

## 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	12/06/2018 14:53
Date Of Accident	08/06/2018 20:40
Exact Location Of Accident	PIE TWDS JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3446Y
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#### Insured/Policyholder

Name Of Registered Owner	TRI-WINS TRANSPORT SERVICES PTE LTD
Co Reg No	200616034W
Email Address	JAZZ@TRIWINS.COM.SG
Mobile Phone No	(LOCAL) +65-81572322
Alternative Phone No	OFFICE-62972622

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	P1916712
Cover Note Number	

#### Driver

Name of Driver	ROSHAMIL BIN BUANG
NRIC No	S1471604A
Date Of Birth	16/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90029732
Fax Number	
Contact Number	OTHERS-96857014
EEmail Address	JAZZ@TRIWINS.COM.SG

Address	BLK 808 FRENCH RD, #06-159 KITCHENER COMPLEX
Postcode	200808
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 - MAJOR/MINOR RD
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?	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	SLF5438P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH TECK BOON JEFFREY
NRIC/Passport Number	S7120333F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

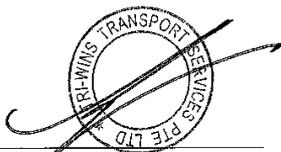
**IMPORTANT NOTICE**

AXA  
Vehicle: PC 3446Y

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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.

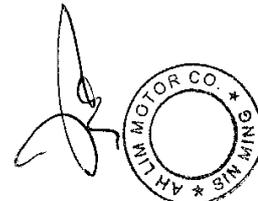


Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

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

12/6/18



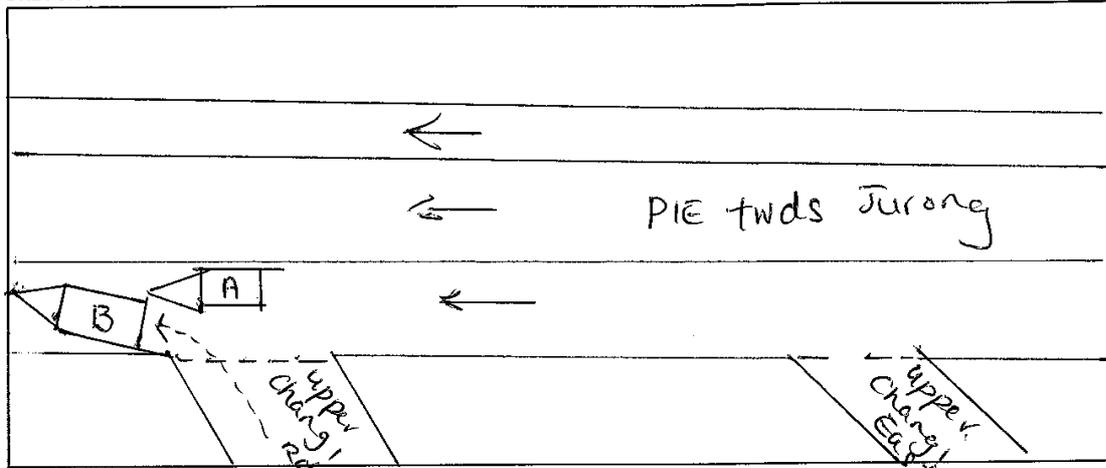
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Handwritten Signature]*  
Name: *[Handwritten Name]*  
NRIC/FIN No.: *[Handwritten Number]*

Sketch Plan Pg. 2

Date of accident: 8/06/18 Time: 2040hrs Location: PIE twds Jurong  
 My Vehicle A: PC 3446Y Vehicle B: SLF 5438P Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was heading straight along PIE twds Jurong on the extreme left lane. The traffic on my lane is very clear with me the only vehicle. Suddenly, Car B emerged from upper Changi Rd turning out to PIE collided onto my vehicle. My left lower bumper slightly Crack.

