

## 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	05/05/2018 09:56
Date Of Accident	03/05/2018 17:00
Exact Location Of Accident	ALONG PIE EXIT 17D
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1840E
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#### Insured/Policyholder

Name Of Registered Owner	CHENG YIE FIBER CEILING INDUSTRY
Co Reg No	34274700B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98151586

#### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A-3.0 D R1 (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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1745927
Cover Note Number	P1745927

#### Driver

Name of Driver	MOHAMMED HANIFF BIN SHABBEER AHMED
NRIC No	S6845100J
Date Of Birth	03/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98151586
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 85 CIRCUIT RD #01-1017 SINGAPORE 370085
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYEE
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	RAINING
Road Surface	WET

#### 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

REFER TO SKETCH PLAN.

#### 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	SGH7312D
Vehicle Make/Model/Colour	TOYOTA
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**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



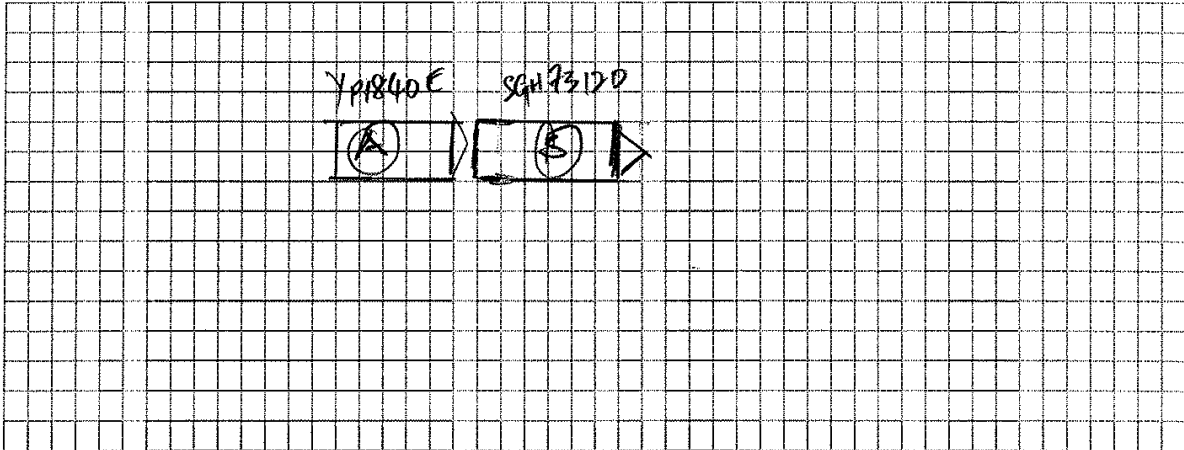
Policyholder's Signature  
Date & Time:

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

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

Toh Khar Kian

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened on 05/05/2018 around 17.00 hrs between my veh. YPI840E and another veh. SGH7312D along PIE exit 17D. I was the third lane, I had accidentally hit the back of the veh. but no one was injured and there was no major damage to the veh. It was raining heavily and slow and there was a road work going on.

<b>Important:</b> You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.	✓	- Reporting Only
		- Claim OD
		- Claim TP
		- Claim OD/ TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.



Policyholder's signature

Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time 05/05/2018

10.00 hrs.

Reporting Centre Personnel's Signature

Name:

Nric/Fin No. Toh Khar Kian

Sketch Plan Pg. 3



redefining / insurance

Date: 5/5/18

To: Owner of Vehicle Number: YP-1840-E

The following has been advised to you via your workshop, Ethos Protect Pte Ltd through their staff, TOH KHAR KIAN.

