

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	11/06/2018 12:42
Date Of Accident	08/06/2018 12:15
Exact Location Of Accident	EXIT FROM THE PREMISES AT 1 PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4950B
Insured/Policyholder	
Name Of Registered Owner	XIANG XIANG XPRESS
Co Reg No	53219321X
Email Address	XIANGXIANGXPRESS@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91799209

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS A/BAG 2WD 6DR E5 W/RC
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA295488/1
Cover Note Number	

Driver

Name of Driver	CHUA BEE ENG
NRIC No	S1596868J
Date Of Birth	08/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1982
Driving Experience	35 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91799209
Fax Number	
Contact Number	
EEmail Address	XIANGXIANGXPRESS@GMAIL.COM

Address	BLK 663C JURONG WEST STREET 65 #04-239
Postcode	643663
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 - 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?	
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

PLEASE REFER TO THE ATTACHMENT

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	GBB2842P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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.



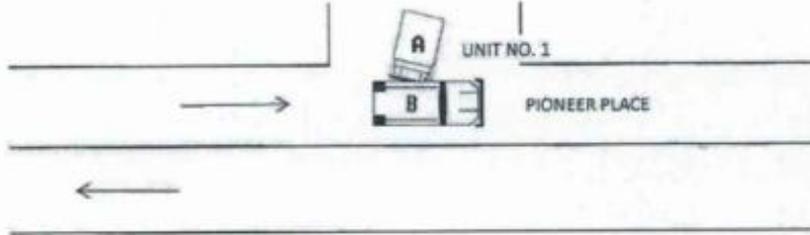
Policyholder's Signature
Date & Time

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

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SKETCH PLAN



VEHICLE A: GBF4950B
VEHICLE B: GBB2842P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 08/06/2018, AT AROUND 12. 15PM, I WAS DRIVING MY VEHICLE GBF4950B EXIT FROM THE PREMISES AT NO. 1 PIONEER ROAD.
 WHEN I CHECK ON THE MAIN ROAD THE TRAFFIC WAS CLEAR, I PREPARED TO MOVE OUT FROM THE PREMISES, JUST AT THE MOMENT, I SAW THE
 VEHICLE "B" GBB2842P CAME AT A HIGH SPEED. I IMMEDIATELY APPLIED BRAKE AND STOPPED. HOWEVER THE VEHICLE "B" WAS TOO CLOSE TO MY
 VEHICLE AND CRASHED ONTO MY VEHICLE FROM PORTION CAUSED DAMAGE.

REMARKS		REMARKS You had 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 the claim must be made within the stipulated timeframe from the day of occurrence.
REPORTING ONLY	<input type="checkbox"/>	
OWN DAMAGED CLAIM	X	
THIRD PARTY CLAIM	<input type="checkbox"/>	

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.:

CERTIFICATE OF INSURANCE



redefining / insurance

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

date
23/11/2017

policy number
CV1 / GA295488

Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

Policy details

Policyholder name	XIANG XIANG XPRESS	Certificate number	GA295488 / 1
Cover	Comprehensive	NCD	20%
Engine number	K9HC400D055794	Chassis number	VSKYBAM20Z0128782
Vehicle Registration number	GBF4950B		
Period of Insurance	from 29/11/2017 to 27/11/2018 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	UNITED OVERSEAS BANK LIMITED		

Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's 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 or has been so 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 the Motor Vehicle.

Limitations as to use*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trail or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess

Section I	SGD500.00
Windscreen	SGD100.00

An additional excess is applicable as follows:

Additional Own Damage Excess of S\$1,000 is applicable for any named/unnamed drivers who:
a) is 22 years old to 24 years old and/or
b) is 66 years old to 70 years old and/or
c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) is 18 years old to 21 years old and/or
- b) is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

Additional clauses & endorsements to your policy

Nil

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

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DRIVER IC & DRIVING LICENCE (FRONT & BACK)



Xiangxiangxpress@gmail.com
91799209 美英

ACCIDENT PHOTO 1



ACCIDENT PHOTO 2



CHASSIS NUMBER



NISSAN

VSKYBAM20Z0128782

2000 Kg

3100 Kg

1 - 980 Kg

2 - 1100 Kg

TYPE
TYP

COLOUR, TRIM **K51 K 208**
FABRE, POLST

MODEL

YTKARURM20TWL - CAAC

ACCIDENT PHOTO 3



ACCIDENT PHOTO 4



ACCIDENT PHOTO 5