Claim OD/TP at Ah Lim Motor     Claim OD/TP at other workshop     Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :  
 Email address :  
 & myself :  
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature  
 Date & Time:

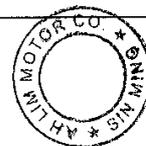
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

GAAPMC SketchPlanForm\_V3

12/6/18

11/6/18



Driver's Particulars Pg. 1

**AXA INSURANCE PTE LTD**

8 Shenton Way #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6338 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M



Original

Agent Code: **03936**

Policy No (if any): **P1916712**

**Renewal**

SmartDrive Quote Ref:

**MOTOR COVER NOTE**

No **CN885920**

- 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 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	<b>AXA INSURANCE PTE LTD</b>
INSURED	<b>TRI-WINS TRANSPORT SERVICES PTE. LTD.</b>
INSURED BUSINESS REGISTRATION NO.	200616034W
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA HIACE COMMUTER GL 3.0 A
VEHICLE REGISTRATION NO.	PC3446Y
YEAR OF MANUFACTURE	2014
ENGINE NO.	1KD2486235
CHASSIS NO.	KDH2230022856
SEATING CAPACITY	13
COVER TYPE	COMPREHENSIVE -
HIRE PURCHASE	MAYBANK
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>10/04/2018</b> TO: <b>09/04/2019</b>
EXCESS (S\$)	S\$2,000 SECTION I, S\$1,500 SECTION II & S\$200 WINDSCREEN
AXA PREMIUM WORKSHOP?	<b>NO</b>

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 1987 (MALAYSIA).