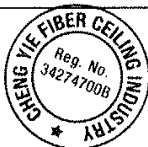
Please tick the applicable box if you had been advice on the content as seen below:

- ☒ 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 \_\_\_\_\_

Signed and acknowledge by:

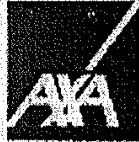
Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



**AXA INSURANCE PTE LTD**

8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6336 7288 Fax: 6336 7522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M

**Original**Agent Code: **03936**Policy No. (if any): **P1745927****Renewal**

SmartDrive Quote Ref:

**MOTOR COVER NOTE**No. **CN880410**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1967 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And 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 thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	CHENG YIE FIBER CEILING INDUSTRY
INSURED BUSINESS REGISTRATION NO.	34274700B
MAKE AND DESCRIPTION OF VEHICLE	ISUZU NHR85AUE4A R1
VEHICLE REGISTRATION NO.	YP1840E
YEAR OF MANUFACTURE	2015
ENGINE NO.	4JJ12F1474
CHASSIS NO.	JAANHR85EF7100423
ENGINE CAPACITY/TONNAGE	2.66 TONS
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 28/03/2018 TO: 27/03/2019
EXCESS (S\$)	S\$500 SECT I
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 RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1967 (MALAYSIA).

VIRTUAL INSURANCE AGENCIES PTE LTD

192 Waterloo Street #02-02

Skyline Building, Singapore 187906

Tel: (65) 63380083 Fax: (65) 63390047

AXA INSURANCE PTE LTD

Issued by VIRTUAL INSURANCE on 26/02/2018 11:06am  
 AGENCIES PTE.

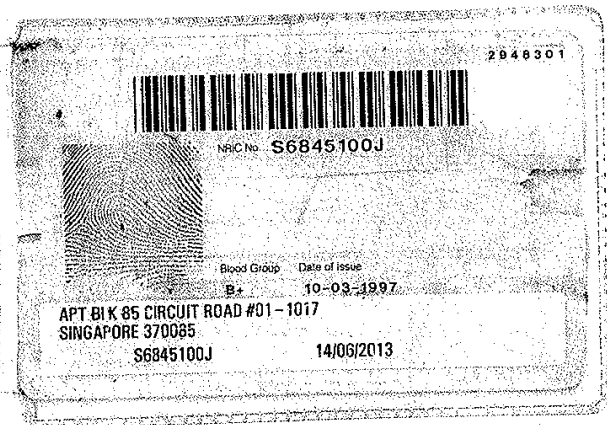
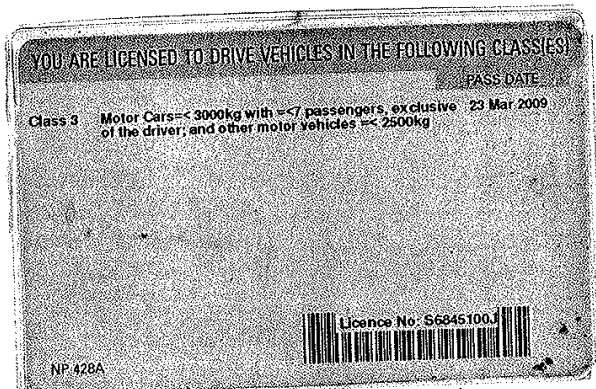
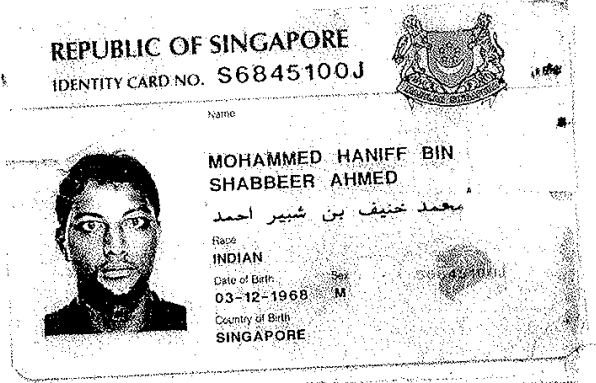
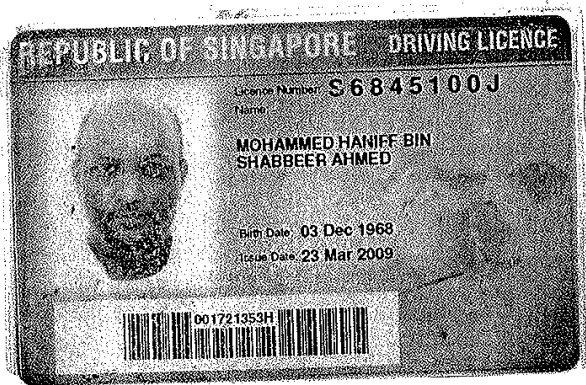
  
 Authorized Signatory

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

• Premium for time on risk will be charged, subject to a minimum of S\$50.50 (inclusive of GST)  
 if the policy is canceled after the inception date.

