

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	11/04/2018 12:52
Date Of Accident	10/04/2018 14:10
Exact Location Of Accident	ALONG BLK 2 KAKI BUKIT AVE 1 (LOADING BAY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA2693H
Insured/Policyholder	
Name Of Registered Owner	LIANG SENG HENG INDUSTRIES PTE LTD
Co Reg No	198301409C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62582244

Vehicle Particulars

Manufacturer	OPEL
Model	COMBO-1.6 (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	GOODS 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	GA193028/1
Cover Note Number	

Driver

Name of Driver	TEO YAN NENG
NRIC No	S0021164H
Date Of Birth	05/10/1953
Occupation	INDOOR
Date Of Driving Pass	12/04/1976
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91094548
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 375 HOUGANG STREET 31 #06-81
Postcode	530375
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

REFER TO STATEMENT

Attachment(s)

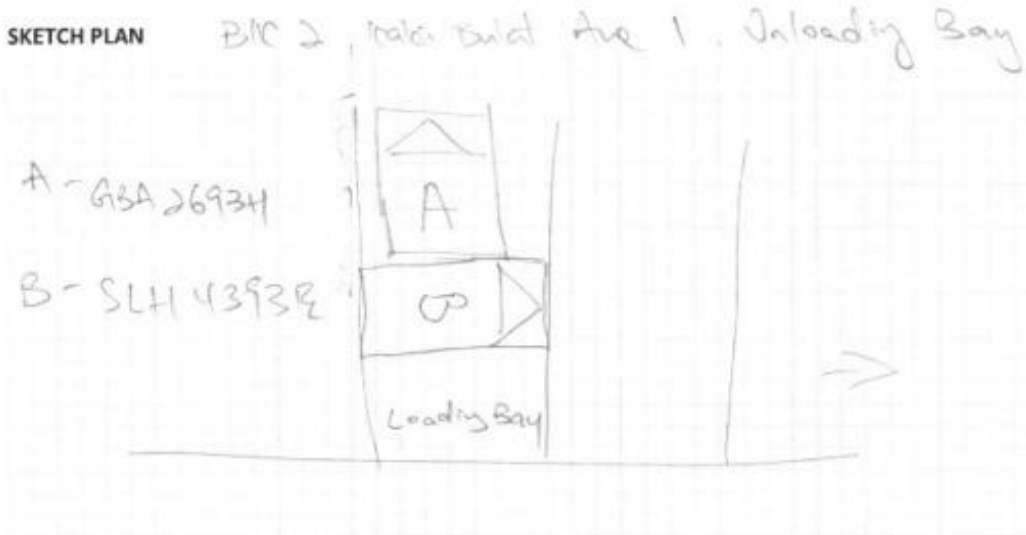
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH4393E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	KHONG QI QUAN
NRIC/Passport Number	S8439077A
Contact Number	83500835
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When my vehicle was parking at unloading bay at B/C 2, later Subst Ave 1, I was sitting in the driver seat doing some paper work.

Suddenly my vehicle jerk, I aight to check and realise that SLH 4393R was alighting his passenger behind my van. He insisted that my vehicle resone and hit into his car.

I wish to state that no one was injured during this accident.

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.:

Individual Statement

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 10/4/2018 Time: 14:10pm Location of Accident: Along BKE 2, Kater Bunker Ave 1, Landin Bay

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: GBA 2693H
Name of Policyholder: Liang Song Heng Industries Pte Limited
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): 198301409C
Address: [blank]
Contact Number: [blank]
Occupation: [blank]
Tel: 62582244 Hp: [blank]

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Opel Compo.
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: [blank]
Exact Purpose for which vehicle was being used at the time of accident: working use
Are you claiming under your own insurance policy?
Vehicle category: ☐ Yes ☐ No ☒ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
Type of Policy: ☐ Comprehensive ☒ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: GA193028/1

DRIVER

Name of Driver: Teo Yan Heng
NRIC/ FIN/ Passport: S0021164M
Date of Birth: 05-10-1953
Occupation: outdoor
Driving Pass (Date): 12-04-1976
Gender: ☒ Male ☐ Female
Contact Number: [blank]
Address: Blk 375 Hougang Street 31 #06-81 S6530375
Email Address: [blank]
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured: Friend / 1 pax

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc): Resene Unit
Weather Conditions: ☒ Clear ☐ Raining ☐ Others
Road Surface: ☒ Wet ☐ Dry ☐ Others
Damage Area: [blank]

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☒ No ☐ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes
DETAILS OF POLICE ACTION
Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No: [blank]
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom? [blank]

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

GBA2693H

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SLH 4393E

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

Khong Qitwan
S8839077A
8350 0835

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

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

Date & Time

Signature of Policy Holder
(Company Clerk if applicable)

Date & Time

Signature of Driver / Date & Time:
(if Driver is not the Policy Holder)

Individual Statement

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:
NRIC/FIN No.:

AXA FORM

redlining: 11/4/2018

Date: 11/4/2018

To: Owner of Vehicle Number: GBA 26731

The following has been advised to you via your workshop, 3H Auto Service through their staff.

