

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	27/06/2018 16:04
Date Of Accident	26/06/2018 17:00
Exact Location Of Accident	SOMMERVILLE WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC8541P
Insured/Policyholder	
Name Of Registered Owner	G & W READY MIX PTE LTD
Co Reg No	197902602G
Email Address	JACKTAN@GW-GROUP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96641210

Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52S
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	P1858473
Cover Note Number	

Driver

Name of Driver	NG KIANG CHYE
NRIC No	S1204237Z
Date Of Birth	28/09/1956
Occupation	INDOOR
Date Of Driving Pass	28/09/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87275061
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 501 HOUGANG AVE 8 #08-650
Postcode	530501
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180626/2211.

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	SJV7287J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 Pg. 1

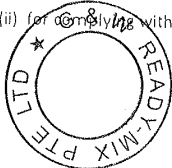
SKETCH PLAN

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 liability.
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. The 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 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 compliance with requirements under any regulations, laws or court orders.



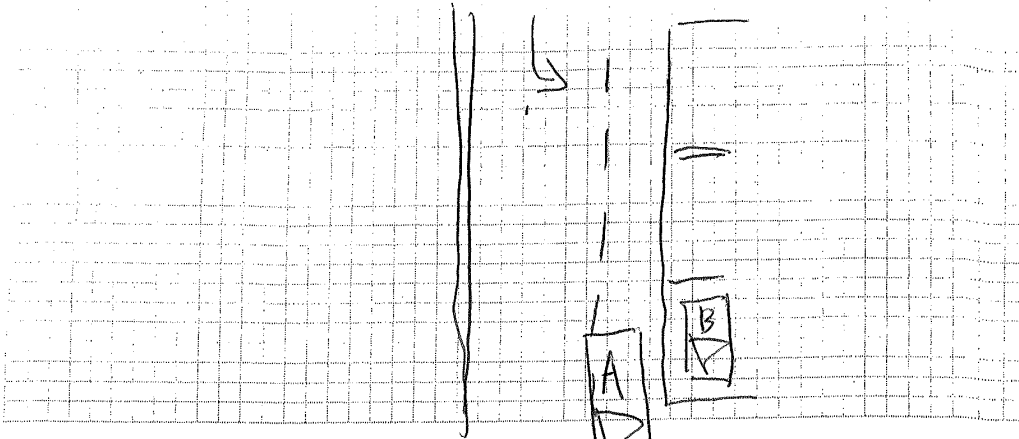
Policyholder's Signature
Date & Time:

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

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

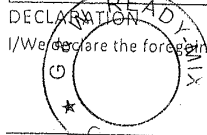
Sketch Plan #2 Pg. 1

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report



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:

27/6/18 10.15 AM
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

LETTER OF UNDERTAKING

I/We, G & W READY MIX PTE LTD, the owner of vehicle no. NC8541P

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, _____

Signed and Acknowledge by:



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



.....
Company Stamp

27/06/2018

.....
Date



**SINGAPORE
POLICE FORCE**



T/20180626/2211

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20180626/2211

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2018 23:10	Vide Report No.:	Station Diary No.: 139
--	------------------	---------------------------

Informant's Particulars

Name of Informant: NG KIANG CHYE			Address: APT BLK 501 HOUGANG AVENUE 8 #08-650 SINGAPORE 530501		
ID Type / ID No.: NRIC NO / S1204237Z			Contact No.: Home/Office: Mobile: 87275061		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 28/09/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CEMENT TRUCK DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/06/2018 17:05	Type of Location: Straight Road
Location: Along Road 1 SOMMERVILLE WALK ALONG SOMMERVILLE WALK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV7287J	Car				Slightly Damaged	0
WC8541P	TRUCK					0



**SINGAPORE
POLICE FORCE**



T/20180626/2211

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180626/2211

CONTINUATION OF REPORT

Brief Details.