• An administrative fee of S\$20.75 (inclusive of GST) will be charged.







Accident Photo





Accident Photo



Accident Photo

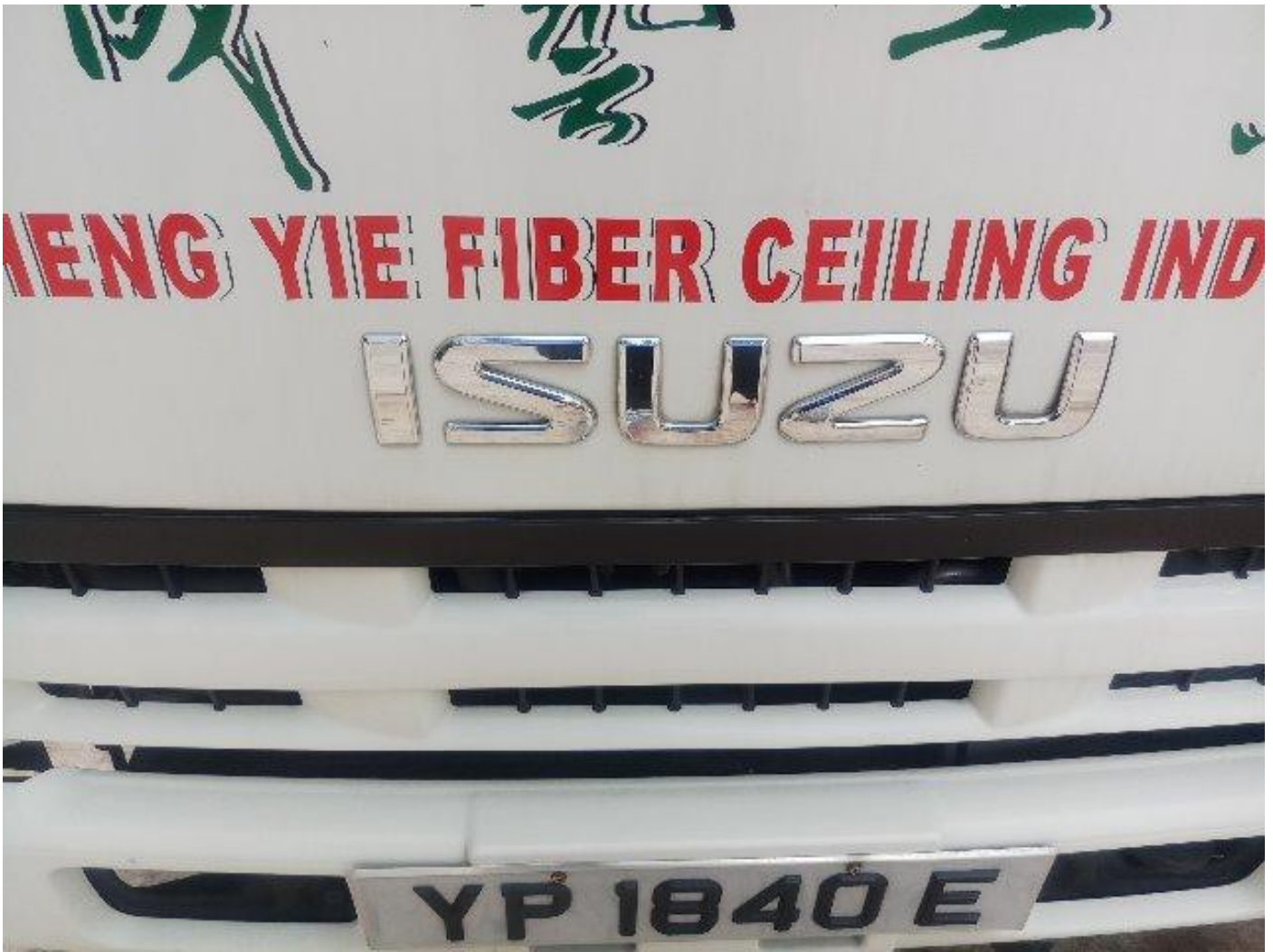