Please tick the applicable box if you had been advice 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: Report only

Signed and acknowledged by

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



redefining / insurance

No named driver

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
 28/04/2017

policy number
 CV3 / GA193028

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, (Chapter 987) (Malaysia) - Commercial Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	LIANG SENG HENG INDUSTRIES PTE LIMITED	Certificate number	GA193028 / 1
Driver	Third Party, Fire & Theft	NCD	10%
Engine number	Z17DTH01577144	Chassis number	W0L0XCF2574194856
Vehicle Registration number	GBA2693H		
Period of Insurance	from 03/05/2017 to 02/05/2018 (both dates inclusive)		
Amount Insured	Market Value at The Time of Loss		
Finance Loan Company	Nil		

Persons or classes of persons entitled to drive

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.
- 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.

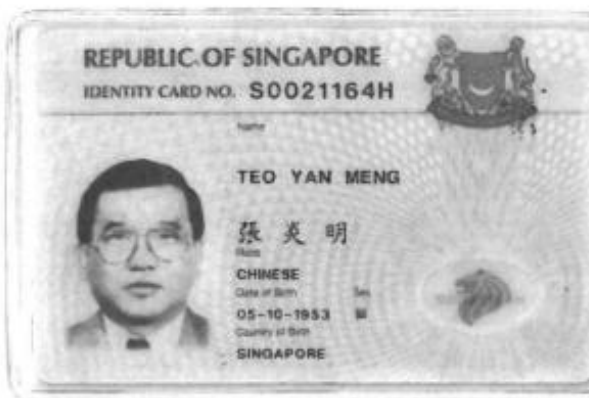
Limitations rendered inoperative by Section 8 of the Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, (Chapter 987) (Malaysia), are not to be included under these headings.

Excess

Additional excess is applicable as follows:
 Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:
 18 years old to 21 years old and/or
 71 years old and above and/or
 with driving experience of less than 1 year on the relevant classes of driving license

