

## 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	26/04/2018 10:46
Date Of Accident	14/04/2018 11:30
Exact Location Of Accident	BLK 801 TAMPINES AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6860E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EAST TOWN GASMART PTE LTD
Co Reg No	200208263N
Email Address	LOKESOOON@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-84689435

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR69E-3.1 D (M)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1400748
Cover Note Number	

### Driver

Name of Driver	CHONG YOKE WUN
NRIC No	S2706633Z
Date Of Birth	25/03/1964
Occupation	INDOOR
Date Of Driving Pass	05/03/1985
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84689435
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 209 BOON LAY PLACE #07-289 SINGAPORE
Postcode	640209
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	NO 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	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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 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	SKD3331Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN


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7. By the lodgment 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.
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: 9:45am  
26/4/18

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: p21wam

## Sketch Plan #2

### SKETCH PLAN

		<b>Vehicle No</b> A - GY 6860 E B - SKD 3331 Z
<b>Legend</b> 		

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/4/2018, Around 11:30am. I received order from company and deliver gas to Tampines. I didn't realise that is any accident and my lorry no damage. I receive letter from AXA on 23/4/18

### DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

 Policyholder's Signature Date & Time: 26/4/18 9:45am	 Driver's Signature (If driver is not the policyholder) Date & Time:	 Reporting Centre Personnel's Signature Name: Petman NRIC/FIN No.:
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# 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 14/4/18		Time 1130		2 Exact location of accident Blk 801 Tampines Ave 4		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input 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)		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
						Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **GY6860E**

6 Insured / policyholder (see insurance cert.)  
Name **East Town Gasmat Pte Ltd**  
Address \_\_\_\_\_  
NRIC / Passport no. **200208263N**  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP **98799185**

7 Vehicle  
Make, type **ISUZU NHR69E 3659cc**

8 Insurance company  
**AXA** ☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☒ Yes ☐  
Policy No. **P1400748**

9 Driver ☐ Same as Owner  
Name **Chong Yoke Wun**  
(capital letters)  
NRIC / Passport no. **S2706633Z**  
Class of licence **84639435**  
HP \_\_\_\_\_  
Gender Male ☒ Female ☐

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### 12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- ☐ Chain Collision
- ☐ Collided into Bicycle
- ☐ Collided into Motorcyclist
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Cross Lane
- ☐ Collision - Cross Junction
- ☐ Collision - Head on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Major/Minor Rd
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - U-Turn
- ☐ Drink Driving / Drug Influence
- ☐ Fire, Explosion or Lightering
- ☐ Flood
- ☐ Hit and Run / Vandalism / Damaged whilst Parked
- ☐ Hit by Fallen Tree / Other Objects
- ☐ No Collision
- ☐ Side Swipe
- ☐ Theft

← State TOTAL number of boxes marked with a cross →

### 13 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

Alternatively, please make reference to one of the sketches on page 4:

Registration No. (VEHICLE B) **SKD3331Z**

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle  
Make, type \_\_\_\_\_

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

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

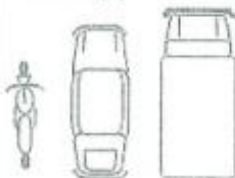
B  
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10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

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



11 Visible damage to vehicle A

14 My remarks

Remarks for Vehicle A:

15 Signatures of drivers

Signature of Driver A: *[Signature]*

A

15

14 My remarks

Remarks for Vehicle B:

B

\* 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)		Own Workshop Email / Fax (if any)	
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: <u>loke.soon@gmail.com</u>
	2. Vehicle registration no.	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		
	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 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 type="checkbox"/> If no, state where it is at present Tel no. _____		
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
	7. Date of birth	Occupation	Date of license pass
	25/3/64	Indoor	5/3/85
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	Was driver an employee of the insured's company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Driver or person in charge of vehicle at the time of accident (including insured)	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		
	Date	Offence	Penalty
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? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Was injured conveyed to hospital by ambulance? 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)
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 _____		
Accident details	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	If yes, against whom? _____		
	14. Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>
	15. Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>
	16. Speed of vehicles	A <input type="checkbox"/> km/hr	B <input type="checkbox"/> 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)		
22. State number of Passengers (Including Driver) <u>1</u>			
Declaration	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature	Date	26/4/18
Driver's signature (if driver is not the policyholder)			Date

