

## 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	02/04/2018 17:12
Date Of Accident	29/03/2018 23:20
Exact Location Of Accident	JUNCT OF PUNGGOL RD & SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ3002C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROYAL SENSE PTE LTD
Co Reg No	7379332G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67023916

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.0 (M)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	VCA/P1923980
Cover Note Number	

### Driver

Name of Driver	TAY ZHAO HAO
NRIC No	S9437959H
Date Of Birth	12/10/1994
Occupation	INDOOR
Date Of Driving Pass	14/08/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83389134
Fax Number	
Contact Number	
EEmail Address	ZHAOHAOTAN@GMAIL.COM

Address	433 HOUGANG AVE 8 #07-930
Postcode	530433
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	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

PLEASE REFER AS ATTACHED

### 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	SLN5649E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POH TI CHAO JEFFREY
NRIC/Passport Number	S7711019D
Contact Number	97614277
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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5. 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.



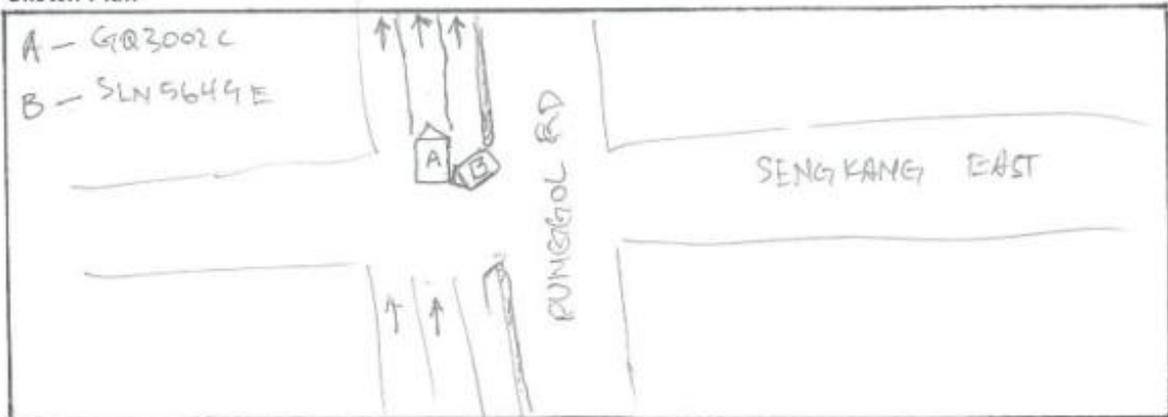


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

I was on the way to TPE, at the junction of Pungol RD and Senkey East Way, when I was passing it the <sup>SENSE</sup> car making a U-turn hit the right side of my vehicle GR 3002C.

Declaration

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

Witnessed by Reporting Centre Personnel



Authorization Letter

AUTHORIZATION LETTER

Date : \_\_\_\_\_

To : JOG TAN

Cc : Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE : Authorization to Act on Behalf for Insurance Claims Documentation

I, (full name) SUI DONGJIE NRIC No. 73793326 hereby authorized my (relationship) \_\_\_\_\_ (full name) TAN ZHAO HAO NRIC No. S9437459H to exercise and execute to sign all / any necessary transaction documentation pertaining to my registration vehicle number G 3002 C as I am currently having tight official business schedules / away from Singapore on duty oversea travel.

Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature : 

Name : SUI DONGJIE

Contact No: 9389966



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9437959H



Name  
TAN ZHAO HAO

陈昭豪

Race  
CHINESE

Date of birth  
12-10-1994

Country of birth  
SINGAPORE

Sex  
M



S9437959H

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number  
S9437959H

Name  
TAN ZHAO HAO

Birth Date  
12 Oct 1994

Issue Date  
14 Aug 2015



002461952F



SG  
50

4355985



NRIC No. S9437959H



Date of issue  
16-02-2009

Address  
APT BLK 433 HOUGANG AVENUE 8  
#07-930  
SINGAPORE 530433

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 14 Aug 2015



License No: S9437959H

NP 428A

AXA INSURANCE PTE LTD  
 8 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 COMP  
 POLICY SCHEDULE  
 NEW BUSINESS  
 Original

<b>POLICY INFORMATION</b>		Policy No. : VCA/P1923980	
Source	:	14885 INCHCAPE AUTOMOTIVE SERVICES PTE. LTD.	
Insured	:	ROYAL SENSE PTE LTD	
Address	:	65 UBI ROAD 1 #01-70 OXLEY BIZHUB SINGAPORE 408729	
Business/Profession	:	C-OTHER INDUSTRY <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 06/04/2017 To 05/04/2018 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>PREMIUM</b>			
Premium After 15.00% NCD	:	SGD 1,707.48	
GST 7.00%	:	SGD 119.51	
Annual Premium	:	SGD 1,826.99	
Total Payable	:	SGD 1,826.99	
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type of Cover	:	Comprehensive	
Regn. No.	:	GQ3002C	
Type Of Use	:	Commercial Vehicle	
Make/Model	:	TOYOTA HIACE VAN TURBO 5 DR	
Year of Manufacture	:	2017	
Seating Cap. (Excl.) Driver	:	2	Carrying Cap. (Tons) : 1.04
Body Type	:	VAN	
Engine No.	:	1KD2682835	
Chassis No.	:	JTFHT02P800215539	
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	:	As specified in Certificate of Insurance	
Hire Purchase	:	MERCEDES-BENZ FINANCIAL SERVICES (S) LTD	
<b>Excess Applicable</b>			
Own Damage Excess	:	SGD 900.00	

Continuation page 1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