Additional clauses & endorsements to your policy

DRIVER LICENSE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



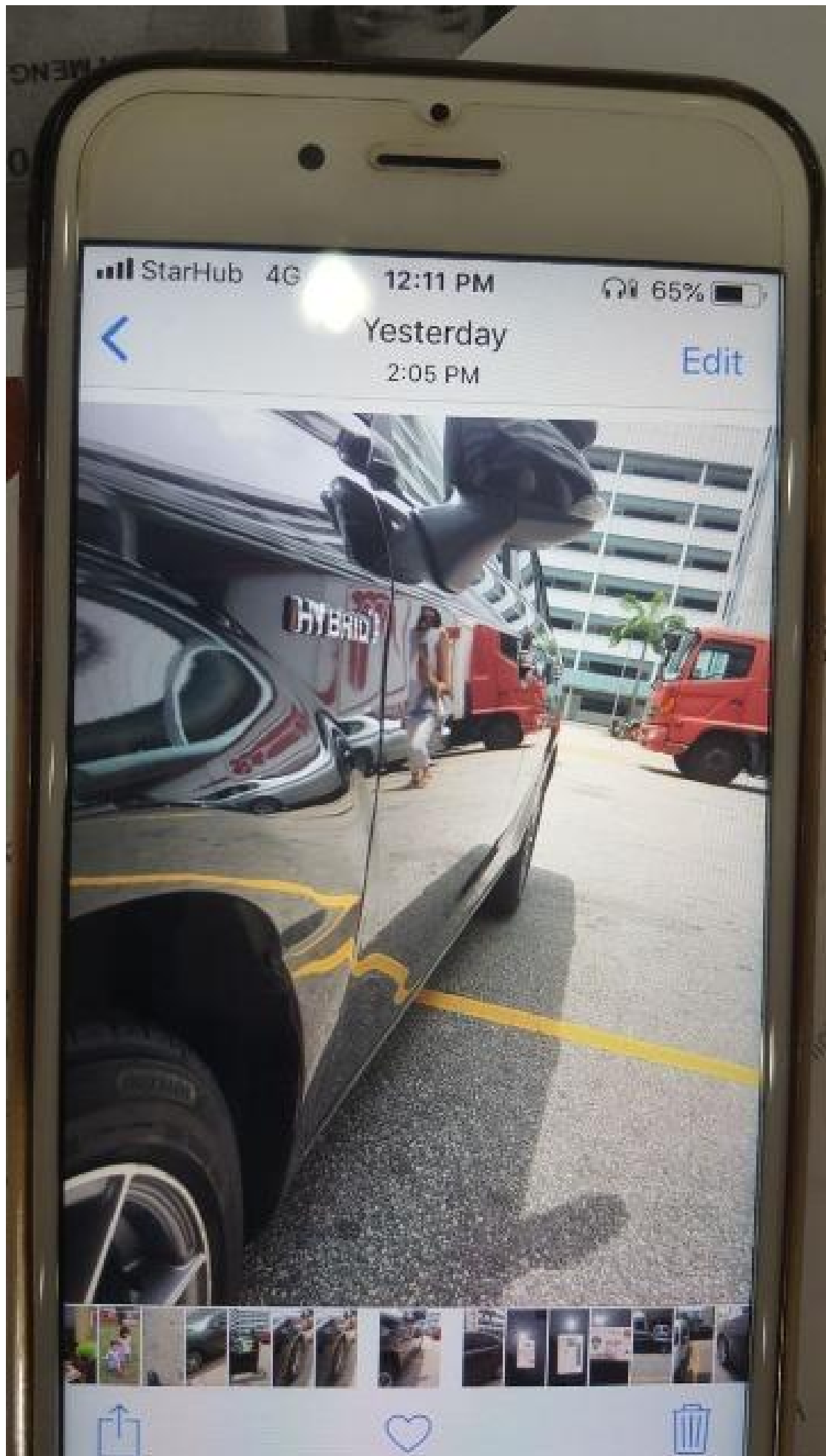
Accident Photo



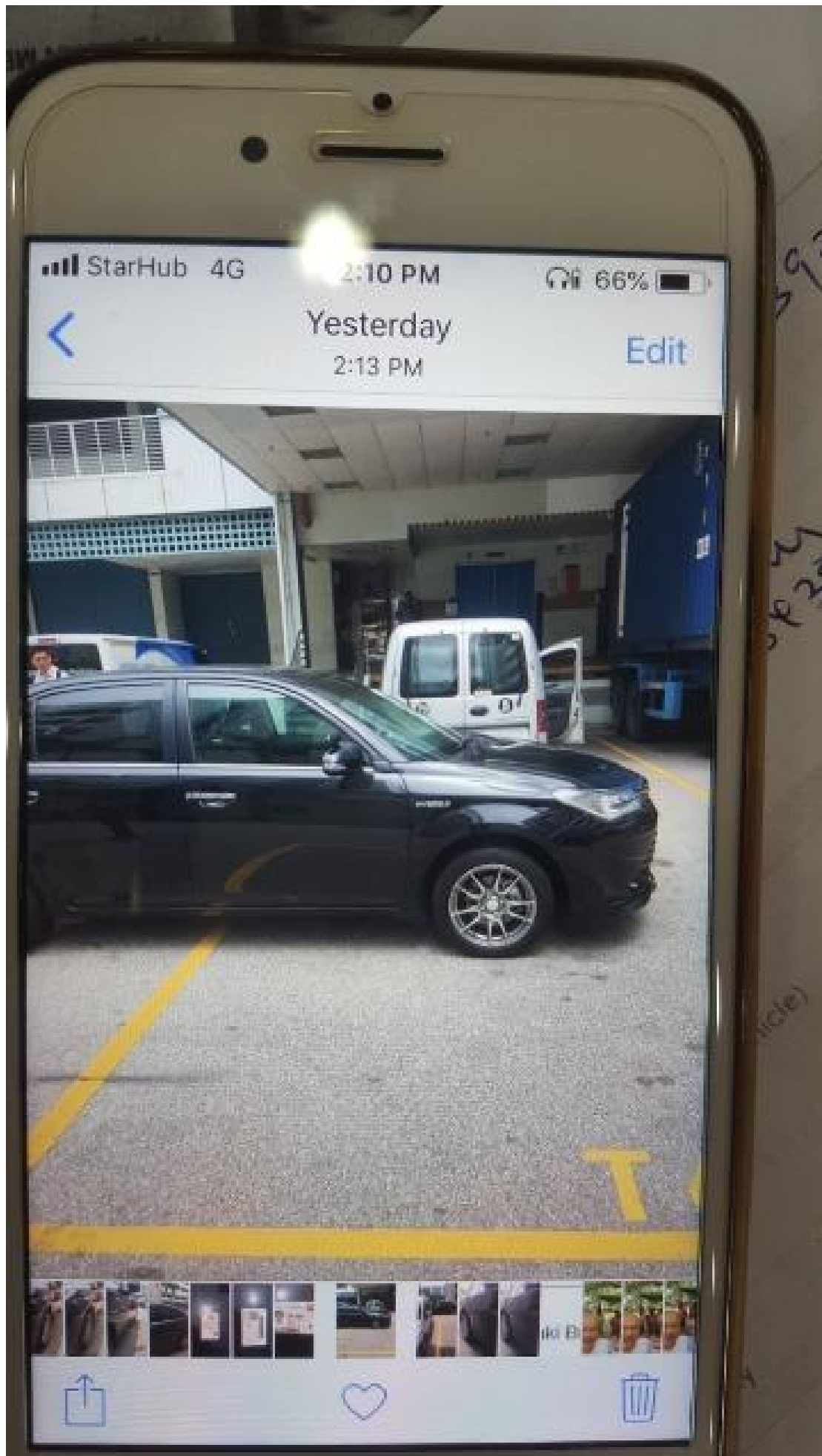
Identification Card



Accident Photo



Accident Photo



Accident Photo

