

## 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	21/04/2018 11:33
Date Of Accident	20/04/2018 08:00
Exact Location Of Accident	TUAS AVE 12 T-JUNCTION TUAS AVE 9.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2261U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIM TRANSPORT SOLUTION PTE LTD
Co Reg No	201300057N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98731138

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN868378
Cover Note Number	

### Driver

Name of Driver	MOHAMAD FAHRAZI BIN AMIR
NRIC No	S7023581A
Date Of Birth	16/07/1970
Occupation	INDOOR
Date Of Driving Pass	22/11/2007
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96774238
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 401 JURONG WEST ST 42 #08-527
Postcode	
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	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?	
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE

#### 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

I WAS DRIVING ALONG TUAS AVE 12, OUT OF SUDDEN, VEHICLE B BRAKE WANTING TO MAKE RIGHT TURN WITHOUT SIGNALLING RIGHT, I WAS TRYING TO AVOID BY EVADING TO THE RIGHT EVENTUALLY MY VEHICLE HIT ONTO VEHICLE B RIGHT REAR. WE EXCHANGE DETAIL AND LEFT.

#### 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	SLQ3726M
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Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	SIM SOO YONG TERENCE
NRIC/Passport Number	S6831982Z
Contact Number	98262820
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

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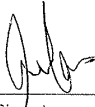
**8. Consent under the Personal Data Protection Act (PDPA)**

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.



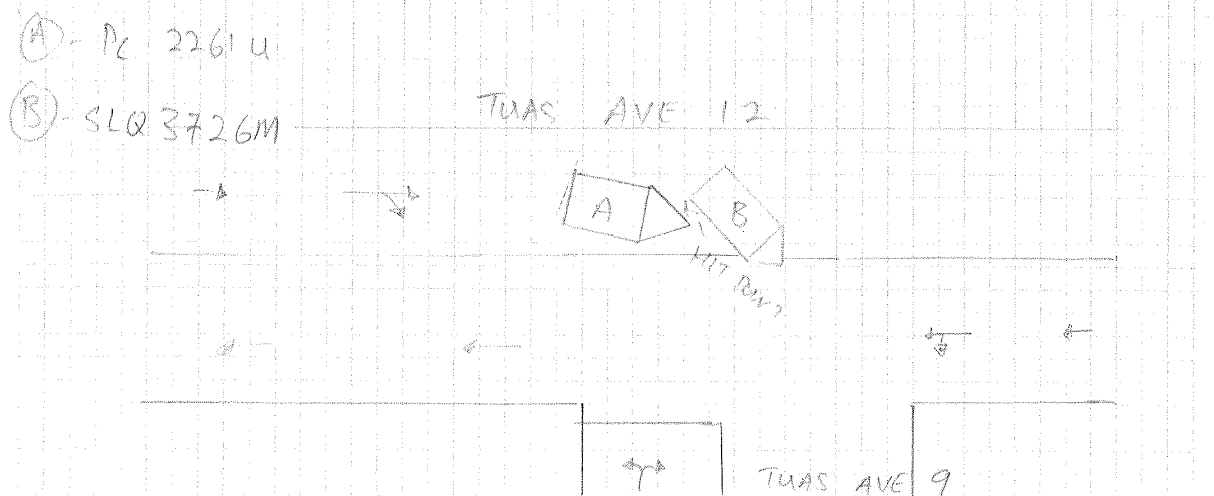
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan Pg. 1

## SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS DRIVING ALONG TUAS AVE 12, OUT OF SUDDEN VEHICLE B  
BRAKE WANTING TO MAKE RIGHT TURN WITHOUT SIGNALLING RIGHT. I WAS  
TRYING TO AVOID BY EVADING TO THE RIGHT EVENTUALLY MY VEHICLE  
HIT ONTO VEHICLE B RIGHT REAR. WE EXCHANGE DETAIL AND LEFT.