**VIRTUAL INSURANCE AGENCIES PTE LTD**

192 Waterloo Street #02-02  
 Skyline Building, Singapore 187966  
 Tel: (65) 63380083 Fax: (65) 63380048

**AXA INSURANCE PTE LTD**

Issued by **VIRTUAL INSURANCE AGENCIES PL** on **04/04/2018 10:04am**

  
 Authorised Signature

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

**PREMIUM WARRANTY**

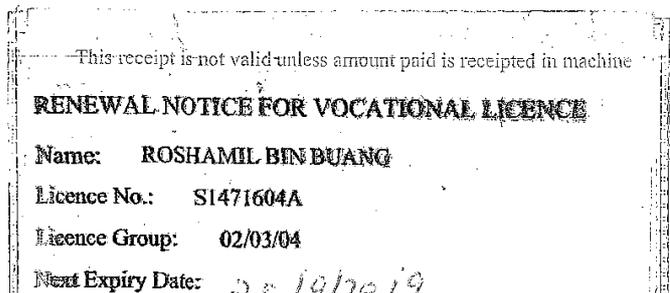
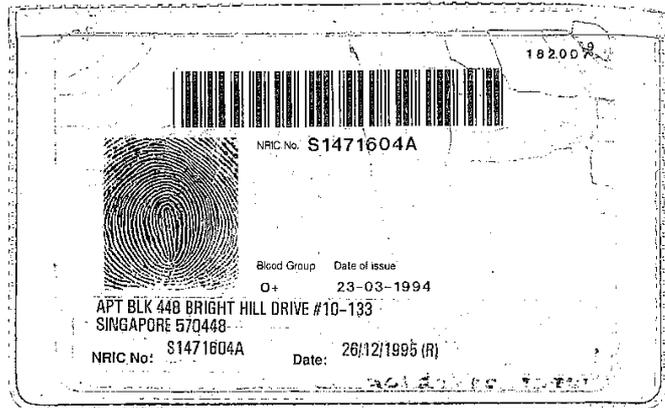
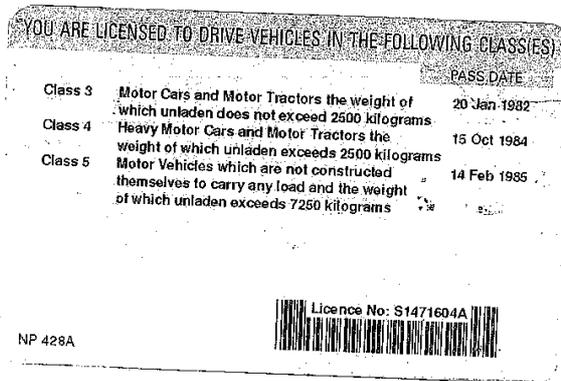
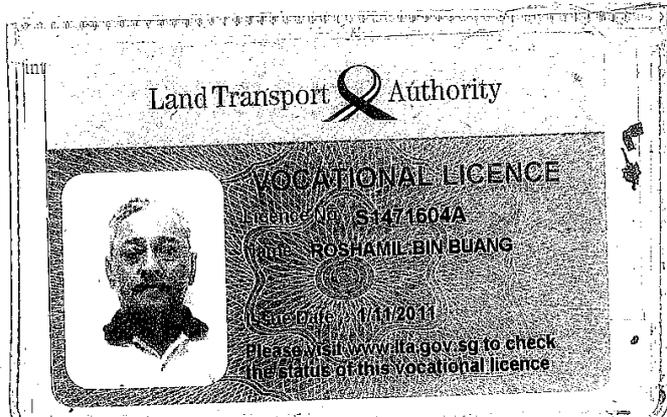
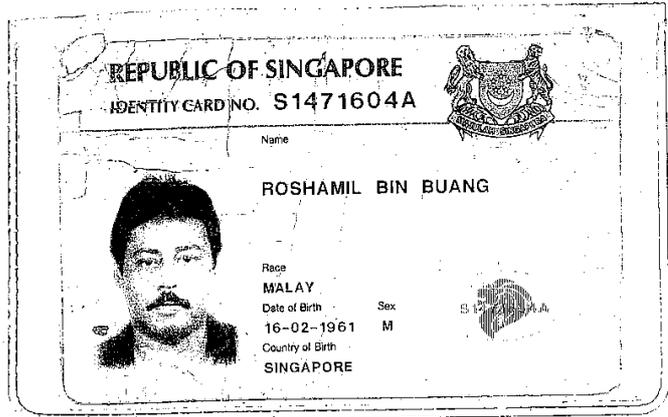
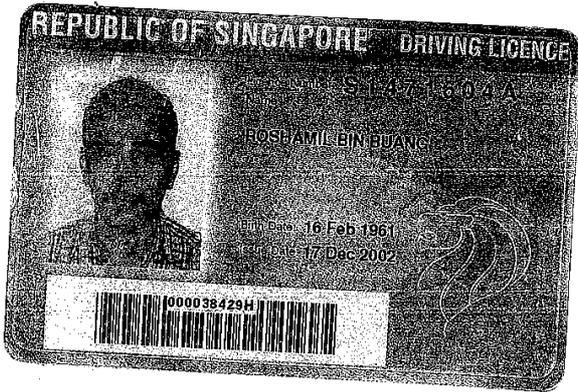
**For Individual Customers**

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

**For Non-Individual Customers**

Please note that where the period of cover is for more than 60 days the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases the premium in full should be paid before inception.

MTRC/NOTE/01/03



To Whom It May Concern,

Accident involving my vehicle no PC 3446Y on 8/6/18 (date) with  
SLF 6438 P (other veh no) along PIE tnds Jurong

I, Tri-Wins Tpt Services Pte Ltd <sup>POC</sup> NRIC No: 200616034W  
owner of vehicle no - PC 3446Y am aware of the accident of my vehicle on  
8/6/18 (Date) while car was driven by Roshamil Bin Buaney  
IC No: 51471604A I hereby authorise him/her to make the report.