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



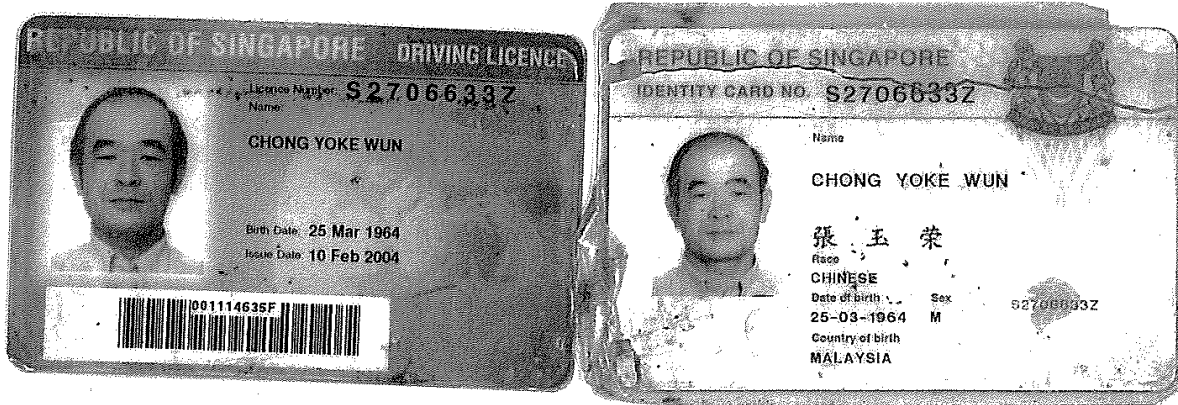
Commercial Vehicles TPO  
 POLICY SCHEDULE  
 RENEWAL  
 Original

<b>POLICY INFORMATION</b>		Policy No. : VCB/P1400748	
Source	: 05254 ACR INSURANCE AGENCY		
Insured	: EAST TOWN GASMART PTE LTD		
Address	: 31 DEFU LANE 9 SINGAPORE 539271		
Business/Profession	: WHOLESALE LP GAS <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 06/07/2017 To 05/07/2018 (Both Dates Inclusive) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
Replacing Policy No	: P0529197		
<b>PREMIUM</b>			
Premium After 20.00% NCD	: SGD 1,414.15		
GST 7.00%	: SGD 98.99		
Annual Premium	: SGD 1,513.14		
Total Payable	: SGD 1,513.14		
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type of Cover	: Third Party Only		
Regn. No.	: GY6860E		
Type Of Use	: Commercial Vehicle		
Make/Model	: ISUZU NHR69E		
Year of Manufacture	: 2005		
Seating Cap. (Excl.) Driver	: 2	Carrying Cap. (Tons)	: 1.98
Body Type	: LORRY		
Engine No.	: 4JG2245739		
Chassis No.	: JAANHR69E57100171		
Insured's Estimated Market Value	: NIL		
Limitations as to Use	: As specified in Certificate of Insurance		
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>			
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. 72(b) - Legal Liability of Passengers for Acts of Negligence.			

Continuation page 1



DRIVER NRIC & LICENSE Pg. 1





## LETTER FROM AXA



23 April, 2018

EAST TOWN GASMART PTE LTD  
31 DEFU LANE 9  
SINGAPORE 539271

Dear Sir,

**OUR REF : S8M00EODMC/NPS**  
**YOUR REF : GY6860E**  
**ACCIDENT INVOLVING GY6860E & SKD3331Z ALONG BLK 801 TAMPINES ON 14/04/2018**

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to us. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you.

The report has to be lodged at any of our AXA Premium Workshops or reporting centres (subject to your policy). For the list of our Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) or deliver it by hand to our Customer Care Centre.

As Insurers, we shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please revert to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

If you need any clarification, please do not hesitate to contact our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm or [cst@axa.com.sg](mailto:cst@axa.com.sg). Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Motor Claims Department  
AXA Insurance Pte Ltd  
This is a computer generated letter and no signature is required.

cc Agent A/c No.: 05254 ACR INSURANCE AGENCY

Accident Photo





Accident Photo

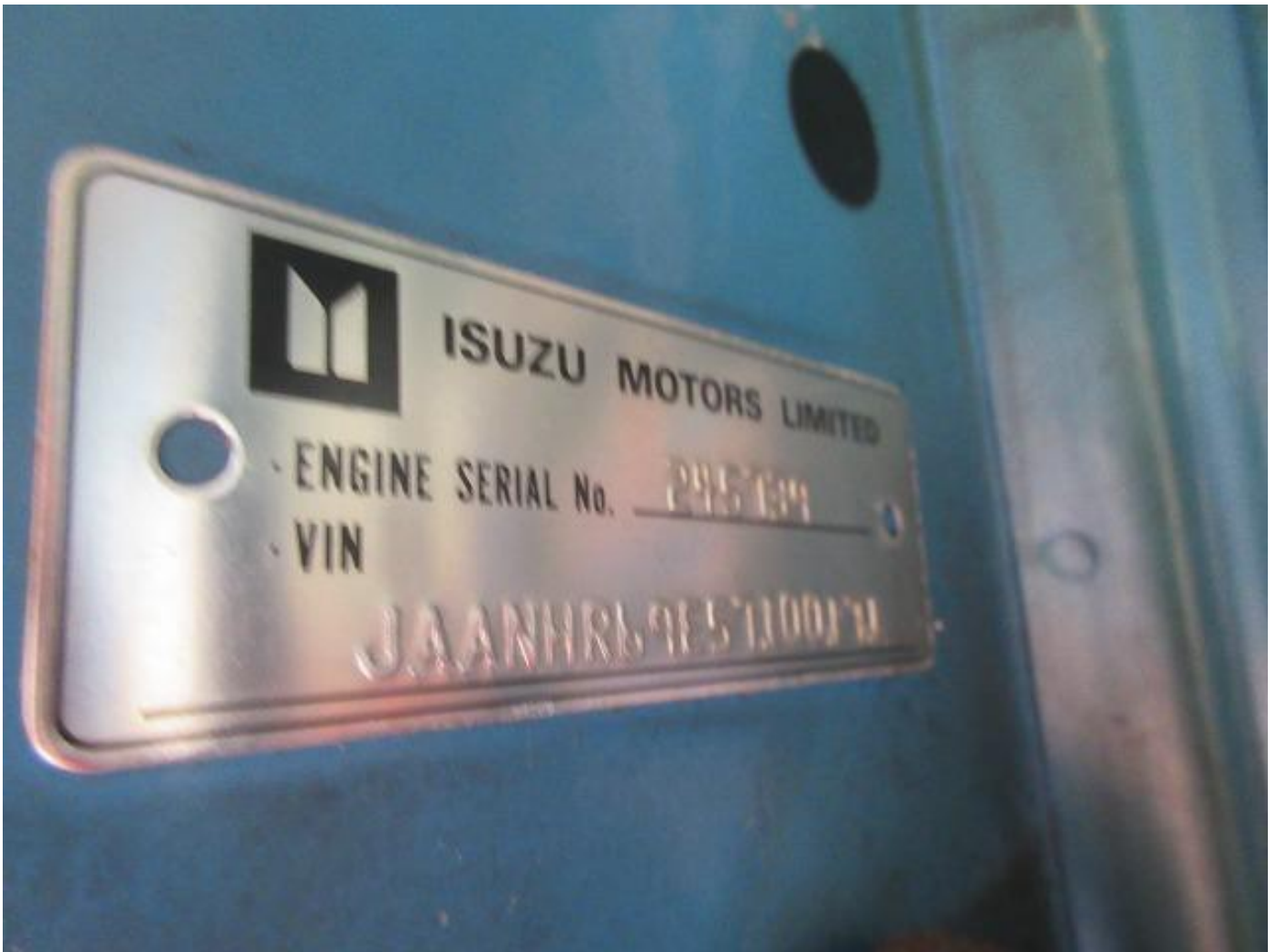


Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

