

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 16:00
Date Of Accident	09/06/2018 12:15
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3526A
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Insured/Policyholder

Name Of Registered Owner	SIN ANN TRAVEL & COACH SERVICES PTE LTD
Co Reg No	201500719N
Email Address	FENG627680809LEI@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-85883239
Alternative Phone No	OFFICE-85883239

Vehicle Particulars

Manufacturer	KING LONG
Model	XMQ6118K5

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	BUS
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VBX/P2111682
Cover Note Number	

Driver

Name of Driver	WANG XUDUI
Passport No/FIN	G6335283M
Date Of Birth	02/03/1970
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86537009
Fax Number	
Contact Number	
Email Address	FENG627680809LEI@ICLOUD.COM

Address	520B TAMPINES CENTRAL 8 #15-51
Postcode	
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?	
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 REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD256M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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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 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.:

A hand-drawn diagram of a circular object, possibly a lens or a disk. It features a solid outer circle and a dashed inner circle. A small rectangular label is attached to the right side of the dashed circle, containing the letters 'G' and 'H'.

6月9日中午12点15分在纽约国德士强余因已回

I/We declare the foregoing parties to be Travel Agents in every respect.

王浩仁



Individual Statement

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
09/06/2018	1215	NEWTON CIRCUS.

INSURED/ POLICY HOLDER (VEHICLE A)		
Vehicle Registration Number	PK 3526A	
Name of Policyholder	SIN ANN TRAVEL & COACH SERVICES PTE LTD.	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	2015 00719N	
Address	520B TAMPAINES CENTRAL 8 #15-51 (522520)	
Contact Number	Tel:	Hp: 85 88 3239.
Occupation	TRIPPER.	

VEHICLE PARTICULARS (VEHICLE A)		
Vehicle Make / Model	KAWASAKI XMQ 6118K5 DIESEL	
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus/M/cycle, Others.	
Exact Purpose for which vehicle was being used at the time of accident	WORK.	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle category	<input checked="" type="radio"/> Private	<input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (VEHICLE A)		
Name of Insurance Company	AXA	
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Policy Number	VBX / P 2111682	

DRIVER		
Name of Driver	WANG XUDU1	
NRIC/ FIN/ Passport	G 6335283M	
Date of Birth	02/03/1970	
Occupation	DRIVER	
Driving Pass Date	24/11/2009.	
Gender	<input checked="" type="radio"/> Male	<input type="radio"/> Female
Contact Number	Tel:	Hp: 8653 7009
Address	AS ABOVE.	
Email Address		
Was driver an employee of the Insured's Company?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
If No, relationship of Driver with the Insured		
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (E.g. Chain Collision/ Head-On, etc)	1 PAX.	
Weather Conditions	SIDE SWIPE	
Road Surface	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining <input type="radio"/> Others
Damage Area	<input type="radio"/> Wet	<input checked="" type="radio"/> Dry <input type="radio"/> Others

OTHER INFORMATION		
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No	<input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Was there any camera video footage (in car)?	<input type="radio"/> No	<input checked="" type="radio"/> Yes

DETAILS OF POLICE ACTION		
Was the accident reported to the Police?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, against whom?		

leng 8588 3239 lei @gmail.com

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

PC 3526A

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHD256M

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect

Signature of Policy Holder
(Company Chop if applicable)



Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

AXA FORM



Date: 11/06/2018

To: Owner of Vehicle Number: PC 3526A

The following has been advised to you via your workshop, BH AUTO SERVICES through their staff, ANTHONY

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 THIRD PARTY.

Signed and acknowledge by

[Signature]



Name and signature of policyholder, driver

Name and signature of workshop personnel including company stamp:

INSURANCE

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. : VBX/P2111682 Account No. : 03936
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : SIN ANN TRAVEL & COACH SERVICES PTE. LTD.
Vehicle Registration No. : PC3526A
Period of Insurance : From 21/04/2018 To 20/04/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Policyholder's employ and/or is driving on their 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.
 - b) Use only in the Republic of Singapore.
- The Policy does not cover
- (a) Use for racing, pace-making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(14)

EXCESS :

Sect I - Any Authorised Driver : SGD 3,000.00

Sect II-Any Authorised Driver : SGD 1,500.00

Windscreen Excess : SGD 500.00

(For Unnamed Driver Excess, please refer to your policy)

* 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

[Signature]
Authorized Signature

Issued by - SGOSP on 10/05/2018

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.

VIRTUAL INSURANCE AGENCIES PTE LTD

192 Waterloo Street #02-02

Skyline Building, Singapore 187901

Tel: (65) 63390083 Fax: (65) 63380144

AUTHORISATION

Authorization Form

I, (Name) Pei Feng Lei of (NRIC) S8268470 authorized

(Name) WANG XUDU of (NRIC) G 635 783M to Repair/Reporting at

BH AUTO SERVICES PTE LTD located at Blk1 Sin Ming Industrial Estate Sector C #01-111/113/115/117
SS75636

On behalf of me for my vehicle number PC3526A

My residential address is _____ and
contact number is _____.


Signature
Owner Name




Signature
Witness Name: ANTHONY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