Name

Date: 11/06/18

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

Name

Date

Policy Holder's LA & Briefings Pg. 2



redefining / insurance

Date: 11/04/2018

To: Owner of Vehicle Number: PC 3446Y

The following has been advised to you via your workshop, An Lim Motor Co through their staff, Au Chan

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

- (X) 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.
( ) 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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



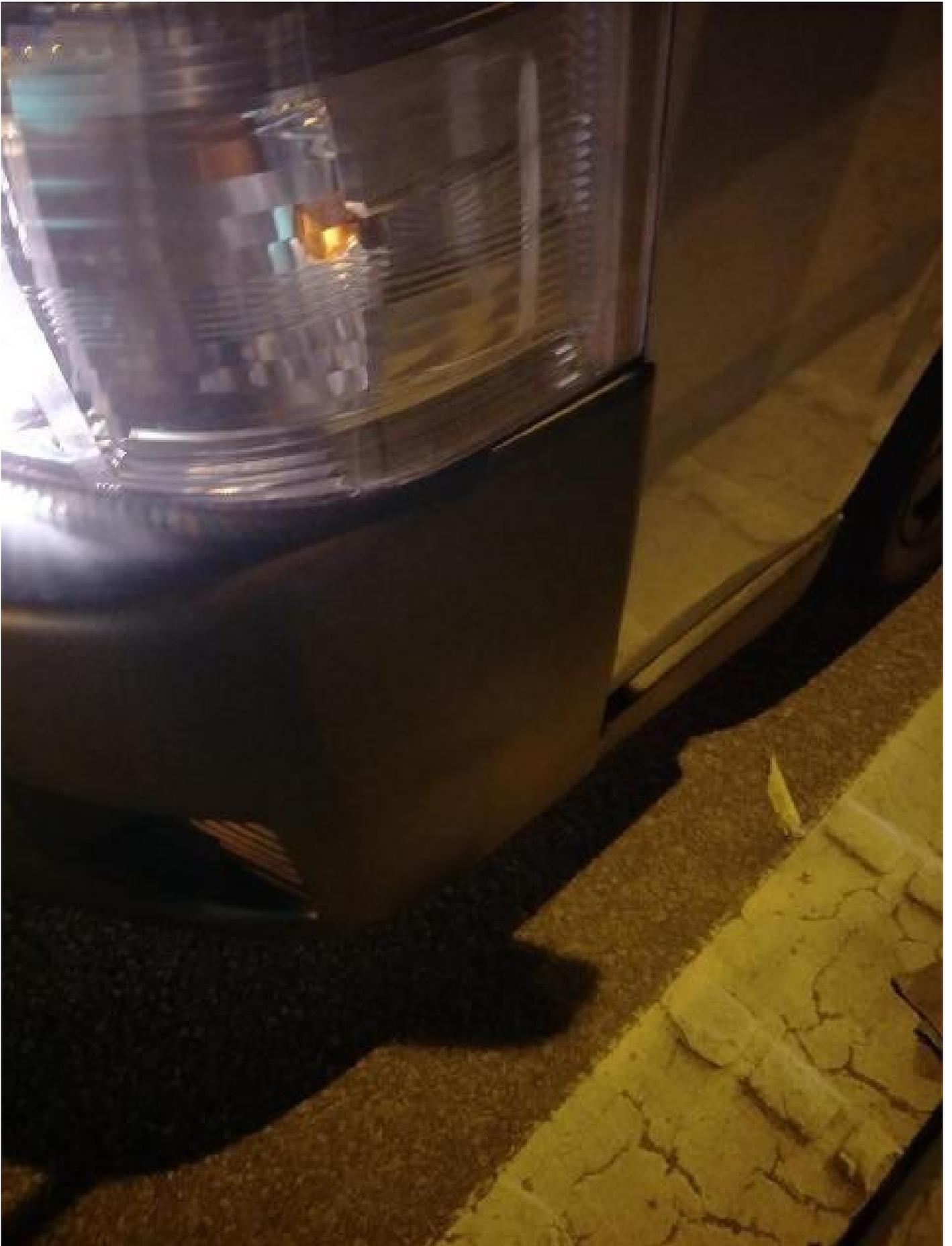
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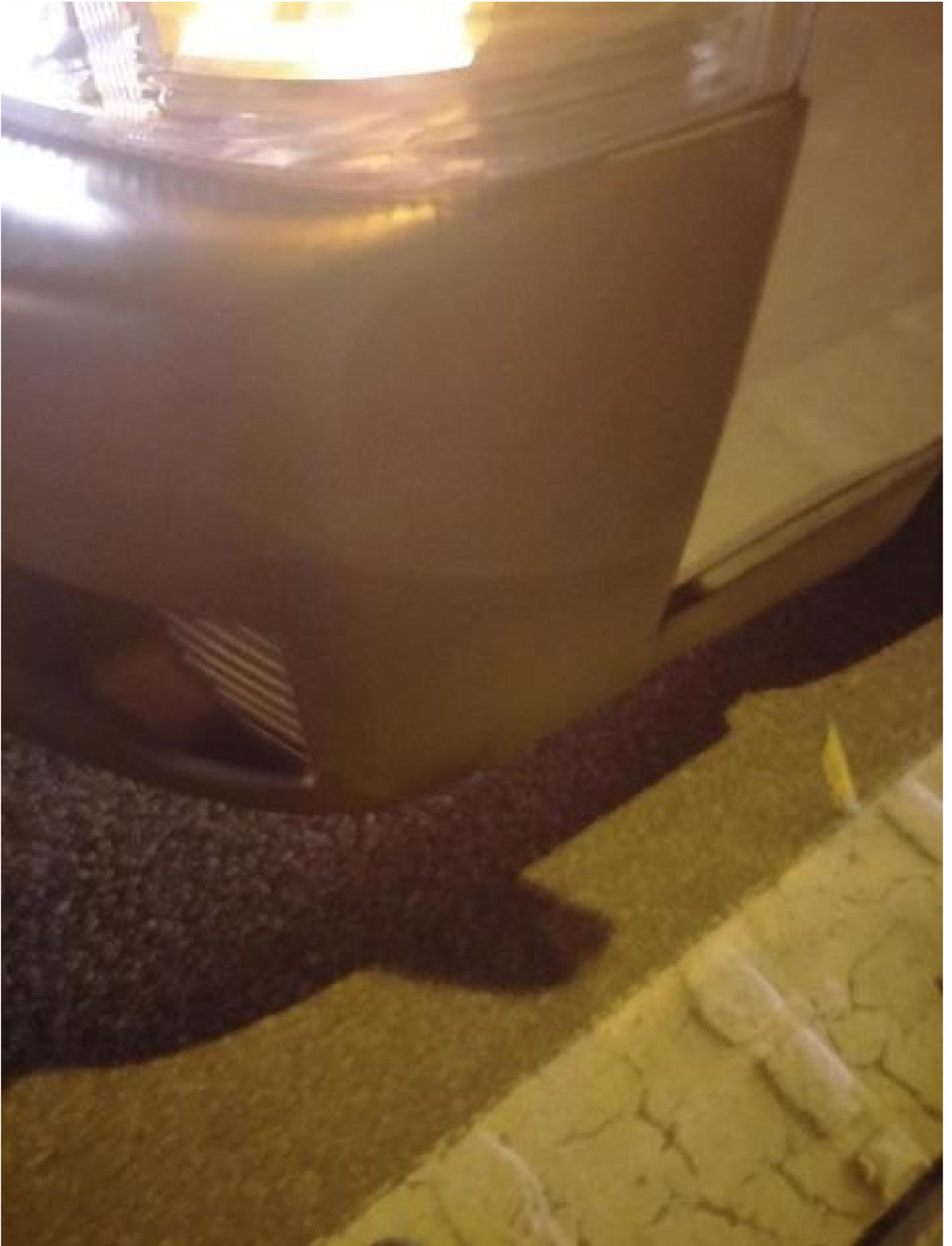
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