

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	21/06/2018 10:33
Date Of Accident	20/06/2018 13:25
Exact Location Of Accident	NO 1 WOODLANDS TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6461H
Insured/Policyholder	
Name Of Registered Owner	SPEEDY INDUSTRIAL SUPPLIES PTE LTD
Co Reg No	199103997W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67434117

Vehicle Particulars

Manufacturer	HINO
Model	FD7JJMA-HAS
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	P2120422
Cover Note Number	

Driver

Name of Driver	TEO CHIN CHUAN
NRIC No	S8416412G
Date Of Birth	06/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90255240
Fax Number	
Contact Number	
EEmail Address	TASTY112233@GMAIL.COM

Address	BLK 523 BEDOK NORTH STREET 3 #02-362 SINGAPORE
Postcode	460523
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SLC513D
Vehicle Make/Model/Colour	
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

SKETCH PLAN

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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: 



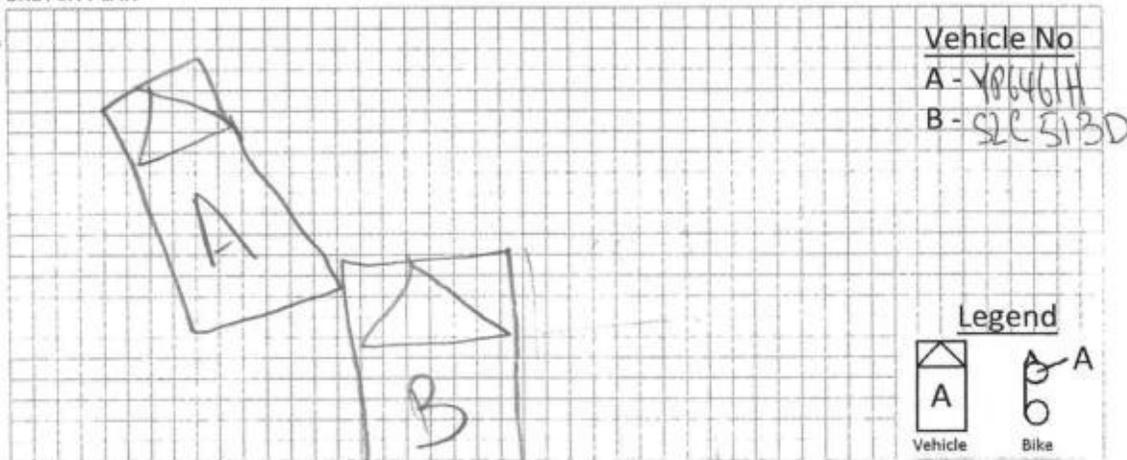
Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/6/18
10-20AM



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

Sketch Plan #2

SKETCH PLAN



Vehicle No
 A - YP6461H
 B - SLC513D

Legend

 Vehicle Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/6/2018, Around 1:25pm. My lorry was parked at No 1 woodlands Terrace and prepare to go out. While drive out from the parking area, my lorry right rear portion accidentally scratched the car beside my lorry. The car number is SLC513D, the car damaged at front left portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature:
 Date & Time:
 GEARMC Industrial Supplies Pte Ltd

Driver's Signature (If driver is not the policyholder):
 Date & Time: 10:20 AM 21/6/18

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

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident: 20/6/18 Time: 1325 **2** Exact location of accident: No 1 Woodlands Terrace

3 Injuries own if slight: No Yes

4 Material damage: To vehicles other than vehicles A and B: No Yes To objects other than vehicles: No Yes

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B): _____

Vehicle Video Camera Available: No Yes

Registration No. (VEHICLE A) YP64614

6 Insured / policyholder (see insurance cert.): Speedy Industrial Supplies Pte Ltd

Name: Speedy Industrial (capital letters)