Accident Photo



Accident Photo



Accident Photo





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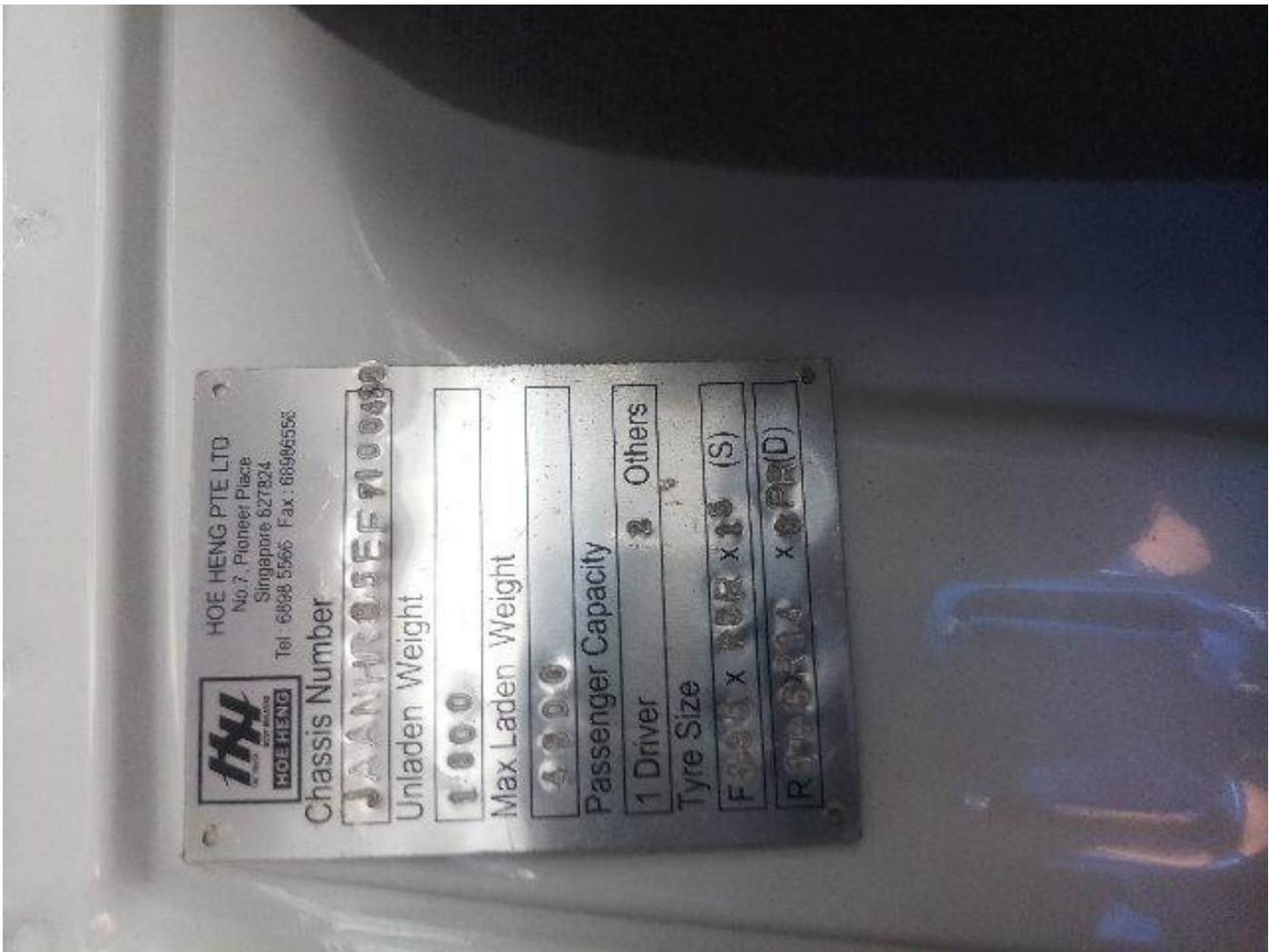


