

## 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	30/04/2018 21:53
Date Of Accident	30/04/2018 16:05
Exact Location Of Accident	IBIS BENCOOLEN HOTEL SPORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8945B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BILLY LIMOUSINE AGENT
Co Reg No	53119709C
Email Address	BILLYLIMOUSINEAGENT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92716020
Alternative Phone No	OFFICE-92716020

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 115

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 PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA228725/1
Cover Note Number	

### Driver

Name of Driver	WONG LIANG KAH
NRIC No	S1164371Z
Date Of Birth	11/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	07/11/1986
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92716020
Fax Number	
Contact Number	
Email Address	BILLYLIMOUSINEAGENT@GMAIL.COM

Address	BLK 271 QUEEN ST #05-210
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	
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)	0

#### 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 to report

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9234R
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)	

## Accident Sketch Plan


### SKETCH PLAN

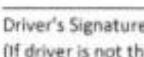
#### IMPORTANT NOTICE

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6. The 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 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:

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


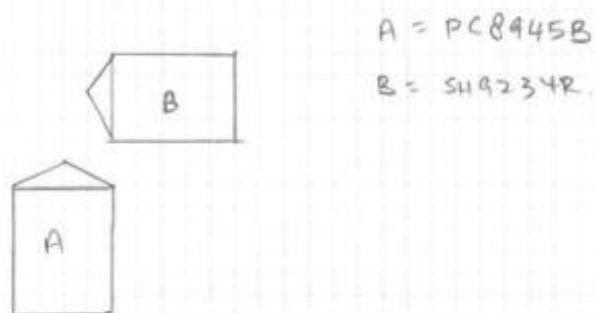
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Figure 1



I was in my Stationary vehicle. Suddenly. taxi bearing. SH 92342 hit my vehicle on the front and caused my front bumper to dislodge. Both parties are not injured.

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.:

## INSURANCE

**AXA** redefining / insurance

AXA Insurance Pte Ltd  
1800 850 4888 (Within Singapore)  
(65) 6880 4888 (International)  
(65) 6880 4740  
customer.care@axa.com.sg  
www.axa.com.sg

Date: 22/06/2017  
Policy number: CB1 / GA228725

### Certificate of Insurance

Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)  
1987 (Malaysia) - Commercial Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

#### Policy details

Policyholder name	BILLY'S LIMOUSINE AGENT	Certificate number	GA228725 / 1
Cover	Comprehensive	NCD	20%
Engine number	64698051546602	Chassis number	WDF639T0523422973
Vehicle Registration number	PA89458		
Period of Insurance	from 26/06/2017 to 25/06/2018 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	Nil		

#### Persons or classes of persons entitled to drive

Any person provided he is in the Policyholder's employ and/or is driving on their 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  
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

#### Limitations as to use

a) Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule  
b) Use only in the Republic of Singapore.

Policy does not cover

- Use for racing, pace-making, reliability trial or speed testing
- Use whilst drawing a trailer except the towing (other than for reward) of anyone disabled mechanically

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

SS	SGD2,000.00
I	SGD1,500.00
II	SGD200.00
Green	

Annual excess is applicable as follows:  
All Claims Excess of S\$2,000 is applicable for any named/unnamed drivers who:  
18 years old to 26 years old and/or  
27 years old and above and/or  
Driving experience of less than 1 year on the relevant classes of driving license

#### Additional clauses & endorsements to your policy



# Individual Statement

☒ Owner  
☒ Driver

## ACCIDENT STATEMENT

Date of Accident: 30/4/18 Time: About 4:05pm Location of Accident: Ibis Benwood Hotel spare.

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: PC8945B  
Name of Policyholder: WONG LIANG KAH  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1164371Z  
Address: B1K 271 #05-210 Queen St.  
Contact Number: 92716020  
Occupation: Driver

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Mercedes Vito 115.  
Type of Vehicle: ☒ Saloon, ☐ MPV, ☐ CRV, ☐ Van, ☐ Lorry, ☐ Bus, ☐ Motorcycle, ☐ Others  
Exact Purpose for which vehicle was being used at the time of accident: WORK.  
Are you claiming under your own insurance policy?  
Vehicle category: ☐ Yes, ☒ No, Remarks: TP, ☒ Commercial, ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA Insurance  
Type of Policy: ☒ Comprehensive, ☐ TP Fire & Theft, ☐ Third party  
Fleet Policy: ☐ Yes, ☒ No  
Policy Number: GA22872511

### DRIVER

Name of Driver: WONG LIANG KAH  
NRIC/ FIN/ Passport: S1164371Z  
Date of Birth: 11/09/56  
Occupation: Limousine Driver  
Driving Pass Date:  
Gender: ☒ Male, ☐ Female  
Contact Number: 92716020  
Address: B1K 271 #05-210 QUEEN STREET, 180 271  
Email Address: billylimousinedriver@gmail.com  
Was driver an employee of the Insured's Company? ☐ Yes, ☒ No

If No, relationship of Driver with the Insured:

Vehicle Number of Driver's Own Vehicle (if applicable): PA 8945B

Insurance of Driver's Own Vehicle (if applicable):

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc):  
Weather Conditions: HIT ONTO STATIONARY VEHICLE  
Road Surface: ☒ Clear, ☐ Raining, ☐ Others  
Damage Area: ☐ Wet, ☒ Dry, ☐ Others

### 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:  
Was notice of intended Prosecution given? ☒ No, ☐ Yes  
If Yes, against whom?

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER

PC 8945B

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SH 9234R

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

#### 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

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

  
Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

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

Date & Time

# AXA FORM



reconfirming the advice

Date: 30/04/2018

To: Owner of Vehicle Number: PC 8945B

The following has been advised to you via your workshop, BH AUTO SERVICES through their staff, ANTHONY LAU

Please tick the applicable box if you had been advised 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 THIRD PARTY

Signed and acknowledge by

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**redefining / insurance**

**AIA Insurance Pte Ltd**  
 1500 880 888 (Singapore)  
 (65) 6888 8888 (International)  
 180 888 888  
 aia@aiasg.com.sg  
 www.aia.com.sg

Date: 22/06/2017  
 Policy number: 085 / GA228725

## Certificate of Insurance

Commercial Vehicles (Third Party Risk and Compensation) Act (Chapter 338) - Commercial Vehicles (Third Party Risk and Compensation) Rules (1997) - Road  
 1997 (Malaysia) - Commercial Vehicles (Third Party Risk and Compensation) Rules (1997) (Malaysia)

Policy details		Certificate number	GA228725 / 1
Policyholder name	BILLY'S LIMOUSINE AGENT	800	30%
Cover	Singapore	Certificate number	WCA228725/0623402973
Engine number	646050/1544002		
Vehicle Registration number	P48945B		
Period of Insurance	from 26/06/2017 to 25/06/2018 (both dates included)		
Risk Insured	Market Value at Time of Loss		
Finance/Loss Company	Nil		

### Persons or classes of persons entitled to drive

Any person provided he is in the Policyholder's employ and/or is driving on their order or with their permission.

Insured shall the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving.

### Limitations as to use

a) Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

b) Use only in the Republic of Singapore.

**Policy does not cover**

- (i) Use for racing, pace-making, reliability trial or speed testing.
- (ii) Use whilst drawing a trailer except the towing (other than for reward) of any vehicle disabled mechanically.

Claims required inoperative by Section 8 of the Commercial Vehicles (Third Party Risk and Compensation) Act, (Chapter 338) and (Malaysia), are not to be included under these headings.

<b>SS</b>	\$302,000.00
I	\$001,800.00
II	\$60200.00
Green	

Initial excess is applicable as follows:  
 All Claims Excess of \$32,000 is applicable for any named/unnamed drivers who:  
 are less than 26 years old and/or  
 are 26 years old and above and/or  
 have driving experience of less than 1 year on the relevant classes of driving license

### Additional clauses & endorsements to your policy



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



# Accident Photo