Address: _____

NRIC / Passport no.: 199103992W

Tel no. (from 9am till 5pm): _____

HP: 67434117

7 Vehicle: Make, type: HINO PD7JIMA HAS

8 Insurance company: AXA TPFT TPO

Does the policy cover damage to vehicle A? No Yes

Policy No.: P3120422

9 Driver: Same as Owner Name: Rochin chuan (capital letters)

NRIC / Passport no.: S84164129

Class of licence: _____

HP: 90285240

Gender: Male Female

12 CIRCUMSTANCES Put a cross (X) in each of the relevant boxes applicable to your vehicle

- Chain Collision
- Collided into Bicyclist
- Collided into Motorcyclist
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Rd
- Collision - Opening Door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Drink Driving / Drug Intoxication
- Fire, Explosion or Lightning
- Flood
- Hit and Run / Vandalism / Damaged whilst Parked
- Hit by Fallen Tree / Other Objects
- No Collision
- Side Swipe
- Theft

State TOTAL number of boxes marked with a cross: _____

Registration No. (VEHICLE B) SLC518D

6 Insured / policyholder (see insurance cert.): _____

Name: _____ (capital letters)

Address: _____

NRIC / Passport no.: _____

Tel no. (from 9am till 5pm): _____

HP: _____

7 Vehicle: Make, type: _____

8 Insurance company: C TPFT TPO

Does the policy cover damage to vehicle B? No Yes

Policy No. (if available): _____

9 Driver (See driving licence) (if different from Insured B above): Name: _____ (capital letters)

NRIC / Passport no.: _____

Class of licence: _____

HP: _____

Gender: Male Female

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads.

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 2: _____

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B _____

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all) _____ Email: <u>ksky112233@gmail.com</u>														
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	2 Vehicle registration no. _____ C.C. _____	If commercial vehicle, state permissible carrying capacity _____													
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner _____ state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____														
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____														
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____														
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
	7 Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
Driver or person in charge of vehicle at the time of accident (including insured)	6/6/84 Indoor Outdoor 23/8/2011														
8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____															
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s) _____	Injuries sustained _____	If vehicle occupants, state in which vehicle _____												
	Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s) _____	Vehicle registration no. or details of property _____	Nature of damage _____												
Insurer's name and address (if known) _____															
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____														
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____														
Accident details	14 Weather conditions Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others <input checked="" type="checkbox"/> <u>drizzling</u>														
	15 Road surface Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others _____														
	16 Speed of vehicles A _____ km/hr B _____ km/hr														
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____														
	20 If your vehicle is commercial, state weight of load carried at time of accident _____														
21 State how accident happened, width of roads, speed limits, etc. (Refer to attached) _____															
22 State number of Passengers (including Driver) <u>1</u>															
Declaration	I/We declare the foregoing particulars are true in every respect														
Policyholder's signature _____		Date _____													
Driver's signature (if driver is not the policyholder) _____		Date _____													

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VCA/P2120422 Account No. : 04437
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : SPEEDY INDUSTRIAL SUPPLIES PTE LTD
 Vehicle Registration No. : YP6461H
 Period of Insurance : From 16/05/2018 To 15/05/2019 (Both Dates Inclusive)

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
 This Policy does not cover
 (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
 (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 (05)

EXCESS :
 Sect I - Any Authorised Driver : SGD 800.00
 Windscreen Excess : SGD 160.00
 (Please refer to your policy for Additional Excess)
 * Limitations rendered inoperative by Section 8 of the Motor 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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

 Authorized Signature

Issued by - SGOSP on 18/05/2018

IMPORTANT :
 Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

ALLINK INSURANCE AGENCY
 Blk 153 Bukit Batok Street 11
 #02-290 Singapore 650153
 Tel: 6567 4722
 Fax: 6567 4460

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8416412G**

TEO CHIN CHUAN

Birth Date: 06 Jun 1984
Issue Date: 22 Dec 2017



002756727K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8416412G**



Name: **TEO CHIN CHUAN**
张晋泉

Race: **CHINESE**

Date of birth: **06-06-1984** Sex: **M**

Country/Place of birth: **SINGAPORE**

S8416412G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	20 Aug 2004
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	23 Aug 2011

NP 428A

Licence No: S8416412G



5444516



NRIC No. **S8416412G**



Date of Issue: **27-03-2015**

APT BLK 523 BEDOK NORTH STREET 3 #02-362
SINGAPORE 480523

NRIC No: S8416412G Date: 05/11/2016

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