On 26/06/2018 at about 1705hrs, I was driving along Sommerville Walk. As I was passing through the road, there as a slight obstruction at the side.

I then slightly move to the left in order to pass though the road, there was one vehicle, SJV7287J, which was parked parallel on the left along the road. As I was going forward, the back of my truck accidentally brush onto the said vehicle.

There was no driver at that point of time. I waited for some time however there was no driver and I forget to left a note.

Due to the accident, there was some minor scratches on the said vehicle and the front right bumper was slightly detached.



SINGAPORE
POLICE FORCE



T/20180626/2211

3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180626/2211

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 PHUA JIA JUN, MARK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

SH 005

Authentication Stamp

NP168

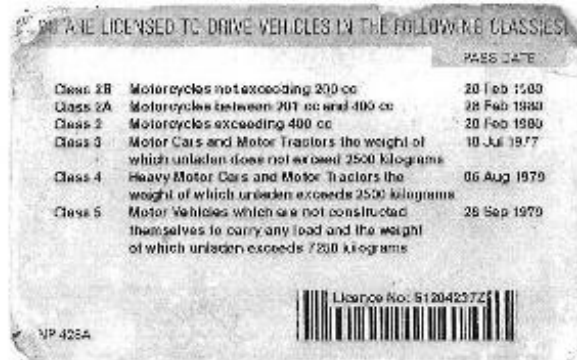
Signature Of Informant:

Date/Time:

26/06/2018 23:10

Classification Of Case:

Driving License



INSURANCE

AXA INSURANCE PTE LTD

Registered Office:
 100 Robinson Road, #14-01
 Singapore 068911
 Tel: 65 6339 1401
 Fax: 65 6339 2522
 Email: axa@axa.com.sg
 Website: www.axa.com.sg



Original

Agent Code: 04392

Policy No (Main): P1858473

Extension for RT (for Fleet)

SmartDrive Code Ref

MOTOR COVER NOTE

No. CN832306

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 180) - 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 1982;
- And any subsequent revisions to the above Acts and Agreements;
- Insured mentioned in the Schedule, having proposed for its car in respect of the Motor Vehicle described in the Schedule, to be **COVERED** under the terms of the Company's form of Motor Policy applicable thereto for the period mentioned in this Schedule unless the cover be terminated by the Company by notice in writing in which case the amount will be returned and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the car has been on risk.

SCHEDULE

INSURER COMPANY	AXA INSURANCE PTE LTD
INSURED	G N W READY-MIX PTE LTD
INSURED BUSINESS REGISTRATION NO.	197902602G
MAKE AND DESCRIPTION OF VEHICLE	ISUZU CYH52S
VEHICLE REGISTRATION NO.	WCB541P
YEAR OF MANUFACTURE	2014
ENGINE NO.	GWS1421517
CHASSIS NO.	JALCYH52SC700B127
ENGINE CAPACITY/TONNAGE	20.53
COVER TYPE	COMPREHENSIVE
TYPE PURCHASE	UNITED OVERSEAS BANK LIMITED
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 27/07/2017 TO: 26/07/2018
EXCESS (\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

THIS CERTIFICATE IS VALID FOR THE POLICY TO WHICH THIS CERTIFICATE IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLE THIRD PARTY RISKS AND COMPENSATION ACT (CHAPTER 180) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by: MANASA ON On: 07/08/2017 At: 40am

[Signature]

Authorised Signature

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

Provision for time on risk will be charged subject to minimum of S\$50.00 (inclusive of GST).

This policy is cancelled after the inception date.

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

Cover note issued and cancelled before inception.

Retaining the old registration number for a new vehicle insured with AXA.

PREMIUM WARRANTY

1. The premium

2. The premium shall be paid in full before inception date shown above in order for the insurance cover to be valid.

3. The premium

4. In case of a new policy, the premium shall be paid within 60 days of the inception date. If the premium is not paid within 60 days, the policy shall be void.

5. The premium shall be paid before inception.

6. The premium

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