**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.:


**LETTER OF UNDERTAKING**

I/We, KIM TRANSPORT SOLUTION PTE LTD, the owner of vehicle no. PC 2261U

**My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, Lee Brothers

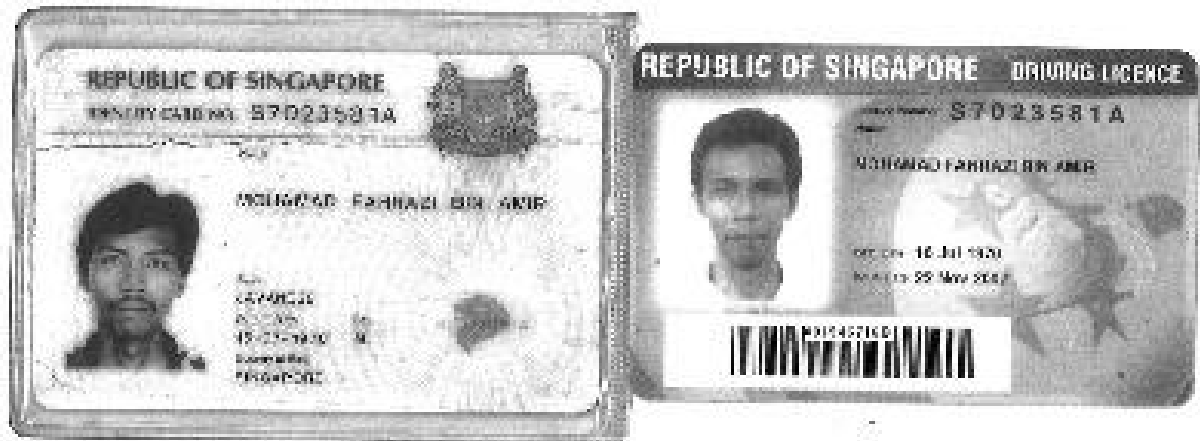
Signed and Acknowledge by:

  
.....  
Nric no. and signature of policyholder

  
.....  
Company Stamp

21/4/2018  
.....  
Date

# Identification Card



# CERT INS

## AXA INSURANCE PTE LTD

11 Greenway Way, #24-01  
AXA Tower, Singapore 068611  
Customer Service Contact: 481-4011  
Tel: 6336 7269 Fax: 6336 2332  
Website: www.axa.com.sg  
GST Registration Number: 1000081287



Original

Agent Code: 04123
Policy No (Main):
New Business
Start Date / Date Ref:

## MOTOR COVER NOTE

No. CN868378

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1973; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1982;
- 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 on the date and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been at risk.

## SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	KIM TRANSPORT SOLUTIONS PTE LTD
INSURED BUSINESS REGISTRATION NO.	2013000576
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA HINCE
VEHICLE REGISTRATION NO.	PC2233U
YEAR OF MANUFACTURE	2013
ENGINE NO.	1KD2361114
CHASSIS NO.	JTFST22P200018091
SEATING CAPACITY	13
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MERCEDES BENZ FINANCIAL SERVICES SINGAPORE LTD
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 13/01/2018 TO: 12/01/2019
EXCESS (S\$)	2000-SECT I / 1500-SECT II
AXA PREMIUM WORKSHOP?	NO



I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

ISSUED BY: INXPRESS INSURANCE AGENCY on 27/12/2017 5:47pm

Authorized Signature

Note: This Cover Note is only valid for 30 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

• Premium for this cover will be charged subject to a minimum of S\$53.50 (inclusive of GST). If the policy is cancelled after the inception date.

• An administrative fee of S\$26.75 (inclusive of GST) will be charged:

- a. Cover note issued and cancelled before inception.
- b. Retaining the old registration number for a new vehicle insuring with AXA.

### PREMIUM WARRANTY

#### Individual Customer:

We warrant that the policy and its details comply with the applicable Act and regulations. Any failure to comply will be a breach of this warrant.

#### Corporate Customer:

Where a risk has been insured for more than 60 days, the premium will be payable within 60 days of inception / renewal / termination. Where a risk is insured for less than 60 days, the premium will be payable within 60 days of inception.

AXA/AXA/AXA/AXA



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



TYPE SIZE  
PASSENGER CAP.:  
MAX. LADEN WT.:  
UNLADEN WT.:  
CLASS NO.  
1 DRIVER  
OTHER  
KG  
KG  
(F) 195 R15C 100/153  
(R) 195 R15C 261/153