's permission?
	<u>09/02/1988</u>		<u>Indoor</u>	<u>02/08/1986</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
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?
	<u>Loh Kian Tung</u>		<u>neck & Back</u>	<u>PA8240G</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
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)
	<u>V94 C</u>		<u>G19032J</u>		
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____				
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____				
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" 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? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	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 _____				
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)				
Declaration	22 State number of Passengers (including Driver) <u>1</u>				
	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____				



AXA INSURANCE PTE LTD

9 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #01-01
 Tel: 6538 7285 Fax: 6538 7522
 Website: www.axa.com.sg
 GST Registration Number: 190005512M



Original

Agent code: 04380

Policy No. (if any): P1229887

Renewal

Issuance/Issue Date

MOTOR COVER NOTE

No CNB7299B

- The Motor Vehicle (Third Party Risk and Compensation) Act (Cap 189) - Republic of Singapore.
- The Road Transport Act 1987 of Malaysia.
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurance Bureau of Singapore dated 22 February 1975.
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurance Bureau of Great Malaysia dated 20 March 1982.
- 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 terminate 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	AILO MAXICOACH LIMOUSINE SERVICE
INSURED BUSINESS REGISTRATION NO.	
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA HIACE COMBUTER GL 3.0 A
VEHICLE REGISTRATION NO.	PA8290G
YEAR OF MANUFACTURE	2008
ENGINE NO.	1KD1830918
CHASSIS NO.	KDHJ230004214
SEATING CAPACITY	13
COVER TYPE	THIRD PARTY, FIRE AND THEFT
HIRE PURCHASE	MV CREDIT PTE LTD
VALUE (\$S)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 03/02/2018 TO: 02/02/2019
EXCESS (\$S)	1,500.00 (SECT II) SINGAPORE ONLY
AXA PREMIUM WORKSHOP?	NO

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

AXA INSURANCE PTE LTD

Issued by: MULTISYS AGENCIES & SERVICES ON 27/01/2018 9:54am

Authorized 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.

- Premiums for time on risk will be charged subject to minimum of \$553.50 (inclusive of GST).
 If the policy is cancelled after the inception date.

- An administrative fee of \$526.75 (inclusive of GST) will be charged:

- Cover note issued and cancelled before inception.
- 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 receipt date shown above or else for the premium cover to be valid.


For Non-Individual Customers:

Please note that when the period of cover is for more than 60 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.

WTC/CI/NOTE/000000


DRIVER NRIC AND LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S6806266G




Name: LOH KIAN TIONG
罗建忠
Race: CHINESE
Date of Birth: 09-02-1968 Sex: M
Country of Birth: SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE




License Number: S6806266G
Name: LOH KIAN TIONG
Birth Date: 09 Feb 1968
Issue Date: 19 Jun 2003



6041506



NRIC No: S6806266G



Blood Group: B+ Date of issue: 12-08-1991


APT BLK 489 ADMIRALTY LINK #05-113
SINGAPORE 750489
NRIC No: S6806266G Date: 17/09/2009 No: 6276700

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	PASS DATE
Class 2D	Motorcycles not exceeding 200 cc	01 Dec 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Aug 1996
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	30 Dec 1999
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	10 Feb 1990

NP 428A

License No: S6806266G



Accident Photo



Accident Photo



Accident Photo



Accident Photo