Accident Photo



Accident Photo







Accident Photo

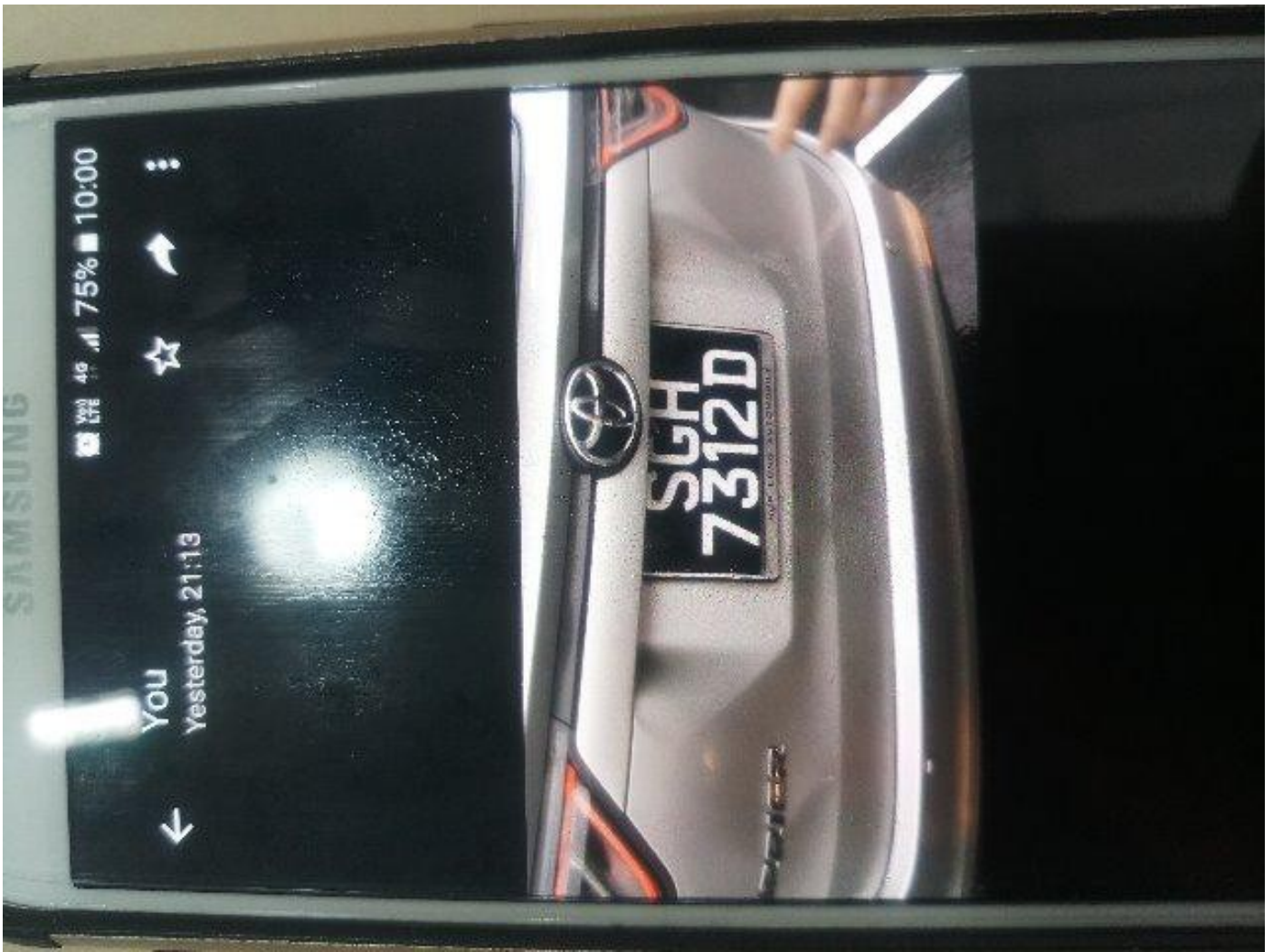


Accident Photo





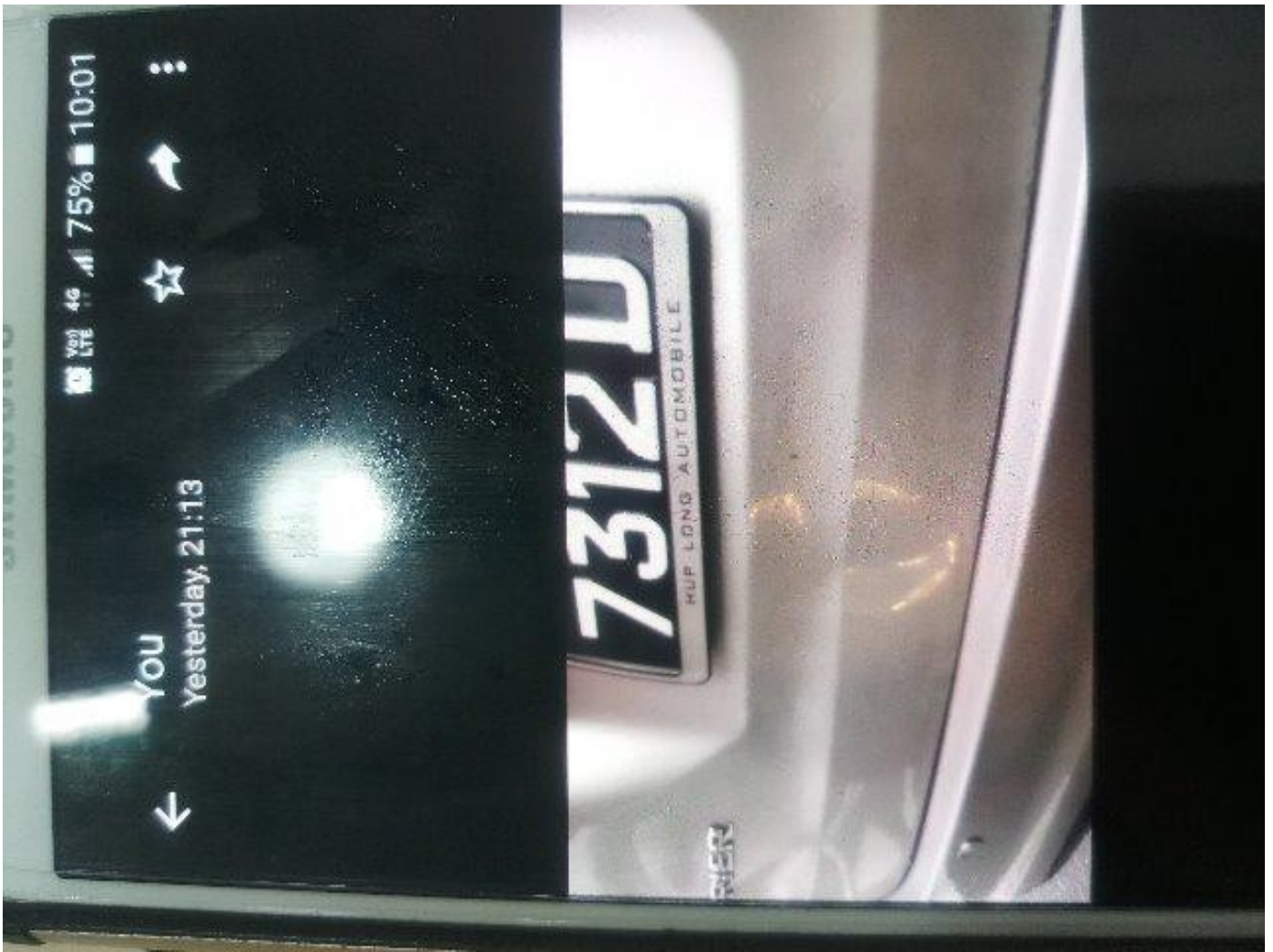
Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the **same** Authorized Reporting Centre  
With whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MOR118058601

Vehicle Registration No: YP184E

Name (as shown in NRIC) CHENG YIE FIBER CEILING INDUSTRY RIC/FIN/Passport No: 34274700B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: Singapore ( )

Contact (Tel): Mobile No. :

Email Address:

Date of Accident: 03/05/2018 17:00

Time of Accident: 03/05/2018 17:00

Place of Accident: ALONG PIE EXIT 17D

Insurance Company: AXA INSURANCE PTE LTD

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or  
Make the following amendments:

AMENDMENTS ON VEHICLE REGISTRATION NUMBER FROM YP184E TO YP1840E.

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Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: Toh Khar Kian  
Date: